

Organizational Dehumanization and Workplace Deviance with Mediating Effect of Psychological Distress among Doctors of Public and Private Healthcare Sector

Kalsoon Kabir

MS Scholar, Healthcare Management, Riphah International University Rawalpindi
Email: kalsoonkabir4@gmail.com

Hammad Naseem

MS Scholar, Healthcare Management, Riphah International University Rawalpindi

Sarosh Rizwan

MS Scholar, Healthcare Management, Riphah International University Rawalpindi

Abstract

Author Details

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Corresponding E-mail & Author*:

Kalsoon Kabir

MS Scholar, Healthcare Management, Riphah International University Rawalpindi
Email:kalsoonkabir4@gmail.com

Purpose: This study aims to examine how organizational dehumanization among doctors of private and government sector leads to Intern personal deviance and Organizational deviance and how psychological distress mediates this relationship. It helps to understand how employees see themselves of being treated as tools, machines within organization that leads to deviant behavior both through increased psychological strain.

Design/methodology/approach: Cross-sectional survey design was opted. Data collected from 200 full time employees working in healthcare private and government organization (doctors) using stratified random sampling technique. All items were measured on a 5-point Likert scale.

Findings/Results: Results showed that organizational dehumanization positively effects workplace deviance and it also shows psychological distress had an effect on workplace deviance. Mediation analysis also shows a positive relationship between organizational dehumanization and workplace deviance and suggesting

that, employees who feel more dehumanized experience emotional stress which in turn leads the chances of engaging in deviant actions.

Research limitation: data collected were from Rawalpindi and Islamabad from a specific sector (healthcare), findings may not be generalized to other cultural or organizational contexts such as corporate, educational, or any other setting.

Implications: the study unveils the concept of organizational dehumanization emphasizing the need for adapting humane organizational practices that helps to promote employee's dignity and well-being. To apply this lens at organizational level great focus should be placed on leadership principles and the development of ethical organizational culture.

Originality/value: workplace deviance among doctors of private and government hospitals in Islamabad and Rawalpindi.

Introduction

A double-edged phenomenon that is increasingly recognized is Organizational life. Doctors serve as the backbone of patient care and organizational effectiveness in healthcare sector. However depersonalized work environment, increased workload and increasing bureaucratic control leads to the feelings of organizational dehumanization in which the employees feel treated as impersonal instruments rather than a valued individual (Baldissarri et al., 2014). Professional identity and moral engagement are disturbed due to such experiences which leads of negative behavioral outcome that is workplace deviance. Voluntary behavior that violates organizational norms and threatens the organization or its members (Bennett & Robinson, 2000). Understanding this dynamic is particularly vital in healthcare settings where deviant behaviors can directly affect patient safety, teamwork, and service quality (Khalid et al., 2018).

Previous research has explored various predictors of workplace deviance, such as organizational injustice, abusive supervision and job stress (Appelbaum et al., 2007); Nasir & Bashir, 2012). These behaviors can lead to serious consequences, such as medical errors, reduced patient satisfaction, and reputational damage to healthcare institutions (Leiter et al., 2015). Therefore, studying workplace deviance among doctors is significantly important as it helps to rule out what are broader organizational climate and leadership practices that effect the delivery services towards patient, therefore it helps to understand and identify deviance within healthcare sector and the root causes that promotes the deviant act of skilled professionals leading to disengagement and counterproductive work behavior.

Similarly, some studies about organizational dehumanization show that when employees feel they are treated as tools rather than the people, they experience lower engagement, higher burnout, and greater turnover intentions (Andrighetto et al., 2017; Caesens et al., 2017). Organizational dehumanization occurs when employees perceive that their organization treats them as tools or objects rather than as human beings with emotions, dignity, and individuality (Baldissarri et al., 2014; Christoff, 2014). When doctors feel devalued or reduced to mere instruments of productivity, they may experience emotional detachment, reduced job satisfaction, and moral fatigue (Caesens, Stinglhamber, & Demoulin, 2017) Dehumanization can undermine a doctor's sense of purpose, hinder ethical decision-making, and impair the delivery of compassionate care (Botti & Endrissat, 2021). Its significance in healthcare stems from its potential to influence not only individual well-being but also patient safety and institutional performance (Meier et al., 2020).

