
Religiousness Moderates Eldercare Burden's Impact on OCB Through Mental Exhaustion

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Abstract

This study examines the detrimental effects of employees' eldercare burden on organizational citizenship behavior (OCB), mediated by mental exhaustion. This study discovered that employee personal resources of religiousness significantly moderate and mitigate the impact of eldercare burden on mental exhaustion. A longitudinal study employing a three-wave, multisource design, collected data from 373 employees across education, banking and healthcare sectors in Pakistan. The study's findings indicate a significant negative relationship between employee eldercare burden and OCB. Mediation analysis revealed that employee eldercare burden negatively impacts work outcomes via mental exhaustion. Employee religious beliefs mitigate the adverse effects of eldercare burden on mental exhaustion, demonstrating a weakened relationship among highly religious caregivers. The study identified a moderated mediation model, where religiousness influences the indirect relationship between eldercare burden and work outcomes via mental exhaustion. The research expands on previous studies by examining the specific factors that contribute to the negative impact of eldercare burden on workplace performance, with findings indicating that mental exhaustion are primary mediators of this relationship. This dysfunctional effect of eldercare burden in turn, buffers due to religiousness, acting as shield against the spillover of workplace stress due to mental exhaustion and it promotes behaviors which ultimately promote employee's performance. The findings of this study are intended to inspire organizational transformation, encouraging proactive strategies that address the eldercare burden, promote religious harmony, and enhance performance outcomes, ultimately contributing to the well-being of employees and the success of the organization.

Keywords: Eldercare Burden, Physical Burden, Emotional Burden, Financial Burden, Social Burden, Religiousness, Mental Exhaustion, OCB-I

Introduction

Advances in medical care and healthcare outcomes have led to a notable increase in the global geriatric population. In our country, this trend is evident, with around 4% of the population aged 65 and above, and a significant number of hospital patients – approximately one in five being elderly (Majid & Memon, 2018; Sabzwari & Azhar, 2011). By 2030, Pakistan's elderly population is projected to reach 9.3% of the total population, presenting significant caregiving challenges. Providing care for elderly individuals, particularly those with disabilities or chronic conditions, can have detrimental effects on caregivers' mental health. Caregivers' physical and mental well-being is severely compromised by the lack of social support and insufficient preparation. Notably, those caring for elderly relatives with complex or chronic conditions face exacerbated mental health challenges (Gordon, Pruchno, Wilson-Genderson, Murphy, & Rose, 2012). Research reveals a direct relationship between the degree of disability and physical dependence among elderly individuals and the perceived burden and exhaustion experienced by their caregivers (Hiseman & Fackrell, 2017; Trukeschitz, et al., 2012). Caregivers often cite emotional challenges such as anxiety, depression, frustration, and feelings of

helplessness, which can significantly impact their overall wellbeing and life satisfaction. In a collectivist society where the joint family system is deeply ingrained, caregiving for the elderly is considered a sacred duty and a moral obligation. Consequently, seeking assistance from professional caregiving institutions, such as old age homes or hired nurses, is often viewed as culturally unacceptable. Instead, individuals are expected to personally provide caregiving to their elderly family members, which can be demanding and challenging. Caregivers juggling eldercare responsibilities must simultaneously maintain their professional obligations to ensure sustained workplace performance, financial stability, and economic security. This research aims to investigate the effects of eldercare burden on organizational citizenship behavior (OCB-I). Previous studies have highlighted the impact of various mediators and moderators on the relationship between caregiving responsibilities and outcome variables.

Background

With only 4% of its population aged 65 or older, Pakistan is considered a relatively young country (Majid et al., 2018). However, the nation has made notable progress in increasing life expectancy and reducing mortality rates over the past 20 years, driven by enhancements in healthcare, nutrition, hygiene, and access to basic amenities like clean water and sanitation (Catillon, Cutler, & Getzen, 2018). Looking ahead, Pakistan's average life expectancy is expected to rise to 67.94 years by 2024. According to the latest estimates from the United Nations Population Division, Pakistan's life expectancy has demonstrated a steady upward trend, with a notable 0.22% increase from 2023 to 2024 (Sabzwari et al., 2011). Projections indicate that the elderly population will comprise approximately 9% of the total population by 2030 (Ashiq & Asad, 2017). Aging is often accompanied by a range of emotional and physical health issues, which have far-reaching socioeconomic and societal implications, affecting not only the elderly but also their families and communities (Qidwai & Ashfaq, 2011). Historically, women have played a dominant role in caregiving for elderly family members, but the growing presence of women in the workforce has created a complex interplay between work and family responsibilities (Aumann, Galinsky, Sakai, Brown, & Bond, 2010). In the US, a substantial number of employees, roughly one in five, assume caregiving roles for family members or friends, and approximately 60% of these caregivers experience diminished work performance as a result of their eldercare obligations. The significant impact of eldercare on employees' productivity and overall well-being is highlighted by this notable statistic (Fortinsky, 2011; Sheets, Black, & Kaye, 2014). Eldercare refers to a multifaceted array of supportive services, encompassing assistance with daily living activities (ADLs), physical care, financial management, social support, emotional care, and physical assistance for individuals with disabilities, ultimately aiming to promote the well-being and quality of life of elderly individuals (Jakobsson, Kotsadam, & Szebehely, 2013; Lai, 2012; Stone, Cafferata, & Sangl, 1987). Organizations also bear the economic brunt of reduced employee productivity, with eldercare demands manifesting through various indirect indicators, including decreased job satisfaction, increased absenteeism, depression, fatigue, and stress (Gottlieb, Kelloway, & Fraboni, 1994; Lee, 1997; Zacher & Winter, 2011). Research by Griggs et al. (2019) underscores the significance of exploring eldercare issues within the Industrial-Organizational (IO) and Organizational Behavior (OB) domains. They recommend that future studies investigate the consequences of eldercare on employee wellbeing, productivity, and job satisfaction. The Conservation of Resources (COR) theory, as proposed by Hobfoll (2001), offers insight into the impact of eldercare responsibilities on employee extra role performance. COR theory posits that employees' extra role performance is compromised when their resource needs exceed available resources. In the context of eldercare, employees with significant caregiving responsibilities often experience a reduction in available resources, leading to impaired extra role performance, as they struggle to allocate sufficient resources to meet their work-related obligations (Stephens, Townsend, Martire, & Druley, 2001). The demands of caregiving can substantially erode employees' capacity to focus on work-related tasks, leading to increased anxiety, depression, and job dissatisfaction (Grandey & Cropanzano, 1999). In an effort to preserve their resources, employees may adopt resource-

conserving strategies, such as restricting their work efforts to necessary tasks and refraining from discretionary work activities that could exhaust their resources. However, this approach can have unintended consequences, including diminished job performance, reduced Organizational Citizenship Behavior (OCBI), at work (Troughakos, Beal, Cheng, Hideg, & Zweig, 2015). This study seeks to explore the mediating role of mental exhaustion in the relationship between eldercare burden and outcome variable, shedding light on how the strain of caregiving responsibilities translates into diminished extra role performance and other negative outcomes. The present study investigates the moderating effect of religiousness on the relationship between eldercare burden and mental exhaustion. Research has consistently highlighted the importance of religion in influencing intergenerational relationships (Mitchell, 2017; Tarakeshwar, Swank, Pargament, & Mahoney, 2001). Additionally, this study examines the moderating influence of religiousness as a coping strength. To address these research objectives, the following research questions have been formulated.

The following research questions guide this investigation:

- a) What is the relationship between eldercare burden and employee's extra role performance i.e. OCB-I?
- b) To what extent does mental exhaustion serve as a mediating mechanism in the relationship between the eldercare burden and OCB-I?
- c) Does religiousness moderate the relationship between eldercare burden and mental exhaustion, and if so, what implications does this have for an employee's extra role performance like OCB-I?

Theoretical Framework

The primary objective of this study is to investigate the direct and indirect impacts of eldercare burden on OCBI. This study will examine the mediating role of mental exhaustion and the moderating influence of religiousness in the relationship between eldercare burden and employee outcome. By exploring these relationships, this research aims to contribute to a deeper understanding of the effects of eldercare burden on OCB, while also highlighting the importance of considering mental exhaustion and religiousness in this context.

Figure 1 provides a visual representation of the study's conceptual framework, illustrating the proposed relationships between eldercare burden, mental exhaustion, and religiousness, as well as their impact on OCB-I.

