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Eldercare burden and employee's performance: The roles of physical exhaustion and religiousness.

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Abstract

This study examines the detrimental effects of employees' eldercare burden on job performance, mediated by physical exhaustion. This study discovered that employee personal resources of religiousness significantly moderate and mitigate the impact of eldercare burden on physical 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 job performance. Mediation analysis revealed that employee eldercare burden negatively impacts work outcomes via physical exhaustion. Employee religious beliefs mitigate the adverse effects of eldercare burden on physical 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 performance via physical 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 physical exhaustion is primary mediator 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 physical 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.

Key words

Eldercare Burden, Physical Burden, Emotional Burden, Financial Burden, Social Burden, Religiousness, Physical Exhaustion, Job Performance.

Introduction

Statement of Topic and Aims

The world has seen a marked increase in the geriatric population, driven by improvements in medical care and healthcare outcomes. Our country is no exception, with approximately 4% of the population aged 65 and above, and a substantial proportion of hospital patients being elderly, highlighting the need for tailored healthcare services (Majid & Memon, 2018; Sabzwari & Azhar, 2011). Estimates suggest that by 2030, approximately 9.3% of Pakistan's population will be elderly citizens, necessitating increased caregiving support. However, caregiving can be a high-

risk activity, especially when caring for individuals with disabilities or chronic medical conditions, which can compromise caregivers' well-being. The physical health of caregivers is significantly compromised when they lack social support and are inadequately prepared for their role. Specifically, caregivers of elderly relatives with complex or chronic conditions experience elevated levels of physical strain, highlighting the need for targeted support and resources (Gordon, Pruchno, Wilson-Genderson, Murphy, & Rose, 2012). Studies have shown that as the level of disability and physical dependence among elderly individual's increases, so does the caregiver burden and exhaustion (Hiseman & Fackrell, 2017; Trukeschitz, et al., 2012). Caregivers commonly experience a range of negative emotions, including anxiety, depression, frustration, and burnout, which can compromise their physical health, work-life balance, and overall quality of life. The prevailing collectivist culture in this country emphasizes the importance of family ties and the joint family system. As a result, caregiving for elderly family members is not only expected but also considered a moral and social responsibility. This cultural norm discourages individuals from seeking help from professional caregiving services, such as nursing homes or hired caregivers, and instead places the burden of caregiving on family members, who must navigate the associated challenges and demands. To maintain financial stability and economic security, caregivers must balance their eldercare responsibilities with their occupational roles, ensuring consistent workplace performance. This study seeks to examine the impact of eldercare demands on employees' job performance shedding light on the complex interplay between work and family responsibilities.

Research has identified various mediators and moderators that influence the relationship between caregiving responsibilities and outcome variables. Factors such as social and economic support, individual differences (e.g., optimism, self-esteem), familial responsibility, conscientiousness, and religiosity/spirituality have been found to play a significant role (Cheng, Jepsen, & Wang, 2020; Mitchell, 2017; Tarakeshwar, Swank, Pargament, & Mahoney, 2001). This study investigates the moderating effect of individual religiousness and the mediating role of physical exhaustion on outcome variable. This study focuses on employed individuals who are shouldering eldercare responsibilities, aiming to uncover the mechanisms by which elderly care burdens impact work-related outcomes. The findings will provide valuable insights for both employees and organizations, enabling them to recognize the effects of eldercare on work-related outcomes and develop effective coping strategies to mitigate the perceived burden.

Study Background

Pakistan is characterized as a youthful nation, with a mere 4% of its population comprising individuals aged 65 and above (Majid et al., 2018). The country has witnessed significant advancements in life expectancy and mortality rates over the past two decades, primarily attributed to improved medical care, nutrition, hygiene, and access to clean water and sanitation (Catillon, Cutler, & Getzen, 2018). By 2024, the average life expectancy in Pakistan is projected to reach 67.94 years. The United Nations Population Division's latest estimates reveal a consistent increase in life expectancy, with a 0.22% rise from 2023 to 2024 (Sabzwari et al., 2011). By 2030, the elderly population is expected to account for around 9% of the total population (Ashiq & Asad, 2017). As people age, they often experience a range of emotional and physical health challenges, which can have significant socioeconomic and societal consequences, impacting the elderly, their families, and the broader community (Qidwai & Ashfaq, 2011).