In light of these studies the harmful effect of dehumanization and distress are highlighted but it is rarely seen that how these interact to predict deviant workplace among doctors in public and private sector. Very rare comparative study among both the public and private healthcare sector is seen which often differ in hierarchy, resource allocation and managerial behavior thus investigating organization dehumanization in context of doctors is necessary to find out how they perceive organizational dehumanization and what influences their professional conduct and mental health outcomes. Similarly, most of the recent researches shows these constructs in isolation or in non-healthcare sectors. Despite growing recognition of the problem, limited empirical evidence on how organizational dehumanization shapes workplace deviance through psychological distress among doctors. Furthermore, studies in Pakistan healthcare context where both public and private sector doctors face different organizational and ethical pressure is lacking. Thus, this gap is an obstacle to comprehension of collective actions of institutional environment and emotional pressures to bring about the effects of work deviance in culturally particular context.

The acceptance of psychological distress as a complex of anxiety, depression, or emotional fatigue symptoms is becoming an urgent concern in the community of healthcare providers (Dyrbye et al., 2020). In the case of physicians, they may become incapable of making decisions, diminish their empathy, and decline their professional care quality when they experience dehumanizing treatment (Shanafelt et al., 2019). In this scenario, healthcare professionals become more vulnerable to stress and burnout, which may, in turn, turn into deviant behaviour or the unwillingness to perform their duties (Maslach and Leiter, 2016). By ingesting the perceptions of being undervalued, psychological strength decays, and doctors tend towards distress, cynicism, and self-destructive behaviour (Mazzetti et al., 2019). In the same manner, Sarwar et al. (2021) found out that there is a direct connexion between organizational dehumanization and deviant behaviours among nurses, implying that emotional exhaustion and perceived disrespect at work may facilitate the promotion of disengagement and ethical erosion. The data provided by the healthcare industry in Pakistan proves the fact that organizational dehumanization leads to adverse psychological and behavioural consequences. As an example, Rubbab et al. (2022) discovered that, in cases where the healthcare staff members believed their organization had dehumanized them, they developed increased psychological distress which in turn resulted in counterproductive organizational behaviours including knowledge hiding.

Thus, psychological distress does not only negatively affect the mental health of a physician but also clinical performance and patient outcomes thus this gap is needed to be addressed. Moreover, the analysis of the mediating role of the psychological distress reveals that the indirect way in which organizational dehumanization facilitates deviant behaviour in the workplace such as negligence or withdrawal by emotional strain and cognition of this process is significant since it aids in developing healthcare policies that translate to respect, psychological wellbeing, and respect among the healthcare professionals.

Therefore, the purpose of this study is to examine the relationship between organizational dehumanization and workplace deviance among doctors in private and public sector of Rawalpindi and Islamabad and to test the mediating effect of psychological distress in this relationship. This research helps to understand the linkage of psychological distress towards dehumanization and deviance and thus helps to formulate guiding policies to reduce distress and promote ethical, compassionate work environment in healthcare organizations.

To examine the relationship between organizational dehumanization and workplace deviance among doctors in public and private healthcare sectors.

To assess the impact of organizational dehumanization on psychological distress among doctors.

To investigate the mediating role of psychological distress in the relationship between organizational dehumanization and workplace deviance.

How does organizational dehumanization influence workplace deviance among doctors?

What is the effect of organizational dehumanization on the psychological distress of doctors?

Does psychological distress mediate the relationship between organizational dehumanization and workplace deviance?

H1: Organizational dehumanization has a positive and significant relationship with workplace deviance among doctors.

H2: Organizational dehumanization positively influences psychological distress among doctors.