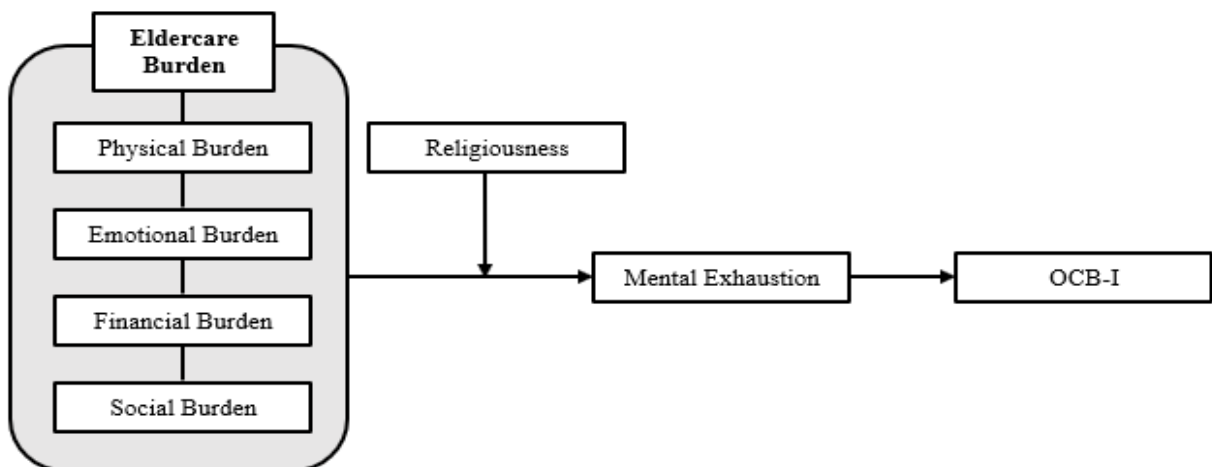


Figure 1: Theoretical Model of Research

Review of Literature

Caregiving

The past century has seen a remarkable increase in human lifespan, driven by advances in medicine that have enabled adults to outlive previously fatal diseases (United Nations, 2011). The aging process

has a profound impact on our daily lives, influencing our self-perceptions, identities, and perspectives on the world (Näre, Walsh, & Baldassar, 2017). This transformative process extends beyond physical changes, encompassing adaptations, care requirements, and the adoption of new roles and identities, such as retirement or elder status (Horn, Schweppe, & Um, 2013). Notably, the UNDP (2011) reports that the population aged 60 and above is experiencing rapid growth in both developed and developing countries. The senescent population encounters a multitude of challenges, leading to substantial social vexations. A key concern is the shifting lifestyle and requirements of this expanding demographic, necessitating adaptations in various aspects of life (Bloom, Boersch-Supan, McGee, & Seike, 2011). According to Schulz et al. (2004), caregiving is characterized by the provision of extraordinary care that surpasses the conventional boundaries of family relationships. This demanding role involves a significant expenditure of time, energy, and resources over a prolonged period, often entailing unpleasant, stressful, and physically exhausting tasks. Informal caregivers, who are typically family members, friends, or other individuals, assume caregiving responsibilities without formal education or training in healthcare (European Commission, 2012). As such, employers must recognize the importance of addressing caregiving-related challenges to maintain the availability and productivity of these employees (Wagner & Neal, 1994). Informal caregiving is a ubiquitous practice worldwide, particularly in regions where formal caregiving systems are underdeveloped or absent (Bauer & Sousa-Poza, 2015; Bettio & Verashchagina, 2010). In many societies, caregiving for elderly or disabled family members is a deeply ingrained social norm, driven by cultural expectations and, in some cases, limited access to medical facilities and support services (Rugkasa & Canvin, 2017). According to Pohls (2002), long-term care can substantially improve the functional independence of elderly individuals with disabilities. Elder care is a multifaceted concept that encompasses environmental comfort, social support, and medical care tailored to the needs of elderly individuals. Family members are instrumental in providing these services, which can vary in complexity. While some caregiving tasks, such as scheduling medical appointments, are relatively manageable, others, such as assisting with ADLs, can be highly demanding and time-consuming, often requiring a substantial commitment of up to 40 hours per week (Araújo, Lage, Cabrita, & Teixeira, 2015). Unpaid caregivers, typically family members, provide essential support to their loved ones without remuneration. However, this altruistic role can have profound personal consequences, including increased stress, depression, and strain, which can compromise their career prospects and overall wellbeing (Bauer & Sousa-Poza, 2015).

Eldercare Burden

The term "burden" encompasses various definitions, including the idea of carrying a load with difficulty or labor (Webster's Revised Unabridged Dictionary, 1996, 1998). According to Shevell (2004), burden refers to a "difficult responsibility" or "weight," equivalent to concepts like "duty," "problem," or "load." This notion conveys a sense of oppressiveness or subjugation. Burden can also be understood as a heavy load that may compromise one's health and wellbeing, causing strain or difficulty in carrying (Platt, 1985). The consequences of burden can be far-reaching, affecting family dynamics, health, and educational or professional pursuits (Kim, 2011). Moreover, burden can have severe and unpleasant effects on human lives (Oshodi et al., 2012). The physical and emotional toll of caregiving can substantially impact caregivers' lives, potentially mitigating their burden (Loureiro, Fernandes, Marques, Nobrega, & Rodrigues, 2013). Research has consistently demonstrated that informal caregiving is predominantly provided by family members. A comparison of the current caregiving landscape with past trends reveals that this role has become increasingly complex and demanding. Key factors contributing to this shift include cultural differences, evolving employment situations, and changes in family structures (Adelman, Tmanova, Delgado, Dion, & Lachs, 2014). Dwyer et al. (1991) define burden as a complex, multidimensional response arising from a negative evaluation, characterized by emotional strain, including depression, associated with caregiving for elderly individuals. Studies by Bell et al. (2001) and Gallagher-Thompson & Powers (1997) demonstrate that burden can significantly impede caregivers' wellbeing. Elder care, specifically, is a

primary contributor to elevated stress levels and depression, potentially obstructing caregivers' paths to achieving a state of wellbeing (Zacher, Jimmieson, & Winter, 2012). Research has operationalized the concept of caregiving burden by differentiating between objective and subjective domains, thereby highlighting the multifaceted nature of caregiving costs (Hunt, 2003). Objective burden is characterized by tangible, measurable, and observable costs, such as financial hardship, changes in employment status, or reduced social engagement (Jones, 1996). Conversely, subjective burden encompasses the emotional, psychological, and social aspects of caregiving, including both positive and negative experiences (Nijboer et al., 1999). Chwalisz (1992) makes a distinction between objective burden, marked by evident changes, and subjective burden, which arises from the caregiver's emotional response to these changes.

Physical Burden

Thrush and Hyder (2014) define physical burden as a state of physical depletion, characterized by symptoms such as weariness, fatigue, enfeeblement, and sleep disturbances. The physical demands of caregiving can also have a profound impact on the caregiver's health, leading to exhaustion, fatigue, and bodily pain (Fisher & Briggs, 2000). Research by Poulshock and Deimling (1984) highlights the detrimental effects of physical burden on caregivers' health and extra role performance, which can manifest as tiredness, health issues, and decreased productivity (Raccichini, Castellani, Civerchia, Fioravanti, & Scarpino, 2009). Additionally, physical burden can lead to sleep disturbances, further exacerbating fatigue and exhaustion (Riemsma, Taal, Rasker, Klein, Bruyn, Wouters, & Wiegman 1999). Poulshock and Deimling (1984) conceptualize physical burden as the difficulties caregivers encounter in performing specific tasks, which can have detrimental effects on their health. Choi et al. (2016) emphasize that physical burden encompasses health damage, fatigue, and bodily pain, including pain in the knees, joints, back, or shoulders, which can lead to sleep deprivation (Honda et al., 2014). Additionally, physical burden associated with elder care can have far-reaching consequences, including emotional instability, social isolation, immune system dysfunction, anxiety, and stress (Razani et al., 2014).