Traditionally, women have borne the primary responsibility of caregiving for elderly family members. However, with the rise in female participation in the workforce, balancing work and family roles has become increasingly challenging (Aumann, Galinsky, Sakai, Brown, & Bond, 2010). A significant proportion of employees in the US, approximately one in five, take on caregiving responsibilities for a loved one, and nearly 60% of these caregiver's report struggling

with low work performance due to their eldercare duties. This striking statistic underscores the profound influence of eldercare on employees' productivity and overall well-being (Fortinsky, 2011; Sheets, Black, & Kaye, 2014). Eldercare is a comprehensive term that encompasses a broad range of supportive services, including assistance with daily living activities (ADLs), physical care, financial management, social support, emotional care, and physical assistance for individuals with disabilities (Jakobsson, Kotsadam, & Szebehely, 2013; Lai, 2012; Stone, Cafferata, & Sangl, 1987). The demands of eldercare can be daunting, as caregivers frequently assume a multitude of responsibilities, encompassing direct care provision, medical care coordination, medication management, and financial oversight. Consequently, caregivers often experience heightened levels of stress, anxiety, and depression, which can have a detrimental impact on their professional performance.

Providing physical assistance to chronically disabled elderly individuals can have a profound impact on caregivers' physical health, thereby intensifying the eldercare burden (Trukeschitz, Schneider, Mühlmann, & Ponocny, 2012). Moreover, caregivers who lack sufficient preparation and support often struggle to maintain a balance between their work and family responsibilities, leading to significant challenges (Gordon, Pruchno, Wilson-Genderson, Murphy, & Rose, 2012). Eldercare situations characterized by chronicity and complexity significantly heighten physical strain on caregivers. Notably, increased disability or physical dependence among elderly individuals directly exacerbates caregiver burden and exhaustion. Research indicates a positive correlation between the severity of elderly individuals' disability or physical dependence and the intensity of caregiver burden and exhaustion experienced by employees (Hiseman & Fackrell, 2017; Trukeschitz, et al., 2012). Eldercare responsibilities have a detrimental impact on work performance, leading to decreased productivity, efficiency, and overall wellbeing (Scharlach, Sobel, & Roberts, 1991). Moreover, caregivers experience heightened levels of strain (Pinquart & Sorensen, 2003). The consequences of eldercare demands on employee performance are far-reaching, resulting in substantial economic losses for organizations due to reduced productivity. Indirect indicators of eldercare-related performance issues include preoccupation, absenteeism, depression, fatigue, drowsiness, and stress (Gottlieb, Kelloway, & Fraboni, 1994; Lee, 1997; Zacher & Winter, 2011). Griggs et al. (2021) highlight the importance of eldercare research in Industrial-Organizational (IO) and Organizational Behavior (OB) fields, advocating for further investigation into the impact of eldercare on employee wellbeing, productivity, and job satisfaction. While psychology and gerontology studies have extensively explored the eldercare burden (Griggs et al., 2021; Calvano, 2015), research linking eldercare burden to IO/OB domains remains limited. Burch et al. (2018) emphasize the need for studies examining the effects of eldercare burden on employees' physical health, as well as potential moderators influencing work-related outcomes. Cheng, Jepsen, and Wang (2020) emphasize the need for future research to explore the mediating factors that influence employee wellbeing and performance. This study addresses this research gap by examining the impact of eldercare burden on employee job performance, organizational citizenship behavior, and creativity, with a specific focus on physical exhaustion as a mediating factor and religiousness as a moderating factor.

Hobfoll's (2001) Conservation of Resources (COR) theory provides a framework for understanding the disruption in work-related employee performance. According to COR theory, the discrepancy between employees' resource needs and available resources can impede performance. Specifically, employees with substantial eldercare responsibilities often experience a depletion of resources, leaving them with insufficient resources to devote to work-related tasks, ultimately hindering their performance (Stephens, Townsend, Martire, & Druley, 2001). Caregiving responsibilities can significantly impede employees' ability to concentrate on work-related tasks, potentially triggering anxiety, depression, and job dissatisfaction (Grandey &

Cropanzano, 1999). To conserve their resources, employees may adopt coping strategies, such as limiting their efforts to essential tasks and avoiding extra work endeavors that could deplete their resources. Consequently, this resource conservation approach can compromise employees' job performance (Trougakos, Beal, Cheng, Hideg, & Zweig, 2015).