H3: Psychological distress mediates the relationship between organizational dehumanization and workplace deviance among doctors

Literature Review

In organizational psychology, organizational dehumanization has become a worthwhile construct and is defined as how employees feel that their organization values them as an object, a tool or as expendable resources as opposed to treating them as human beings with feelings, pride and independence. This idea is based on the dehumanization theory which posits that dehumanization of persons affects the psychological process and social identity of the individual (Haslam, 2006). In the organizational setting, the dehumanization process takes place when the focus is made on efficiency, productivity, and control instead of the well-being and human value of the employees (Brison and Stinglhamber, 2015).

Researchers distinguish between mechanistic dehumanization (when employees are dispensed as a machine without emotions) and animalistic dehumanization (when people are deprived of moral and rational features) (Haslam, 2006). Mechanistic dehumanization is especially common in healthcare organizations, where the appraisals of doctors are commonly pegged on the volume of patients, clinical output, and administrative compliance as opposed to professional judgement and emotional labor.

It has been found that organizational dehumanization undermines a sense of identity and belonging in employees, as well as demoralizing attitudes and behaviours (Caesens et al., 2017). This alienation and disengagement are experienced when the professionals feel that their organization does not appreciate their inherent human value. Such experiences can be particularly detrimental to doctors whose professional identity is strongly connected to autonomy, ethical responsibility and patient care.

Psychological distress is a form of emotional distress that is manifested with feelings and emotions that include anxiety, depression, emotional exhaustion, and stress (Kessler et al., 2002). Distress is a prevalent issue in the workplace due to chronic stressors, injustice, and the absence of organizational support. Empirical analysis has shown that there is a great relationship between organizational dehumanization and psychological distress. Caesens et al. (2019) have discovered that employees whose perception of their organization was dehumanizing had more emotional exhaustion and experienced greater psychological strain. Dehumanization denies people the opportunity to have a meaningful social recognition which is a basic psychological need.

The physicians in the healthcare environment experience already high levels of emotional load, workload, and responsibility. Psychological stress increases when organizational frameworks deprive them of independence and recognition of themselves further (Shanafelt et al., 2015). Research on healthcare providers shows that disrespected behaviour, overbearing bureaucracy, and instrumental treatment are great contributors to anxiety and depressive manifestations (Montgomery et al., 2019). Psychological distress in doctors has been attributed to burnout, diminished empathy, poor judgement, and deteriorated patient care (West et al., 2018). These results indicate that both organizational dehumanization and mental health of doctors are not only affected by it but also undermine the provision of health care.

Workplace deviance refers to voluntary behaviour, which contravenes the norms of the organization as well as endangering the welfare of the organization or the people in the organization (Bennett and Robinson, 2000). Deviant behaviours can be organizational oriented (e.g., absenteeism, violation of rules) or individual oriented (e.g. interpersonal conflict, incivility). Deviance in workplaces in medical institutions can be in subtle yet detrimental ways like failure to abide by the procedures knowingly, lack of effort, or oversight of professional duties. Although the overt deviance among doctors is quite uncommon because of the professional ethics, the covert behaviours may nevertheless negatively affect the organizational performance and patient safety.

It has been argued that in many cases deviant behaviour arises as a reaction to a perceived wrongdoing or abuse (Aquino et al., 1999). Employees will resort to deviance as a way of fighting back or unleashing their emotions when they feel devalued or exploited. By indicating the lack of respect and objectification, organization dehumanization provides a good soil to such practices.

Various researchers have found that there is a direct correlation between deviance at the workplace and organizational dehumanization. Caesens et al. (2017) concluded that dehumanized employees had a higher chance of being more prone to engage in counterproductive behaviours of work because of the lack of organizational identification. Within the medical field, the studies of nurses and other allied health workers show that dehumanizing treatment raises job stress that subsequently results in deviant behaviours including absenteeism and non-observation of procedures (Rasool et al., 2020). Though there is less research on doctors with particular emphasis, the same mechanisms are expected to work as the pressures of the organization are similar.