Emotional Burden

Studies have consistently demonstrated that prolonged caregiving for a family member can significantly influence an individual's life, impacting their emotional, psychological, and social well-being. Caregivers frequently encounter emotional difficulties, including worry, feelings of powerlessness, and guilt (Bialon & Coke, 2012; Northouse, Katapodi, Song, Zhang, & Mood, 2010). A range of negative emotions can arise, including abandonment, helplessness, stress, anxiety, embarrassment, betrayal, discouragement, and frustration. When these emotions become intense, caregivers may require professional assistance to develop effective coping strategies and manage their emotional responses (Daley & Moss, 2009). Caregiving can give rise to emotional issues, including debauchery, stress, and adverse emotions, which can have far-reaching consequences for both the family and the caregiver's life (Horowitz, 1978). Goldenberg, Saguy, and Halperin (2014) describe emotional burden as a phenomenon where an individual's sense of accountability triggers a specific emotional response, such as feelings of burden, to motivate action. This emotional burden can lead to emotional discomfort and may be compounded by a sense of responsibility, resulting in intense emotions. When caregiving responsibilities and work are added to the mix, emotional burden can become debilitating (Stelpstra, 2016). Knock et al. (2011) define emotional burden as a complex construct encompassing stress, anxiety, discomfort, and loss. Research has established a link between emotional burden and negative emotions, including shame, guilt, and embarrassment towards the care recipient (Raccichini et al., 2009), which can intensify guiltiness and compromise the caregiver's emotional well-being. According to Horowitz (1985), emotional burden is a state of emotional turmoil, marked by feelings of disorder, confusion, stress, and disruption in personal and family life (Lim et al., 2016). This burden can have a profound impact on an individual's performance, particularly among students. Novak and Guest's research adds to this concept, highlighting the role of shame, hatred,

embarrassment, and anger in emotional burden. Juvakka and Kylma (2009) define emotional load as a multifaceted emotional experience, characterized by sorrow, fear, and the relinquishment of one's everyday life and grief. Researchers Hochschild (2012) and Shuck, Shuck, and Reio Jr (2013) conceptualize emotional burden as a form of emotional labor, requiring healthcare providers to manage and regulate their emotions to provide empathetic and supportive care to those they care for.

Financial Burden

Financial burden has various underlying causes. Research by Khera et al. (2014) highlights the impact of changes in household income, often triggered by job loss, increased expenditures, and rising costs, on financial burden. Furthermore, financial burden is intricately linked to physical and psychological functioning. Watkins, Hunt, and Eisenberg (2012) conceptualize financial burden as a composite of pain, stress, and psychological distress. The consequences of financial burden can be far-reaching, leading to elevated tension levels and financial hardships (Edworthy & Donne, 2010). Zhan (2002) defines financial burden as a substantial obstacle encountered by caregivers, characterized by constraints such as inadequate financial resources to support caregiving activities, challenges related to accessing healthcare services for the care recipient, and profound financial strain stemming from caregiving duties. The assessment of financial burden can be facilitated through multiple approaches, incorporating social and economic factors, including household income, insurance policies, and the care recipient's disease progression (Brooks, Wilson, & Amir, 2011). Studies emphasize that financial burden transcends economic costs, incorporating health-related issues that affect household income (Bernard et al., 2006, 2011). Financial burden may also be interconnected with other concerns or depressive symptoms (de Souza & Wong, 2013). The role of caregivers in supporting family members or others in society is crucial, and the repercussions of financial burden can be considerable. Healthcare providers often face significant financial challenges, depleting their income and savings to cover caregiving expenses (Migliaccio, 2012). The substantial expenditures, including unforeseen costs related to caregiving, underscore the importance of healthcare providers maintaining their employment to mitigate further financial hardship (U.S. Department of Labor, 2016). The Bureau of Labor Statistics (2015) reported that 22.5% of older healthcare providers face financial hardship, according to the National Study of Caregiving. The financial burden on caregivers escalates as their caregiving responsibilities and duration increase (American Association of Retired Persons National Alliance for Caregiving, 2015). Research conducted in 2016 revealed that healthcare providers aged 50 and above incur significant annual expenditures, averaging \$7,064.

Social Burden

Social isolation is a growing concern that significantly contributes to social burden. When social networks are restricted to immediate family members, a range of problems can emerge, including increased stress, family disputes, and eventual social withdrawal. Conceptualizes social burden as encompassing role disputes and marital issues. Healthcare providers often bear the weight of these burdens, facing substantial challenges that can impact their personal and professional lives (Demir & Platin, 2017). Studies have shown that social burdens can have far-reaching consequences, disrupting healthcare providers' work-life balance and affecting their domestic lives (Gopalan & Brannon, 2006). According to Stetz and Brown (1997), healthcare providers' responsibilities can lead to social isolation, causing them to become disconnected from their social support networks and community interactions. According to Raccichini et al. (2009), social burden is characterized by role conflicts that arise from the intersection of caregiving responsibilities, job demands, and relationships with other family members. At its core, social burden encompasses the difficulties and challenges inherent in a caregiver's role, whether that be as a parent, partner, or child (Riemsma et al., 1999). Furthermore, social burden can result from the tension between caregiving obligations and other aspects of life, including employment and social interactions, leading to conflicts and difficulties (Alberts, Hadjistavropoulos, Pugh, & Jones, 2011).

Eldercare Burden and Workplace

Investigations into elder care and the workplace have produced a mix of positive and negative findings (Colin Reid, Stajduhar, & Chappell, 2010). Healthcare providers, who may be family members or salaried employees, play a vital role in providing care to individuals with physical disabilities, including parents, partners, children, or siblings (Ireson, Sethi, & Williams, 2016). These caregivers are ubiquitous, found in various settings and contexts (Yeandle, Bennett, Buckner, Shipton, & Suokas, 2006). According to a report by Sinha (2013), in 2012, Canada had approximately 8.1 million people engaged in unpaid healthcare work, with 5.6 million of these individuals also holding paid employment (Fast et al., 2014). The National Family Caregivers Association (2011) highlighted the challenges faced by paid healthcare providers, whose caregiving and work roles often collide, resulting in emotional and physical strain that impacts their extra role performance. Studies have consistently demonstrated that workers providing eldercare often face challenges in maintaining their regular work routines due to their caregiving responsibilities (Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Hepburn & Barling, 1996). Similarly, employers have noted that employees' family obligations, particularly those related to eldercare, can disrupt their work schedules. This may require employees to take time off, leading to interruptions in their work routine and potential impacts on productivity (Neal, Chapman, Ingersoll-Dayton, Emlen, & Boise, 1990).

Eldercare Burden and OCB-I

Organizational Citizenship Behaviors (OCBs) refer to the voluntary, informal actions taken by employees that surpass formal job expectations and contribute to improved organizational performance (Bizri, 2018; Organ, 1988; LePine et al., 2002). These discretionary behaviors, although not formally acknowledged or rewarded, are essential for achieving workplace effectiveness. Extant research has categorized OCBs into two primary types: Organizational Citizenship Behavior-Organizational (OCBO), which promotes organizational interests by adhering to informal work norms, and Organizational Citizenship Behavior-Individual (OCBI), which emphasizes supporting individual colleagues, such as helping absent coworkers (Williams & Anderson, 1991). As formal job descriptions often prove insufficient for achieving organizational objectives, OCBs are vital for organizational success (George & Brief, 1992; Panicker et al., 2018). Research highlights the significance of collaborative and supportive behaviors in facilitating effective organizational functioning (Katz, 1964). Organizational Citizenship Behaviors (OCBs) play a crucial role in optimizing resource allocation, enabling organizations to achieve their strategic objectives (Organ, 1988; VanYperen, Berg, & Willering, 1999). Conscientious employees exhibit self-regulation, minimizing the need for supervision by adhering to work protocols (Organ, 1988; Rotter, 1980). Furthermore, altruistic and courteous behaviors by employees facilitate knowledge sharing, reduce training costs, and minimize time expenditures (VanYperen et al., 1999). By enhancing the social context, OCBs indirectly facilitate business operations. Therefore, organizations should focus on fostering OCBs in the workplace (Donia, Johns, Raja, & Khalil Ben Ayed, 2018; Borman & Motowidlo, 1993). The Conservation of Resources (COR) theory posits that the depletion of employees' resources due to eldercare burdens negatively impacts Organizational Citizenship Behaviors (OCBs), emphasizing the need for resource enhancement to achieve a balance between work and caregiving responsibilities. The scarcity of resources constrains employees' ability to manage their work and eldercare obligations effectively, hindering their engagement in OCBs and ultimately affecting organizational effectiveness (Cloninger et al., 2015; Greenhaus et al., 2003). Consistent with Hobfoll's (2001) COR theory, work-family conflict leads to decreased OCBs as employees conserve their personal resources and mitigate potential losses. Empirical research consistently shows that family-to-work conflict has a detrimental impact on Organizational Citizenship Behaviors (OCBs), particularly OCB-I (Beham, 2011; Bragger et al., 2005) and overall OCB (Bragger et al., 2005). Despite this evidence, a significant research gap remains regarding effective strategies to mitigate the negative effects of family-to-work conflict on employees and organizations (Witt & Carlson, 2006). Addressing this gap is crucial to develop interventions that

support employees in managing work-family conflicts and promoting positive organizational outcomes.