The maintenance of job performance at work requires sustained physical and psychological efforts from the employees (Schaufeli & Bakker, 2004). However, the strain of managing multiple life roles can culminate in depression, anxiety, or burnout among employees. As Bakker and Demerouti (2007) suggest, job demands can create significant strain for employees, particularly when there is a mismatch between the resources required for the job and the resources available. The demanding nature of eldercare, coupled with the need to fulfill various life roles, can lead to role strain, ultimately depleting caregivers' resources and leaving them vulnerable to physical exhaustion (Gordon, et al., 2012; Grandey & Cropanzano, 1999). The overwhelming and exhausting nature of caregiving demands can lead to a spillover effect, where the eldercare burden negatively impacts work-related outcomes, including performance (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993). Given this context, the present study aims to investigate the mediating role of physical exhaustion in the relationship between eldercare burden and outcome variable, providing insight into the underlying mechanisms driving this spillover effect.

This study examines the moderating influence of religiousness on the relationship between eldercare burden and physical exhaustion. The significance of religion in shaping intergenerational relationships is well-documented in the literature (Mitchell, 2017; Tarakeshwar, Swank, Pargament, & Mahoney, 2001). Most religions promote positive intergenerational relationships by encouraging kindness, compassion, and altruism towards parents and the elderly. Additionally, religious rituals and practices reinforce commitment to family and relatives, fostering a sense of responsibility and care (Gans, Silverstein, & Lowenstein, 2009). Across various religions, adherence to family norms is deeply valued, and activities that benefit vulnerable members of society, including frail parents, are highly encouraged (Mitchell, 2017). Religions foster strong family dynamics and nurture affective bonds between parents and children (Pearce & Axinn, 1998). An individual's religiosity can predispose them to provide physical, social, and financial support to their ageing family members (Gans & Silverstein, 2006; Silverstein, Conroy, & Gans, 2008). Consequently, religiosity plays a vital role in motivating individuals to selflessly care for their ageing parents. By instilling compassion and a sense of responsibility, religiosity can encourage employees to approach eldercare needs with empathy, rather than perceiving them as a burden. As outlined earlier, this research aims to investigate the impact of eldercare burden on employee performance. Specifically, this study seeks to explore physical exhaustion as the underlying mechanisms explaining the relationship between eldercare burden and this outcome variable while also examining religiousness as a coping strength. The following research questions guide this investigation.

This study seeks to address the following research questions:

To what extent does eldercare burden impact employee job performance?

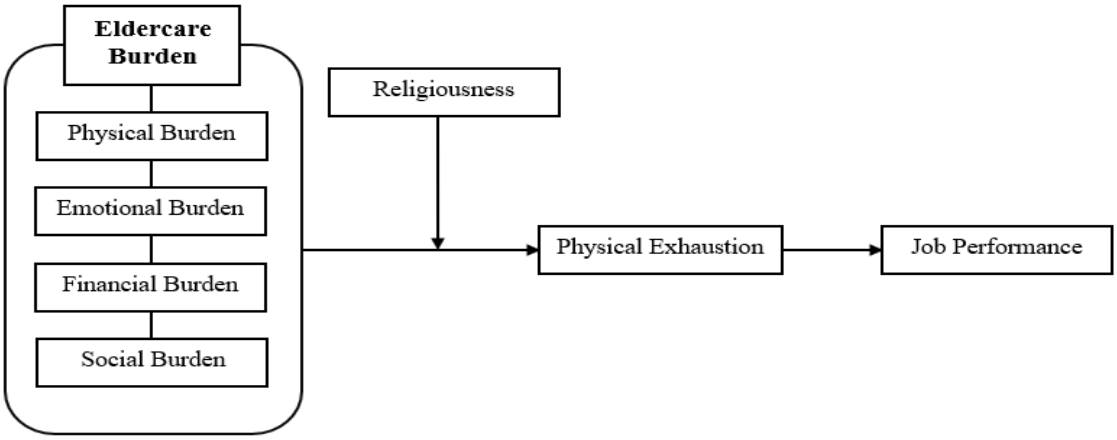
Does physical exhaustion mediate the relationship between eldercare burden and employee’s job performance?