In Social Exchange Theory terms, dehumanization goes against the principle of reciprocity, as the employees will withdraw their positive behaviours and participate in negative behaviours (Cropanzano et al., 2017). Such association is especially worrisome in healthcare where deviance may have a direct impact on patient outcomes and organizational reputation. Psychological distress has also been cited as one of the primary mechanisms of association between organizational stressors and adverse behavioural consequences. The distress as a result of resource loss due to dehumanization is what causes maladaptive coping mechanisms (including deviance) as per the COR theory (Hobfoll et al., 2018).

The mediating effect of psychological distress in an organizational context is proven by empirical evidence. In one such example, research studies have indicated that job stress and emotional fatigue mediate the relationship that exists between mistreatment at work and counterproductive behaviours (Fox et al., 2001). In the same way, Rasool et al. (2020) showed that stress is the mediator of the relationship between dehumanization and deviance in the workplace among healthcare workers. Psychological suffering affects the ability to control oneself and moral judgement, and people are more prone to performing norm-violating actions (Baumeister et al., 2007). In the case of the doctors, distress can decrease their patience, empathy, and professional standards compliance, which leads to deviant behaviours indirectly.

Therefore, psychological distress is an important intervening variable that interprets how and why organizational dehumanization is transformed into deviance on the workplace. The dehumanization experience may have different implications in the context of the organization of the public and the private healthcare sector. The lack of resources, excessive workload, and bureaucratic restrictions that most of the time characterised public healthcare institutions can contribute to the feeling of being treated like a replaceable unit (Almeida et al., 2018).

Conversely, profitability, performance, and efficiency may be prioritized by private healthcare organizations at the cost of professional autonomy and emotional well-being. Although the structural conditions vary, both the fields have the potential to create an environment in which doctors are objectified and undervalued. According to comparative literature, the pressures experienced within organizations in both industries are the cause of psychological distress and disengagement, which can be caused by different sources and manifest in different ways (Montgomery et al., 2019). This underscores the need to study the subject of organizational dehumanization in both a public and a private healthcare environment.

Although the role of organizational dehumanization continues to attract increasing attention, there is also a dearth of empirical studies on how this concept affects doctors, especially when the mediation factor is psychological distress. The majority of the literature under consideration is devoted to employee groups in general or to the

nursing staff, and there is a gap in the knowledge of how the dynamics works among physicians. This literature review confirms the fact that organizational dehumanization is a strong predictor of psychological distress and deviance at work. The psychological distress mediates the key effect as it is through dehumanizing practices in organizations that deviants behaviours are attained. Since doctors play a critical role in healthcare systems, it is pivotal to consider organizational dehumanization to increase well-being, ethical behaviours, and quality care of patients.

Materials and Methods

Participants and procedures /samples/ and data collection.

The population targeted for this study consisted of medical doctors working in both private and public hospitals. Doctors were considered because they work under high pressure environments always striving to save life and attain the targets of a good care for patients, they also have to face strict organizational routines and mostly face stiff protocols which makes them vulnerable for organizational dehumanization and thus they are relevant for this study showing the relationship between organizational dehumanization, psychological distress, and workplace deviance.

Sampling technique

A non-probability purposive sampling technique was used. Only full-time practicing doctors were considered having an experience of at least 3-5 years with the organization and to ensure they had enough exposure to the organizational environment.

Sampling size

A total of 200 doctors participated in the study 100 from private hospital and 100 from public hospital.

Data collection procedure

Data was collected through self-administered questionnaires distributed physically to hospital departments like pediatrics, emergency, gynecology, surgery, and medicine. Participants were briefed about the study purpose; informed consent was obtained and anonymity was ensured.

Response rate

Demographic details

The demographic section includes the following variables

Gender (male/female)

Age (in years)

Position (Consultant/SMO/HO/PG)

Marital status (married/unmarried)

Work experience (in years)

This information of demographic variables was used to understand the sample characteristics and to check if it influenced the main study variables.