H₁: *There is a negative relationship between eldercare burden and OCB-I*

H₂: *There is a positive relationship between eldercare burden with mental exhaustion*

H₃: *There is a negative relationship between mental exhaustion*

The Mediation of Mental Exhaustion

Caregivers who overextend themselves beyond their available physical and emotional resources in providing care are prone to exhaustion, tiredness, and fatigue as they strive to meet the demands of eldercare (Aumann et al., 2010). The prolonged nature of eldercare responsibilities can lead to the depletion of caregivers' time and energy resources, thereby compromising their mental and emotional well-being. Furthermore, chronic caregiving duties can result in the exhaustion of caregivers' resources, culminating in stress, exhaustion, and neglect of personal health (Cheng et al., 2018). Various factors can contribute to exhaustion, including the type of caregiving tasks, role confusion, insufficient socioeconomic resources, or assuming eldercare responsibilities without adequate social support (Calvano, 2013). Individuals who are insufficiently prepared to manage multiple roles or lack adequate resources to meet role demands typically experience role strain (Creary & Gordon, 2016). Resource imbalance occurs when the depletion of resources surpasses their availability, culminating in exhaustion and multifaceted health issues (Bakker & Demerouti, 2007). The Conservation of Resources (COR) theory posits that individuals' limited resources (time, energy, and personal resources) are vulnerable to depletion due to competing role demands, leading to role conflict and exhaustion (Hobfoll, 2011; Hobfoll & Shirom, 2001). Sustained psychological and physical efforts are necessary to maintain extra role performance like Organizational Citizenship Behavior (OCB) at work; however, conflicting roles can result in strain (Hobfoll, 2002). Employees who balance eldercare responsibilities often endure significant physiological and psychological strain, manifesting as fatigue, depression, exhaustion, and burnout (Creary & Gordon, 2016; Schaufeli & Bakker, 2004). Empirical evidence indicates a significant positive correlation between employee well-being and extra role performance (Devonish, 2013; van den Bosch & Taris, 2014). In contrast, exhaustion is negatively associated with cognitive and physical capabilities, resulting in diminished work performance (Deligkaris, Panagopoulou, Montgomery, & Masoura, 2014; Kleinsorge, Diestel, Scheil, & Niven, 2014) and Organizational Citizenship Behavior-Individual (OCBI) (Golparvar & Hosseinzadeh, 2011; Golparvar, Kamkar, & Javadian, 2012). The Conservation of Resources (COR) theory suggests that exhausted employees experience resource depletion, with limited opportunities for resource replenishment, leading to difficulties in fulfilling job duties or focusing solely on necessary tasks to maintain their work role (Demerouti, Sanz-Vergel, Petrou, & van den Heuvel, 2016; Halbesleben & Wheeler, 2011). Additionally, exhaustion is linked to reduced executive control, impairing one's ability to perform complex tasks, and ultimately reducing extra role performance i.e. OCB-I at work (Diestel, Cosmar, & Schmidt, 2013). Therefore, it is hypothesized that:

H₄: *Mental exhaustion mediates the relationship between eldercare burden and OCB I*

The Moderation of Religiousness

The cultural fabric of our country is woven with values that prioritize human dignity and Islamic principles, which in turn shape societal norms. Old age is viewed as a life phase imbued with valuable experiences, high self-esteem, and wisdom, while the joint family system is considered a blessing, enabling elderly parents or grandparents to be an integral part of family life (Salahuddin & Jalbani, 2006). This cultural sentiment is reinforced by Islamic teachings, which emphasize the importance of caring for and respecting the elderly (Hussein & Ismail, 2017). Nevertheless, the demands of modern life and the increasingly competitive workplace pose significant challenges to traditional family structures and intergenerational support systems. The rising cost of living, urbanization, dynamic

migration patterns, women's entry into the workforce, and the trend towards nuclear families have all contributed to the erosion of traditional family structures (Izuhara & Forrest, 2013). As a result, younger generations face considerable socioeconomic pressures associated with unpaid and informal eldercare responsibilities, which can impact caregivers' well-being and work-life balance over time (Hussein & Ismail, 2017). To address the effects of aging on caregivers, it is essential that policymakers and researchers collaborate to develop effective solutions. Given the demands and responsibilities associated with eldercare, individuals who perceive themselves as being supported by God (Probst & Strand, 2010) are more likely to feel capable of coping effectively. This sense of capability is reinforced by engaging in acts of benevolence, which are deemed worthy of reward. While the relationship between religiousness and eldercare burden mitigation requires further investigation, existing research has demonstrated the moderating effects of religiousness in various contexts, including poverty (Assari, 2013; Jaramillo, 2011), terrorism or violence (Shagan, 2011), stress (Ahles, Mezulis, & Hudson, 2016), and workplace aggression (Sprung, Sliter, & Jex, 2012). This study builds on these findings to investigate the moderating effect of religiousness on the relationship between eldercare burden and work-related outcomes, hypothesizing that high religiousness serves as a buffer against negative impacts. According to the Conservation of Resources (COR) logic, religiousness functions as a vital protective resource that shields employees from the detrimental effects of eldercare burden on their extra role performance. By buffering against mental exhaustion, religiousness reduces the likelihood of resource depletion, enabling employees to maintain their work performance and overall well-being (Hobfoll, 2001).

H₅: *The positive relationship between eldercare burden of employees and their mental exhaustion is moderated by their religiousness, such that the relationship is weaker at higher levels of religiousness and vice versa.*

The Moderated Mediation

The integration of mediation and moderation hypotheses proposes a moderated mediation effect, where religiousness affects the relationship between eldercare burden and work outcomes (Preacher, Rucker, & Hayes, 2007). In this context, religiousness is anticipated to moderate the indirect relationship between eldercare burden and organizational citizenship behavior (OCB-I) with mental exhaustion acting as the mediating variable. This implies that religiousness has a moderating influence on the extent to which eldercare burden affects work outcomes through mental exhaustion. The moderated mediation effect suggests that individuals with high levels of religiousness are more resilient to the negative impact of eldercare burden on OCB-I. This is achieved through reduced mental exhaustion, which serves as a mediator in the relationship between eldercare burden and OCB-I. At high levels of religiousness, the causal mechanism of mental exhaustion is mitigated, resulting in diminished resource depletion and subsequent mental exhaustion. Consequently, strong religious beliefs play a protective role, alleviating the negative consequences of eldercare burden on OCB-I (Bader & Berg, 2014; Fabricatore et al., 2004). On the other hand, employees with lower religiousness are devoid of the supportive resources provided by faith, making them more susceptible to the adverse effects of eldercare burden on OCB-I. The absence of faith-based support heightens mental exhaustion, ultimately worsening the impact of eldercare burden on work outcomes. Simply put, low religiousness intensifies the negative consequences of eldercare burden on OCB-I by increasing mental exhaustion.

H₆: *The indirect relationship between eldercare burden of employees OCB-I through their enhanced mental exhaustion is moderated by their religiousness, such that this indirect relationship is weaker at higher levels of religiousness and vice versa.*

Materials and Methods

Post-positivism acknowledges the existence of objective truth but recognizes that its pursuit is inherently subjective, influenced by personal experiences and biases, making absolute objectivity unachievable. To address this challenge, post-positivists advocate for mixed methods approaches,

combining qualitative and quantitative data through triangulation to enhance the validity and reliability of research findings. This paradigm acknowledges the relativity of truths, which are shaped by individual experiences, beliefs, and values (Kuhn, 1962). Critical realism, a subset of post-positivism, seeks to integrate the strengths of positivist and interpretivist paradigms, providing a more nuanced and comprehensive understanding of the research context. This study utilizes deductive reasoning to investigate the relationships between variables, necessitating the application of quantitative methods. As Kothari (2004) points out, quantitative methods are particularly suited for examining variable relationships through deductive reasoning. To accomplish the study's objectives, an explanatory research design is employed, integrating descriptive and explanatory elements to provide an in-depth understanding of the research phenomenon (Yin, 1994). This design enables the exploration of causal relationships and the identification of underlying mechanisms, ultimately contributing to a more comprehensive understanding of the research context.

Questionnaire Development

The questionnaire is structured into three distinct sections to ensure thorough data collection. The first section introduces the study, obtains informed consent, and ensures respondents understand the research objectives. Participation was entirely voluntary, with respondents having the option to withdraw at any time. To alleviate concerns, respondents were assured of anonymity and data confidentiality. The second section gathers demographic information, encompassing age, gender, marital status, educational qualifications, job designation, and income, using a nominal scale for categorization. In line with Passmore et al.'s (2002) guidelines, demographic items were positioned at the outset to establish respondent rapport. The third section consists of 7 items, designed to assess three theoretical constructs through a validated 5-point Likert scale. To ensure the questionnaire's validity and reliability, a pilot study was conducted to refine item wording and content.

Measures

This section describes the methodology used to develop measurement scales and collect data for the current study. A comprehensive literature review was undertaken to select suitable measurement scales, with a focus on identifying the most relevant and reliable scales for this research. The selected scales have undergone rigorous validation and reliability testing. The questionnaire was specifically designed for full-time employees who provide care to their elderly relatives. The questionnaire consists of five sections: (1) demographic information, including personal details and caregiving responsibilities; (2) assessment of eldercare burden; (3) evaluation of religiousness; (4) measurement of mental exhaustion; and (5) evaluation of OCB-I.