Can religiousness moderate the relationship between eldercare burden and physical exhaustion, potentially mitigating its negative effects?

Theoretical Framework

This study endeavors to explore the multifaceted impacts of eldercare burden on employee's job performance. Specifically, it aims to investigate the direct and indirect effects of eldercare burden on employee performance, examining physical exhaustion as a mediating mechanism and religiousness as a moderating factor. By elucidating the relationships between eldercare burden, physical exhaustion, religiousness, and employee performance, this study seeks to provide a comprehensive understanding of the complex dynamics at play.

Figure 1 presents the conceptual framework underlying this study, which delineates the complex relationships between eldercare burden, physical exhaustion, religiousness, and employee job performance.



Proposed Theoretical Model of the Research

Review of Literature and Hypotheses Development

Caregiving

Over the past century, humanity has witnessed a steady increase in human lifespan. Advances in medicine have enabled adults to live longer, outliving diseases that were previously considered fatal (United Nations, 2015). The process of aging profoundly impacts our daily lives and identities, influencing our perspectives on ourselves and the world around us (Näre, Walsh, & Baldassar, 2017). This transformation encompasses not only physical changes but also adaptations, necessitating care and sometimes adopting new identities, such as retirement or elder status (Horn, Schweppe, & Um, 2013). According to the UNDP (2011), individuals aged 60 and above are experiencing rising growth rates in developed and developing countries alike. The aging population faces numerous challenges that give rise to significant social concerns. One of the primary issues is the changing lifestyle and needs of this growing demographic (Bloom, Boersch-Supan, McGee, & Seike, 2011). The steady increase in the retired population creates a surge in demand for various resources, including accessible healthcare systems (Mehta, 2005). The escalating aging population has a profound impact on the need for healthcare providers, affecting both formal and informal care sectors (Fine, 2007).

Schulz et al. (2004) provide a comprehensive definition of caregiving, describing it as the provision of extraordinary care that exceeds the typical boundaries of family relationships. Caregiving involves a substantial investment of time, energy, and financial resources over an extended period, often encompassing unpleasant, uncomfortable, and psychologically stressful tasks that can be physically exhausting. Informal caregivers, typically family members (spouses, children, or grandchildren) or friends, assume these responsibilities without formal healthcare

training (European Commission, 2012). As primary caregivers, they provide essential support to individuals with deteriorations or impairments, such as physical or psychiatric conditions, or age-related issues (Knapp et al., 2007; Lethin, 2016; Moise, Schwarzinger, & Um, 2004).

The impending decades will witness a significant surge in the global aging population, not only in developed countries but also in developing ones. Consequently, the demand for elderly care will escalate, driven by factors such as the increasing number of working women, dwindling family sizes, and heightened mobility. It is well-established that individuals living longer are more likely to experience disabilities, thereby increasing the need for caregivers (Kassebaum et al., 2016). The confluence of these factors will undoubtedly lead to a substantial rise in caregiving responsibilities.

The US Department of Health and Human Services (1998) reported that over 50 million individuals provide care to ill, disabled, or mentally impaired patients. The estimated value of these unpaid services exceeds $300 billion, which is twice the cost of nursing home and home care combined (Arno, Levine, & Memmott, 1999). More recent estimates suggest that informal caregiving in the United States was valued at approximately $470 billion in 2013, with caregivers contributing around 37 billion hours of care, equivalent to an hourly rate of $12.51.

A caregiver is an individual, often a family member or friend, who assumes responsibility for providing care and support to another person with physical or psychological disabilities. Caregiving is a supplementary role that individuals undertake in addition to their existing full-time commitments (Ireson, Sethi, & Williams, 2018; Stone, Cafferata, & Sangl, 1987). Family caregiving involves providing unpaid assistance to a family member in need, often requiring significant time and effort. This support typically commences when a family member experiences a severe illness or disability, necessitating aid and care (Walker, Pratt, & Eddy, 1995). The caregiving role is characterized by its unpaid nature, with caregivers providing emotional, physical, and psychological support to family members with disabilities (Smith, 2004). Notably, Dwyer and Coward (1991) offer an alternative perspective on caregiving, highlighting the dynamic and context-dependent nature of caregiving relationships.