Measure/scale/instruments

All constructs were measured using validated scales from previous research. A 5-point Likert scale was used throughout the questionnaire where 1=strongly disagree and 5=strongly agree

Organizational dehumanization scale by Caesens, Nguyen, & Stinglhamber (2018), is used and the 5 number of items in it and sample item of this scale is “My organization treats me as if I were an object.” **Cronbach’s Alpha (Current Study): 0.86**

Psychological distress scale by Kessler et al. (2002), is used and 10 items of the scale the sample item of the scale is during the past month, how often did you feel nervous or restless?” **Cronbach’s Alpha (Current Study): 0.88**

Workplace deviance measured using the scale by **Bennett & Robinson (2000)**, consisting of two dimensions Organizational deviance (OD) and interpersonal deviance (ID). Interpersonal deviance has 8 items and the sample item is “I said something hurtful to a colleague.” **Cronbach’s Alpha: 0.81** Organizational deviance has 10 items and the sample item is “I took property from work without permission.” **Cronbach’s Alpha: 0.87** Both dimensions collectively assessed employee’s deviant behaviors directed towards individual and organization.

Control variables

To minimize the influence of extraneous factors, following variables were controlled Age older doctors may show different respond towards organizational treatment Gender both male and female doctors may differ in responding towards deviance tendencies and emotional responses. Hospital sector (public/private) work environments differ in workload, bureaucracy, and limited resources. Work experience more experienced may have stronger coping mechanism. All control variables included in the analysis to ensure that the relationships between organizational dehumanization, psychological distress and workplace deviance were not influenced by demographic factors.

Results and Discussion

Table 1: Demographic Characteristics of Respondents (N = 200)

VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
GENDER	Male	87	43.5
	Female	113	56.5
MARITAL STATUS	Single	116	58.0
	Married	84	42.0
AGE	18–25	45	22.5
	26–40	148	74.0
	41–60	7	3.5
HOSPITAL SECTOR	Private	90	45.0
	Public	110	55.0
JOB STATUS	Full-time	198	99.0
	Part-time	2	1.0
POSITION	Consultant	21	10.5
	House Officer	67	33.5
	Senior Medical Officer	71	35.5
	Postgraduate Trainee	41	20.5
EXPERIENCE (YEARS)	0–5	123	61.5
	6–10	72	36.0
	11–20	3	1.5
	21–30	2	1.0

Table 1 provides the demographic characteristic of the respondents (N = 200). Female doctors (56.5% out of the sample) were more prevalent compared to male doctors (43.5 out of the sample). The majority (74 percent) of the respondents were between the ages of 26-40 years, with the next best response of 22.5 percent being between the ages of 18-25 years, meaning that most respondents were either in early or mid-careers. Over fifty percent (58%), were single and forty two percent (42) were married. In terms of workplace characteristics, 55 percent of the respondents worked

in the public hospitals and 45 percent in the private hospitals. Virtually all the respondents worked full-time (99%). The most represented professional groups were senior medical officers (35.5%), house officers (33.5%), and the majority of the participants have experience of 0-5 years of work (61.5%).

Table 2: Reliability Analysis of Study Variables

VARIABLE	ITEMS	CRONBACH'S A
ORGANIZATIONAL DEHUMANIZATION (OD)	5	.688
ORGANIZATIONAL DEVIANCE (DV)	10	.894
INTERPERSONAL DEVIANCE (ID)	8	.908
PSYCHOLOGICAL DISTRESS (PD)	10	.868

Table 2 indicates the internal consistency reliability of the study instruments. Organizational dehumanization had an acceptable level of reliability (Cronbach's =.688). The reliability coefficients of Organizational deviance (=.894), interpersonal deviance (=.908) and psychological distress (=.868) were high. These findings show that the scales employed in the research were valid and could be further analyzed statistically.

Table 3: Descriptive Statistics and Correlation Matrix

VARIABLE	MEAN	SD	1	2	3	4
1. OD	3.17	1.10	—			
2. DV	2.04	0.74	.226**	—		
3. ID	1.88	0.81	.120	.522**	—	
4. PD	2.82	0.93	.324**	.108	.135	—

Note. N = 200. **p < .01.