Caregiver Burden

Although the Zarit Burden Index (ZBI) is a widely used measure of caregiver burden, its uni-dimensional nature and focus on burden intensity made it unsuitable for this study, which aims to capture burden across multiple dimensions (financial, social, emotional, and physical). Instead, the Caregiver Burden Index (Novak & Guest, 1989) was chosen, as it encompasses various dimensions of caregiving burden, including psychological, time-dependent, physical, social, and emotional aspects. For this study, the physical, social, and emotional dimensions were adopted, utilizing a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Additionally, a 4-item scale developed by Stommel, Given, and Given (1990) was adapted to measure financial burden, employing the same 5-point Likert scale.

OCB-I

Employee extra-role performance is evaluated through Organizational Citizenship Behaviors (OCBs), using a 14-item subscale developed by Williams and Anderson (1991). The OCBs are categorized into two dimensions: OCBs directed toward individuals (OCB-I) and OCBs directed toward the organization (OCBO), each consisting of seven items. This study focuses exclusively on OCB-I, with

sample items including "helps others who have been absent." Responses are measured using a 5-point Likert scale, ranging from strong disagreement to strong agreement.

Religiousness

The study employed a 16-item scale developed by Eaves et al. (2008) to measure employees' level of religiousness. The scale includes items such as "I feel like I can always count on God" and "My life is committed to God," which assess the degree to which employees' religious beliefs influence their daily lives. Responses were measured on a 5-point scale, with options ranging from "never" to "always," providing a comprehensive understanding of employees' religiousness.

Mental Exhaustion

This study utilized the Burnout Measure, developed by Pines and Aronson (1988), to assess burnout across three dimensions: emotional exhaustion, physical exhaustion, and mental exhaustion. With 7 items per dimension, the scale provides a comprehensive evaluation of burnout. The current study focused on mental exhaustion, with respondents rating the frequency of mental exhaustion feelings over the past 4-6 weeks. A 7-item scale with a 5-point response format (1 = never, 5 = always) was employed. Sample items, including "I have been feeling disillusioned and resentful about people," enabled respondents to report their experiences of mental exhaustion.

Control Variables

To ensure the validity and reliability of the research methodology and instruments, a pilot study was conducted with 60 participants. In line with the findings of Fan and Yan (2010), the survey instrument was designed in hard copy format to capitalize on higher response rates. The pilot study's sample comprised 11 organizations from various sectors, including healthcare services (55%, 6 organizations), education (27%, 3 organizations), and banking (18%, 2 organizations). The questionnaire was physically disseminated to one manager and a range of 4-6 subordinates from each participating organization. Respondents received clear explanations of the study's purpose, and no difficulties in understanding survey items were reported. The survey instrument consisted of three sections with 65 items, estimated to take approximately 25 minutes to complete.

Target Population

This study focuses on occupations that are predisposed to mental exhaustion. Following an extensive literature review, three professions were identified as being highly susceptible to workplace stressors, stress, and fatigue: teaching, medical professionals, and banking sector employees. A common characteristic among these high-risk occupations is frequent human interaction, as noted by Vesty, Sridharan, Northcott, and Dellaportas (2018). Furthermore, Freudenberger (1974) suggests that employees in occupations involving close and frequent interaction with coworkers are more likely to experience burnout, making these professions a critical focus for this study.

Sampling

The research methodology employed in this study was convenient sampling, a non-probability sampling technique that allows for the selection of easily accessible participants, facilitating timely and cost-effective data collection. Establishing an adequate sample size is crucial for ensuring the validity and reliability of research findings. According to Bentler and Chou (1987), a minimum sample size of five times the number of variables is recommended for confirmatory factor analysis. Furthermore, Thompson (2004) recommends a minimum sample size of 200 respondents for factor analysis to ensure statistical validity. Hair, Black, Babin, and Anderson (2010) concur, suggesting that a sample size exceeding 200 respondents is necessary to guarantee reliable research outcomes, thereby providing a foundation for robust and generalizable findings. Considering the study's comprehensive instrument, which includes almost 48 questions, a sample size of 300-400 respondents is proposed to ensure reliable and generalizable results. This sample size recommendation is in line with the suggestions of previous studies by De Clercq et al. (2019) and Khan et al. (2018). The study focuses on three distinct occupational groups, serving as the unit of analysis: healthcare professionals, higher

education instructors, and banking sector employees. Clark and Creswell (2010) emphasize that a response rate below 60% can compromise the external validity of research findings. To mitigate this risk, 550 questionnaires were distributed with the aim of achieving a minimum 60% response rate. The utilization of personal referrals as a recruitment strategy proved highly effective, leading to a higher-than-anticipated response rate. As questionnaires were distributed through personal connections, respondents were more inclined to participate. The final response rate of 67.8% (373 completed questionnaires out of 550 distributed) not only met but exceeded the target threshold.

Data Analysis Method

For comprehensive data analysis, this study employs IBM SPSS 28.0.1 and IBM SPSS AMOS 26. The data analysis process commences with data screening and preliminary analysis to evaluate demographic information, data distribution, and statistical assumptions, including missing data, outliers, normality, linearity, autocorrelation, multicollinearity, and heteroscedasticity. Subsequently, the study assesses the construct's reliability and validity to ensure internal and external consistency and error-free measurements. As emphasized by Knapp (1991), reliability is a vital component of research, demonstrating result consistency and replicability. Validity ensures the scale accurately represents the intended phenomenon, while internal consistency is a primary concern in quantitative research, particularly for multi-item instruments. To evaluate scale reliability, this study utilizes Cronbach's alpha, with values exceeding 0.7 indicating high reliability, as recommended by Sekaran and Bougie (2016). According to Collis and Hussey (2013), structured questionnaires are a popular data collection method in quantitative studies, offering numerous benefits. This approach enables efficient data collection, reduces costs, and provides significant time and cost savings. Consistent with the principles of quantitative research, this study employed a standardized data collection technique using structured questionnaires. This method ensured consistency and accuracy in data collection, allowing for reliable and generalizable findings. This study employed a three-phase data collection approach, spanning three-time lags (T1, T2, and T3), to gather comprehensive data. The first phase (T1) involved distributing questionnaires to assess the independent variable (Eldercare Burden) and moderator (Religiousness). The second phase (T2) focused on collecting data on the mediator (mental exhaustion), while the third phase (T3) involved supervisor-rated assessments of the dependent variable (OCB-I). A 2–3-week interval separated each data collection phase. To prevent respondent mismatching and ensure data integrity, unique codes were assigned to each respondent and recorded alongside their names. To maintain confidentiality, anonymity, and data security, respondents were assured that their data would be used exclusively for academic purposes, and personal references were utilized to facilitate data collection when necessary.

Results and Discussion

Descriptive Statistics

To summarize and describe the data, this study employed descriptive statistics using SPSS version 28. The initial data analysis involved calculating means and standard deviations to provide an overview of the data's central tendency and dispersion. Additionally, correlation analysis was conducted to examine the relationships between variables, as recommended by Sekaran (2016). This preliminary analysis provided a foundation for further investigation and facilitated the identification of patterns and trends within the data.

Mean and Standard Deviation

To evaluate the responsiveness of the targeted population to the study constructs and the interrelatedness of the scale items, this study employed mean (M) and standard deviation (SD) calculations, as recommended by Sekaran (2003). The results, presented in Table 4.1, provide insights into how the targeted sample responded to the items measuring eldercare burden, religiousness, mental exhaustion, and Organizational Citizenship Behavior (OCB). Furthermore, the results presented in Table 4.1 demonstrate that the respondents' measures of eldercare burden, mental exhaustion,

religiousness, and OCB exhibited strong internal consistency, indicating a high level of interrelatedness among the scale items.

Table 4.1 Mean and Standard Deviation

Variables	Mean	Std. Deviation
ECB	3.44	1.02
ME	3.44	1.05
R	3.30	1.12
OCB	3.22	1.13

Correlations Among Variables

The correlation analysis revealed significant and positive relationships between the control variable of age and the variables of education ($r = 0.71, p < 0.01$) and experience ($r = 0.82, p < 0.01$) indicating a strong association between age and these variables. The correlation analysis revealed statistically significant relationships between eldercare burden and various outcomes, including mental exhaustion ($r = 0.50, p < 0.01$), religiousness ($r = -0.46, p < 0.01$) and OCB ($r = -0.502, p < 0.01$). The results showed that mental exhaustion was significantly correlated with religiousness ($r = -0.48, p < 0.01$) and OCB ($r = -0.53, p < 0.01$). Lastly, the correlation analysis revealed statistically significant relationships between religiousness and OCB ($r = 0.64, p < 0.01$),

Notably, the direction of the relationships between all study variables aligns with the predicted directions outlined in the study hypotheses, thereby lending support to the theoretical framework.