Research by Fast, Lero, DeMarco, and Eales (2014) reveals that caregivers typically fall within the 45-65 age range, constituting an experienced and valuable workforce. Employers must acknowledge and address caregiving-related issues to ensure the availability and productivity of this critical demographic (Wagner & Neal, 1994). Informal caregiving is a widespread phenomenon globally, particularly in regions where formal caregiving arrangements are scarce or nonexistent (Bauer & Sousa-Poza, 2015; Bettio & Verashchagina, 2010). In many cultures, caring for elderly or disabled family members is deeply ingrained in social norms, especially in areas with limited access to medical facilities (Rugkasa & Canvin, 2017).

Pohls (2002) concludes that long-term care can significantly enhance the ability of elderly individuals with disabilities to maintain independence to the greatest extent possible. Elder care encompasses a comprehensive range of services, including comfortable environmental arrangements, social support, and medical assistance. Family members play a crucial role in preparing and providing these services to support elderly individuals. While some caregiving tasks are relatively straightforward, such as managing doctor's appointments, others are more challenging and time-consuming, such as assisting care recipients with Activities of Daily Living (ADLs), which can require up to 40 hours of care per week (Araújo, Lage, Cabrita, & Teixeira, 2015). Informal caregivers, who provide unpaid care to family members, often experience significant personal costs. The emotional toll of caregiving can lead to depression, stress, and strain, ultimately impacting their career advancement and overall health (Bauer & Sousa-Poza, 2015). The expenses incurred by informal caregivers are not limited to financial outlays but also

include the valuable time devoted to caregiving, as well as the physical and emotional exhaustion that accompanies it.

Eldercare Burden

The concept of burden can be defined in various ways, including "that which is borne or carried" or "that which is borne with labor or difficulty" (Webster's Revised Unabridged Dictionary, 1996, 1998). Shevell (2004) describes burden as a "difficult responsibility" or "load," synonymous with terms like "duty," "problem," or "weight." This notion implies a sense of oppressiveness or subjugation. Burden can also be perceived as a heavy load that may cause strain or difficulty in carrying, with potential negative consequences for one's health and wellbeing (Platt, 1985). Furthermore, burden can lead to overall strain, affecting family life, health, and educational or professional pursuits (Kim, 2011). The impact of burden can be severe, causing unpleasant influences on human lives (Oshodi et al., 2012). Various factors contribute to burden, including excessive workload, psychological problems, family issues, emotional strain, and fatigue (Liljeroos, Agren, Jaarsma, Arestedt, & Stromberg, 2017; Pinquart & Sorensen, 2007).

Elder caregiving is undoubtedly a highly demanding task, particularly for family members. For healthcare providers, assuming this responsibility can be a new and unfamiliar experience. Unfortunately, this transition often occurs without adequate preparation, knowledge, or practice, which can compromise the quality of care provided. As a result, caregivers may struggle to maintain a normal quality of life. The emotional and physical demands of caregiving can impose significant limitations on caregivers' lives, potentially alleviating their burden (Loureiro, Fernandes, Marques, Nobrega, & Rodrigues, 2013). Previous studies have consistently shown that informal caregiving is primarily undertaken by family members. Comparing the current caregiving landscape to the past reveals that this role has become increasingly challenging. Factors contributing to this trend include cultural divergences, shifting employment situations, and changes in family dynamics (Adelman, Tmanova, Delgado, Dion, & Lachs, 2014).

According to Dwyer et al. (1991), burden is a multidimensional response stemming from a negative assessment, encompassing emotional distress, including depression, resulting from caregiving responsibilities for elderly individuals. Research has consistently shown that caregivers often experience a substantial burden, which can compromise their overall wellbeing (Bell et al., 2001; Gallagher-Thompson & Powers, 1997). Elder care, in particular, is a significant source of stress and depression, potentially hindering caregivers' opportunities to achieve a state of wellbeing (Zacher, Jimmieson, & Winter, 2012).