By the description statistics, moderate levels of organization dehumanization (M = 3.17, SD = 1.10) and psychological distress (M = 2.82, SD = 0.93) were demonstrated. There was relatively low to moderate organization deviance (M = 2.04, SD = 0.74) and interpersonal deviance (M = 1.88, SD = 0.81). Correlation analysis showed that the Organizational dehumanization was strongly and positively related to Organizational deviance (r =.226, p =.01) and psychological distress (r =.324, p =.01). But its interaction with interpersonal deviance was not of significance (r =.120, p >.05). Interpersonal deviance (r =.522, p =.01) was highly related to Organizational deviance, and psychological distress was not significantly related to either type of deviance.

Table 4: One-Way ANOVA Results Across Demographic Variables

DEMOGRAP HICS	ORGANIZATI ONAL DEVIANCE (F)	P	INTERPERS ONAL DEVIANCE (F)	P	PSYCHOLOG ICAL DISTRESS (F)
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GENDER	18.34	.00	6.60	.01	9.77	.00
		0		1		2
MARITAL STATUS	0.54	.46	0.73	.39	1.19	.27
		2		3		7
AGE	1.66	.19	0.10	.90	0.97	.38
		2		3		0
HOSPITAL SECTOR	0.00	.95	5.86	.01	19.60	.00
		7		6		0
JOB STATUS POSITION	0.01	.90	0.05	.81	0.00	.97
		5		9		0
EXPERIENCE	0.24	.86	1.22	.30	3.14	.02
		9		4		6
EXPERIENCE	0.49	.69	0.73	.53	0.25	.86
		2		3		2

Table 4 shows the outcomes of a one-way ANOVA to compare the differences in mean among Organizational deviance, interpersonal deviance and psychological distress by the demographic groups. The three outcomes had significant differences based on gender. Interpersonal deviance and psychological distress were greatly affected by hospital sector without any significant impact of Organizational deviance. Only, there was a significant effect of professional position on psychological distress. Most outcome variables showed no significant difference in terms of marital status, job status and work experience.

Table 5: Regression Analysis Results

DEPENDENT VARIABLE	PREDICTOR	B	SE	T	P
ORGANIZATIONAL DEVIANCE	OD	.150	.046	3.26	.001
INTERPERSONAL DEVIANCE	OD	.088	.052	1.70	.090

The regression analysis indicated that the Organizational dehumanization was a significant predictor of Organizational deviance ($= .150, p = .001$), which accounted about 5 percent of the variation. Nevertheless, interpersonal deviance was not predicted by Organizational dehumanization significantly ($= -.088, p = .090$). These findings indicate that dehumanization is a key factor to organization-directed deviant practices as opposed to interpersonal misconduct.

Table 6: Mediation Analysis (PROCESS Model 4)

PATH	B	SE	T	P
OD → PD	.273	.057	4.81	.000
OD → DV	.142	.049	2.91	.004
PD → DV	.031	.058	0.53	.599
Indirect Effect (OD → PD → DV)				
EFFECT	BOOT SE	LLCI	ULCI	
.0083	.0193	-.0290	.0499	

Analysis of mediation on the basis of PROCESS Model 4 showed the significant role of Organizational dehumanization in the prediction of psychological distress ($=.273, p = .001$) and Organizational deviance ($=.142, p = .004$). There was no significant correlation between psychological distress and Organizational deviance ($=.031,$

$p > .05$). The non-significant indirect effect was no longer significant, with the bootstrap confidence interval of zero showing that there was no mediation effect.

Table 7: Mediation Analysis for Interpersonal Deviance (PROCESS Model 4)

PATH	B	SE	T	P
OD → PD	.273	.057	4.81	.000
OD → ID	.063	.055	1.15	.251
PD → ID	.093	.065	1.44	.151
Indirect Effect (OD → PD → ID)				
EFFECT	BOOT SE	LLCI	ULCI	
.0254	.0209	-.0152	.0694	

Note. Bootstrap samples = 5000. CI = 95% confidence interval.