In the correlation table 4.2 convergent reliability is presented in front of every variable in parentheses which is also in range.

Table 4.2 Mean and Standard Deviation

Variables	1	2	3	4	5	6	7	8
Gen	1							
Age	-.397**	1						
Edu	-.047	.711**	1					
Exp	-.243**	.820**	.613**	1				
ECB	-.039	.086	.042	.047	(.75)			
ME	-.060	-.006	-.070	-.008	.501**	(.71)		
Rel	.036	-.012	.022	-.018	-.459**	-.481**	(.75)	
OCB	.033	-.085	-.053	-.066	-.502**	-.533**	.642**	1)

Note. $N = 373$. ** $p < .01$, * $p < .05$. (2-tailed). Gen = gender, Edu = education, Exp = experience, ECB = elderly care burden, OCB = organizational citizenship behavior, ME = mental exhaustion, Rel = religiousness. Convergent reliability is presented in parenthesis

Hypothesis Results

Hypothesis Results – Direct Relational Hypothesis

The results of the directional hypothesis testing, which investigated the relationship between eldercare burden and Organizational Citizenship Behavior (OCB) as posited in the research hypothesis, are presented in Table 4.3. These results were obtained using SPSS, a statistical analysis software, to examine the hypothesized relationship between the two variables.

The statistical analysis revealed a statistically significant negative coefficient ($b = -.56$, $SE = .18$, $R^2 = .25$, $F\text{-value} = 126.34$, $p < .000$), indicating that eldercare burden has a deleterious effect on Organizational Citizenship Behavior (OCB). This finding provides robust support for hypothesis H1, confirming the hypothesized negative relationship between eldercare burden and OCB. The results of this study ($b = 0.50$, $SE = 0.17$, $R^2 = 0.24$, $F\text{-value} = 117.91$, $p < .000$) provide robust evidence of a positive correlation between eldercare burden and mental exhaustion, thereby validating hypothesis H2. This finding suggests that an increased eldercare burden is associated with heightened mental exhaustion, underscoring the need for organizations and policymakers to address the mental health implications of eldercare burden. The data analysis reveals a statistically significant negative relationship between mental exhaustion and Organizational Citizenship Behavior (OCB) ($b = -.56$, $SE = .17$, $R^2 = .27$, $F\text{-value} = 138.41$, $p < .000$). This finding provides robust support for hypothesis H3, confirming the predicted adverse impact of mental exhaustion on OCB. The results suggest that employees experiencing higher levels of mental exhaustion are less likely to engage in OCB.

Table 4.3 Direct Hypothesis Results

Hypotheses	Relationship	Estimate	SE	R2	F-value	Remarks
H1b	ECB → OCB	-0.56***	0.05	.25	6.34	supported H2
H2a	ECB → ME	0.50***	0.04	.24	7.91	supported H1
H3b	ME → OCB	-0.56***	0.05	.27	8.41	supported H2

Note: * $p < .05$, ** $p < .01$, *** $p < .01$, ECB = elderly care burden, OCB = organizational citizenship behavior, ME = mental exhaustion.

Hypothesis Results – Mediation Analysis

H4: Mental exhaustion mediates the relationship between eldercare burden and OCB-i

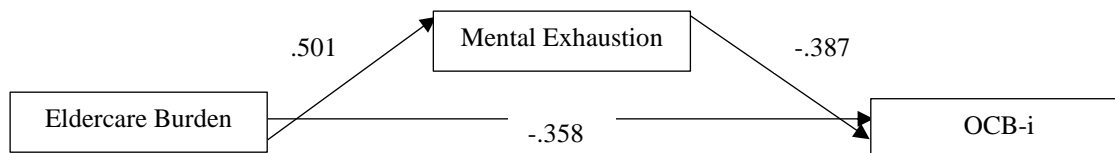


Figure 4.4 a-ii: The Mediation Model

The results of the mediation analysis, conducted using ordinary least squares (OLS) regression and the PROCESS SPSS macro (Hayes, 2022), demonstrate that mental exhaustion serves as a critical mediator in the negative relationship between eldercare burden and organizational citizenship behavior-individual (OCB-I). Specifically, the analysis revealed a positive association between eldercare burden and mental exhaustion ($a = 0.501$), as well as a negative relationship between mental exhaustion and OCB-I ($b = -0.387$). A bootstrap confidence interval for the indirect effect ($ab = -0.194$) based on 10,000 bootstrap resamples (95% CI: $-0.259, -0.136$) confirmed the statistical significance of the mediating role of mental exhaustion, providing strong empirical support for hypothesis H4. This finding highlights the importance of addressing mental exhaustion in mitigating the negative impact of eldercare burden on OCB-I.

Table 4.4 Results of Mediation Analysis

Antecedent	M (Mental Exhaustion)				c'	Y (OCB-I)			
	β	SE	p	B		β	SE	p	β
X (Eldercare Burden)	.501	.046	.000	.491		-.358	.053	.000	-.327
M (Mental Exhaustion)					b	-.387	.052	.000	-.361
	= 0.241					= 0.353			
	(1, 371) = 117.912, $p < .000$					(2, 370) = 100.835 $p < .000$			

Hypothesis Results – Moderation Analysis

H₅: *The positive relationship between eldercare burden of employees and their mental exhaustion is moderated by their religiousness, such that the relationship is weaker at higher levels of religiousness and vice versa.*

A moderation analysis employing centered variables was conducted to examine the moderating effect on the relationship between the independent variable and the dependent variable. The analysis utilized the PROCESS SPSS macro (Hayes, 2022), a robust computational tool for observed variable mediation, moderation, and conditional process modeling. The results revealed that the predictor variables collectively explained 32.6% of the variance in mental exhaustion, as indicated by the coefficient of determination ($R^2 = 0.326$), which was statistically significant ($F(3, 369) = 59.365, p < 0.000$). The unstandardized regression coefficients are presented in Table 12 a-i. Notably, the analysis yielded a significant interaction effect ($p = 0.015$), confirming that religiousness moderates the relationship between eldercare burden and mental exhaustion. Figure 4.2 illustrates this moderation effect, demonstrating that the positive relationship between eldercare burden and mental exhaustion is weaker at higher levels of religiousness and stronger at lower levels. Table 4.5 presents the conditional effects of the focal predictor (Eldercare Burden) at three levels of the moderator (Religiousness), thereby providing support for Hypothesis 5.

Table 4.5 Summary of Moderation Regression Analysis Predicting Mental Exhaustion

	β	t	p	95%CI	
				Low	Up
Constant	3.366	62.829	.000	3.260	3.471
Religiousness (A)	-.225	-4.305	.000	-.328	-.112
Eldercare Burden (B)	.420	7.383	.000	.308	.532
A*B	-.132	-2.441	.015	-.238	-.026

Conditional Effects of Eldercare Burden						
Religiousness	Effect	SE	T	p	95%CI	
					Low	Up
<i>SD</i>	.568	.101	5.597	.000	.368	.768
Mean	.420	.057	7.383	.000	.308	.532
<i>SD</i>	.273	.059	4.613	.000	.157	.389

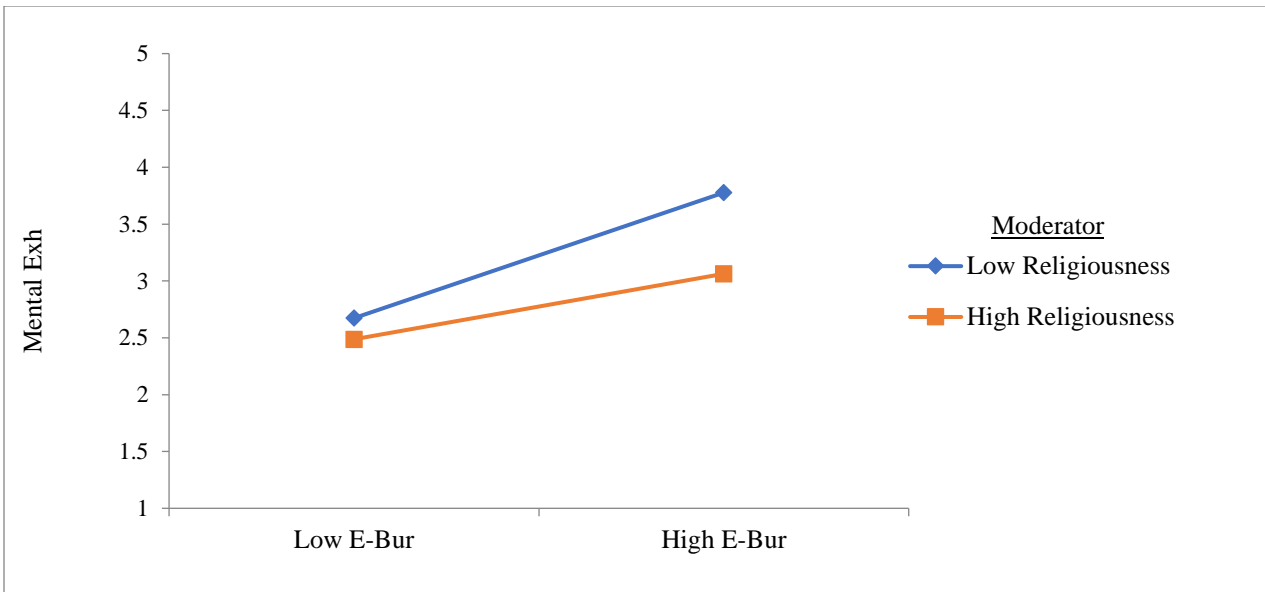


Figure 4.2: Interactive Effect of Eldercare Burden and Religiousness on Mental Exhaustion

Hypothesis Results – Moderated Mediation Analysis

Hypotheses 6: *The indirect relationship between eldercare burden and OCB through their enhanced mental exhaustion is moderated by their religiousness, such that this indirect relationship is weaker at higher levels of religiousness and vice versa.*

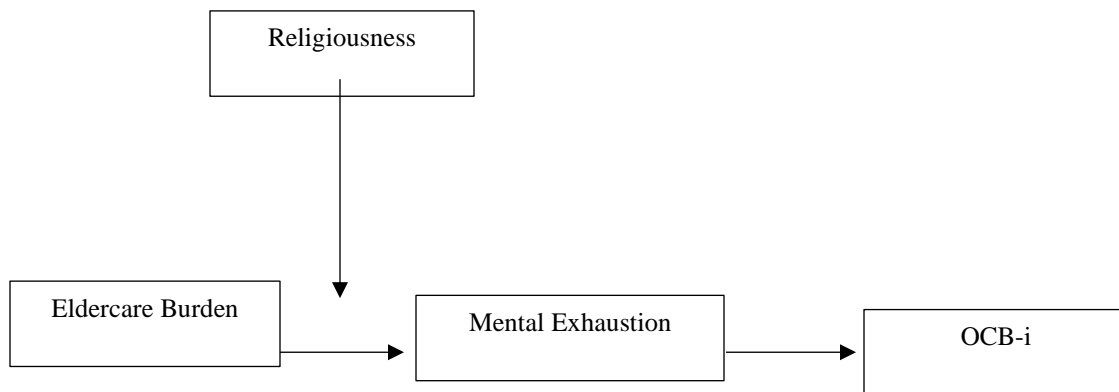


Figure 4.3: The Moderated Mediation Model

The direct relationship analysis presented in Table 4.6 reveals a statistically significant and positive relationship between eldercare burden (EB) and mental exhaustion (ME), characterized by a coefficient (b) of 0.420, a t-statistic of 7.383, and a p-value of less than 0.000. Furthermore, the analysis demonstrates that mental exhaustion (ME) has a significant and negative impact on organizational citizenship behavior (OCB), with a coefficient (b) of -0.387, a t-statistic of -7.513, and a p-value of less than 0.000. These findings provide robust evidence of the direct relationships between eldercare burden, mental exhaustion, and organizational citizenship behavior. The statistical analysis reveals a statistically significant and negative relationship between eldercare burden (EB) and organizational citizenship behavior (OCB), characterized by a coefficient (b) of -0.358, a t-statistic of -6.808, and a p-value of less than 0.000. Furthermore, the analysis indicates that the interaction term (Int_1) between eldercare burden (EB) and religiousness (R) has a statistically significant impact on mental exhaustion (ME), with a coefficient (b) of -0.132, a t-statistic of -2.441, and a p-value of less than 0.015. This finding suggests that the relationship between eldercare burden and mental exhaustion varies as a function of religiousness. To provide further insights into the relationships between the

variables, the subsequent part of the table presents the direct and indirect effects of eldercare burden (EB) on organizational citizenship behavior (OCB), highlighting the moderating role of religiousness (R). The results of the analysis reveal that the indirect effect of eldercare burden (EB) on organizational citizenship behavior (OCB) is moderated by religiousness, with the strength of the indirect effect varying as a function of religiousness levels. Specifically, the indirect effect is stronger at lower levels of religiousness and weaker at higher levels. Nevertheless, the results demonstrate that the indirect effect of EB on OCB is statistically significant across all three levels of religiousness (low, moderate, and high), as evidenced by the absence of zero within the confidence intervals for each level. The results of the analysis provide robust empirical support for Hypothesis 6, which posits that the indirect effect of eldercare burden (EB) on organizational citizenship behavior (OCB) through mental exhaustion (ME) is moderated by religiousness. The index of moderated mediation (index = 0.051, 95% CI = [0.000/0.105]) is statistically significant, with the 95% confidence interval excluding zero, thereby confirming the moderating role of religiousness in the indirect relationship between EB and OCB. This finding lends strong support to Hypothesis 6, highlighting the importance of considering the moderating influence of religiousness in understanding the complex relationships between EB, OCB, and related constructs.

Table: 4.6 Moderated Mediation Analysis

Direct Relationships		Unstandardized Coefficient	T-values
Eldercare Burden (EB) --> Mental Exhaustion (ME)		.420	7.383
Mental Exhaustion (ME) --> OCB-I		-.387	-7.513
Eldercare Burden (EB) --> OCB-I		-.358	-6.808
Eldercare Burden (EB)*Religiousness (R)-> Mental Exhaustion		-.132	-2.441

Indirect Relationships	Direct Effect	Indirect Effect (SE)	Confidence Interval Low/High	T-values
Eldercare Burden-> Mental Exhaustion -> OCB-I	-.358	-.163(.030)	-.223/-.106	-5.433

Probing Moderated Direct Relationships	I	Effect	SE	Confidence Interval Low/High	T-Statistics
Low level of religiousness		-.220	.051	-.325/-.121	-4.314
High level of religiousness		-.106	.030	-.167/-.049	-3.533
Index of Moderated Mediation		.051	.026	.000/.105	1.962

Discussion

Empirical Supports

A review of the literature reveals that employed caregivers' well-being is not always negatively impacted by their caregiving responsibilities. In fact, some studies suggest that caregiving can have positive effects on well-being (Quinn & Toms, 2019; Roth et al., 2015). Empirical evidence also supports the buffering role of religiousness in mitigating the positive relationship between eldercare burden and mental exhaustion (Probst & Strand, 2010; Schreurs, et al., 2014). According to Conservation of Resources (COR) theory, stressful experiences can deplete caregivers' resources, leading to exhaustion (Hobfoll, 2001). However, individuals with high religiousness tend to exhibit positive behaviors such as forgiveness, humility, and compassion, accompanied by elevated levels of

gratitude and hope, even in challenging situations (Ghorbani, Watson, Kashanaki, & Chen, 2017; Krause, 2018; Lehmann, 2016). Furthermore, research has shown that individuals with high religiousness demonstrate enhanced well-being and effective emotion regulation, particularly in managing negative emotions amidst adversity (Hoverd & Sibley, 2013; Lomas, et al., 2014; Steedman, Atherton, & Graham, 2010). The incorporation of religiousness as a buffering effect is justified, as it enables employees to effectively fulfill their job requirements by fostering a sense of helpfulness and confidence, particularly in challenging workplace situations. Religiousness provides employees with the necessary tolerance and patience to navigate difficult circumstances (Bickerton, Miner, Dowson, & Griffin, 2014; Pargament, 2001). Consistent with Conservation of Resource (COR) theory (Hobfoll, 2001), acquiring resources, such as religiousness, enhances employees' confidence, mitigates the adverse effects of eldercare burden, and reduces workplace extra-role performance anxiety. Furthermore, religious individuals experience enhanced perceived control over workplace extra-role performance, attributing their success to divine support and guidance (Spilka, Kirkpatrick, & Shaver, 1985). This sense of divine support enables employees to feel more secure in their ability to achieve work-related goals, even in the face of eldercare responsibilities. The power of religion provides employees with a sense of reassurance, reducing their worries about fulfilling performance standards set by their employer. The finding that religiousness serves as a protective buffer, mitigating the negative impact of eldercare burden on mental exhaustion, is particularly insightful when examining the indirect relationship between eldercare burden and Organizational Citizenship Behavior (OCB-I) through mental exhaustion (Preacher et al., 2007). Our analysis reveals that religiousness moderates the indirect relationship between independent variables and dependent variables, influencing the strength of this relationship. Specifically, the connection between mental exhaustion and eldercare burden is weakest when caregivers possess strong religious beliefs, resulting in reduced employee workplace extra-role performance. Conversely, employees with weaker religious beliefs experience increased mental exhaustion, ultimately leading to lower workplace extra-role performance. This study provides a comprehensive examination of the consequences of eldercare burden on employees' cognitive well-being and workplace extra-role performance, yielding critical implications for workplace settings. By investigating the impact of eldercare burden on employee performance, our research fills a knowledge gap, revealing mental exhaustion as a key mechanism underlying this relationship. Furthermore, this study contributes to the literature by exploring the previously understudied relationship between eldercare burden and Organizational Citizenship Behavior (OCB-I), highlighting mental exhaustion as a critical mediator. Notably, this investigation demonstrates the moderating effect of religiousness on the relationship between eldercare burden, mental exhaustion, and OCB-I, providing valuable insights for organizations seeking to support employees with caregiving responsibilities.