Findings revealed that Organizational dehumanization was a strong predictor of psychological distress, but was not a strong predictor of interpersonal deviance. Interpersonal deviance was also not foreseeable using psychological distress. The mediation between the indirect effect of Organizational dehumanization and interpersonal deviance via psychological distress was not significant, which proved the null hypothesis.

All in all, the findings suggest that Organizational dehumanization is an important predictor of Organizational deviance and psychological distress among the doctors. Nonetheless, it does not have a great impact on interpersonal deviance. The relationship between dehumanization and deviant behaviours is not mediated by psychological distress even though the former increases the latter. These results can be interpreted to mean that deviance in the doctors is a direct reaction to dehumanizing Organizational practices.

DISCUSSION

The present study explored the integration of Organizational dehumanization and workplace deviance in doctors with psychological distress as one of the possible mediating factors. The results are valuable data on the influence of dehumanizing Organizational practices on both psychological and behavioural results in medical institutions.

In agreement with the previous works, organization dehumanization was observed to be a predictive of Organizational deviance significantly. This observation is consistent with the Social Exchange Theory that assumes that where employees perceive they are treated unfairly or demeaned, they would retaliate by engaging in negative responses toward their organizations. Examples of these behaviours in healthcare settings are withdrawal, lack of compliance, or an attitude towards Organizational duties as opposed to an outright misconduct. The insignificant association between dehumanization and interpersonal deviance implies that the physicians might avoid face-to-face harm to their colleagues because of effective professional regulations and moral standards.

It was also discovered that Organizational dehumanization has a strong effect of adding to psychological distress, which validates previous studies that show the emotionally negative impact of impersonal and objectifying Organizational practices. Physicians are frequently forced to work under severe labor and emotional pressure; psychological pressure is unavoidable when the Organizational structures weaken the autonomy and pride to an even greater extent. This observation is consistent with the Conservation of Resources Theory arguing that deprivation of cherished resources like respect, autonomy and recognition results in increased distress.

However, to the contrary, the correlation between Organizational dehumanization and both types of workplace deviance did not go through psychological distress. This is an indication that doctors do not engage in deviant behaviours mainly due to emotional distress but rather may be a response to the presented Organizational injustice. Physicians can control or repress emotional pain because of professional demands and continue to commit minor organization deviance as a way of coping or resistance. The lack of mediation emphasizes the need to consider the structural and relational elements of healthcare organizations instead of only paying attention to psychological interventions on the individual level. Mental health support is also necessary but less dehumanizing by means of respectful leadership, participatory decision-making, and human centered management practices can be more helpful in reducing deviant behaviour.

RECOMMENDATIONS

This study has a number of significant implications on healthcare organizations and officials. To start with, the hospital administrations must focus on the minimization of the organizational dehumanization through the development of human-oriented management practices. The professional autonomy, professional ethical judgement, and emotional labor of doctors can be identified as the recognition of the professional autonomy and strengthen organizational identification and decrease disengagement.

Second, practices of leadership ought to be shifted to respectful and participatory management. High bureaucracy, strict performance standards and restricted decision-making freedom should be rethought especially in stressful healthcare settings. Ethical, empathetic, and supportive supervision leadership training could be used to reduce dehumanizing experiences.

Third, although psychological distress failed to mediate the relationship between dehumanization and deviance, the close relationship between it and organizational dehumanization demonstrates a necessity of institutional mental health assistance. Organizational reform should be the supplement to counselling, peer-support mechanisms and stress management programs, which should not be the alternative.

Lastly, the consideration of sector-specific interventions should be made by the Officials. The function of the health care organizations should be to balance the efficiency objectives with the professional dignity and welfare of the healthcare sector, whereas the public healthcare institutions need a better allocation of resources and less administrative load. More other possible mechanisms to be investigated in future studies include organizational justice, moral disengagement, or professional identity which might add further insight into how dehumanization can be converted into workplace deviance.

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