Theoretical Implications

This study examines the positive relationship between mental exhaustion and eldercare burden, revealing that caregivers who strive to provide more than their available mental resources become vulnerable to exhaustion, tiredness, and fatigue when attempting to meet eldercare demands (Aumann, et al., 2010). This, in turn, can lead to decreased Organizational Citizenship Behavior (OCB). Our findings suggest that greater mental exhaustion is a critical factor in undermining employees' performance, causing them to fall short of the standards set by their organization. Furthermore, this research highlights religiousness as a coping mechanism, indicating that individuals burdened with eldercare demands are more likely to perceive themselves as capable of managing their responsibilities effectively when they feel supported by their faith (Probst & Strand, 2010). This sense of divine support enables individuals to engage in acts of benevolence, fostering a sense of purpose and fulfillment. The positive correlation between eldercare burden and mental exhaustion indicates that the depletion of resources hinders employees' ability to fulfill their job requirements, leading to an unfavorable job experience (Hobfoll & Hirom, 2000). In essence, employees who care for elderly family members often experience depleted energy resources, making it challenging to meet

organizational goals set by top management. Consequently, they face increased stress and anxiety, ultimately resulting in poor workplace extra-role performance (Howie, 2007). Furthermore, the physical and emotional exertion associated with eldercare activities can exacerbate job-related stress and anxiety, as caregivers' focus shifts from organizational responsibilities to caring for their elderly family members (Kastenmüller et al., 2011). In countries like Pakistan, where eldercare facilities are inadequate, caregivers often experience increased absenteeism and reduced working hours, negatively impacting workplace extra-role performance (Principi et al., 2014).

Practical Implications

This research provides critical insights and practical recommendations for employees and organizations to mitigate family-work conflict resulting from eldercare burden, ensuring effective support mechanisms. The study offers actionable guidelines for organizations to address eldercare burden-related work-family conflicts, promoting employee well-being and productivity. Organizations must recognize that employees with eldercare responsibilities often experience workplace stress and anxiety, negatively impacting their Organizational Citizenship Behavior (OCB). Notably, employees with eldercare burden may hesitate to request frequent short leaves or explain their frequent late arrivals and early departures, fearing management may view these as excuses. To address this, top management should acknowledge employees' concerns, consider flexible work arrangements, and refrain from deducting salaries for absenteeism, late arrivals, and early departures. Organizations should establish transparent communication regarding job expectations, including resource allocation, time management, and performance targets. Clear expectations and standards should be communicated to employees, outlining necessary resources, timelines, and workplace extra-role performance metrics. Such actions will encourage employees, limit mental exhaustion, and promote a supportive work environment. Given the inevitable spillover of mental exhaustion due to eldercare burden, organizations should prioritize strategies to minimize the strain on employees who are caring for elderly family members at home. This research yields a valuable insight: support from organizations, supervisors, and coworkers can substantially reduce mental exhaustion among employees with eldercare responsibilities. Notably, coworker support plays a dual role, not only alleviating mental exhaustion but also serving as a buffer through religious coping mechanisms, ultimately promoting employee well-being and resilience.

Limitations and Future Research

This study acknowledges several limitations, presenting opportunities for future research to build upon and expand these findings. Firstly, the data collection process employed a three-week time lag between assessments of eldercare burden, mental exhaustion, and Organizational Citizenship Behavior (OCB). While this period helped minimize recall bias, it may not have been sufficient to capture the burnout experienced by employees caring for elderly relatives at home. Future studies could benefit from using longer time lags to better measure eldercare burden and its consequences. Moreover, the conversion of mental exhaustion into reduced workplace extra-role performance may not be immediately measurable. To address these limitations, future research should adopt a multi-method approach, combining field studies with laboratory and field experiments, incorporating control groups and treatment conditions, to establish causality and generalize findings. Secondly, this study examined Religiousness as a contingency factor that buffers the positive association between eldercare burden and mental exhaustion, focusing exclusively on Muslim participants. Previous research has shown that Muslims' religious experiences significantly influence their workplace behaviors, with Islamic religiosity impacting workplace attitudes and behaviors among Muslim employees (Khan, Abbas, Gul, & Raja, 2015; Murtaza et al., 2016). Future research should expand the analysis of buffering roles to diverse religious traditions, including Judaism, Christianity, and Hinduism. Additionally, individual variables such as employees' resilience can serve as moderators in the relationship between eldercare burden and mental exhaustion. Therefore, future research should investigate the moderating effects of employees' psychological resources, including tenacity (Baum & Locke, 2004) and resilience

(Youssef & Luthans, 2007). Furthermore, organizational context factors, such as supportive work-life balance policies, can provide relief to employees with eldercare responsibilities, reducing mental exhaustion among caregiving employees (ten Brummelhuis & van der Lippe, 2010). Thirdly, while the theoretical arguments presented in this study are country-neutral, cultural factors may hinder the applicability of such frameworks. This research was conducted in the Pakistani context, where the joint family system prevails, and caring for elderly parents is a deeply ingrained societal norm. However, the preference for elderly care varies between joint and nuclear family systems (Fang & Yang, 2023). In joint families, members often shift responsibilities to other siblings, whereas in nuclear families, individuals accept responsibility for caring for their elderly relatives. Employees may be particularly sensitive to their daily routine life responsibilities, such as eldercare, and failing to fulfill these responsibilities can create strain and uncertainty in their daily lives (Hofstede, 2001). Therefore, family system and values are significant limitations of this study. The comparative importance of religiousness in buffering the effects of eldercare burden on employees' mental exhaustion may vary across countries due to differences in culture, values, beliefs, and family systems. Cross-national studies are necessary to provide deeper insights into the buffering effects of religiousness in various contexts. Comparative analyses of the impacts of diverse religions on workplace well-being are warranted, particularly excluding Islam.

Conclusion

This study contributes significantly to existing research by investigating the impact of eldercare burden on employees' Organizational Citizenship Behavior (OCB), mediated by mental exhaustion and moderated by religiousness. By examining the interplay between these variables, this research expands upon previous studies, providing a more comprehensive understanding of the complex relationships between eldercare burden, mental exhaustion, and religiousness on OCB. This study sheds new light on the factors influencing OCB among working caregivers, highlighting the intersections between personal, familial, and spiritual factors that affect professional outcomes. A key finding of this research is that eldercare burden undermines workplace extra-role performance due to burnout resulting from mental exhaustion while providing care to loved ones. However, this dysfunctional effect is buffered by the religious importance attributed by individuals. A pivotal factor contributing to the detrimental impact of eldercare burden on Organizational Citizenship Behavior (OCB) is the burnout resulting from mental exhaustion associated with caring for elderly loved ones. Nevertheless, this dysfunctional effect of eldercare burden can be alleviated by the buffering influence of religious importance, which provides emotional sustenance, coping mechanisms, and a sense of purpose. This enables caregivers to navigate the challenges of eldercare responsibilities while maintaining their productivity at work. Consequently, higher levels of religiousness help employees cope with eldercare burden, acting as a shield against the spillover of workplace anxiety, worry, and stress due to mental exhaustion. Furthermore, religiousness promotes behaviors that ultimately enhance employees' workplace extra-role performance. This research aims to catalyze organizational change, prompting decision-makers to prioritize the welfare of employees struggling with eldercare burden. By promoting religious harmony among employees, organizations can create a supportive environment that fosters well-being, enhances job performance, and ensures the attainment of organizational performance goals. Hopefully, this study will inspire a paradigm shift in organizational priorities, encouraging proactive strategies that support employees' well-being, inclusive decision-making, and addressing the challenges of eldercare burden through the lens of religious harmony.

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