Caregiving is a significant responsibility that involves providing care and support to individuals with psychological problems, mental illness, or those who are frail due to old age or disease. This demanding role encompasses a range of duties, including managing the care recipient's daily needs, coordinating medical appointments, and overseeing their diet and nutrition (Grunfeld, Coyle, Whelan, Clinch, Reyno, Earle, 2004). These responsibilities can be physically and emotionally challenging, underscoring the complexity and importance of the caregiving role. The majority of researchers concur that caregiving is an exceptionally demanding and stressful endeavor (Settineri, Rizzo, Liotta, & Mento, 2014). The literature offers various definitions of caregiving, including the "domino effect of involvement in direct care activities for someone." According to Hunt (2003) and Nijboer, Triemstra, Tempelaar, Sanderman, & van den Bos (1999), caregiving activities impose tangible and perceived costs on caregivers. Zarit, Reever, and Bach-Peterson (1980) describe caregiving as a task that may involve discomfort. Braithwaite (1996) defines caregiving burden as the disparity between the caregiver's needs and the demands of the caregiving role. The literature has conceptualized the idea of caregiving burden by categorizing it into objective and subjective domains, highlighting both tangible and intangible costs (Hunt, 2003). The objective burden refers to the noticeable, tangible, and measurable costs of caregiving,

such as financial strain or changes in employment status (Jones, 1996). In contrast, the subjective domain encompasses the emotional and psychological aspects of caregiving, including both positive and negative feelings (Nijboer et al., 1999). Chwalisz (1992) distinguishes between objective burden, characterized by evident changes, and subjective burden, which arises from the emotional response to these changes. Montgomery, Gonyea, and Hooyman (1985) further clarify this distinction, defining objective burden as observable events and actions, whereas subjective burden encompasses emotional responses, sentiments, and behaviors. McKinlay, Brooks, Bond, Martinage, and Marshall (1981) emphasize the stressful and depressive nature of subjective burden. The caregiving burden can be examined at two distinct levels: individual and collective (familial or social). It can impose both direct and indirect costs, potentially limiting future prospects and opportunities. The impact of burden extends beyond medical factors, influencing family dynamics, cultural norms, social relationships, and educational pursuits. Therefore, identifying the burden is a crucial first step, followed by a thorough analysis and accurate assessment (Shevell, 2004). Hickman and Pinto (2014) highlight the concept of decisional burden, which refers to the strain or stress experienced by individuals responsible for making decisions. This burden can manifest as anxiety, depression, or tension-related disorders.

According to Jones (1996), caregiver burden is a multidimensional response to stress-inducing factors, encompassing sentimental, psychological, social, and financial aspects related to caregiving experiences. In essence, caregivers may perceive themselves as suffering physically, emotionally, socially, and financially due to their caregiving responsibilities (Zarit et al., 1980). Further research emphasizes that the concept of burden comprises both subjective and objective dimensions, incorporating physical, emotional, psychological, social, and financial difficulties (Zarit & Zarit, 1990). Predicting the needs of elderly care can be highly challenging. The duration, intensity, frequency, and type of care required can fluctuate significantly and unpredictably. A key distinction exists between childcare and eldercare: whereas childcare demands typically decrease over time, eldercare needs often escalate, presenting unique and sustained challenges for caregivers (Smith, 2004).

Physical Burden

According to Thrush and Hyder (2014), physical burden encompasses a range of debilitating effects, including weariness, fatigue, enfeeblement, and sleep deprivation. Caregiving responsibilities can also take a profound toll on the caregiver's physical health, leading to exhaustion, fatigue, and bodily pain (Fisher & Briggs, 2000). Poulshock and Deimling (1984) emphasize that physical burden can compromise the caregiver's health and performance, contributing to tiredness and other health issues (Raccichini, Castellani, Civerchia, Fioravanti, & Scarpino, 2009). Furthermore, physical burden can disrupt sleep patterns, exacerbating fatigue and exhaustion (Riemsma, Taal, Rasker, Klein, Bruyn, Wouters, & Wiegman 1999).

According to Poulshock and Deimling (1984), physical burden encompasses the difficulties caregivers face in performing specific tasks, which can negatively impact their health. Humphrey et al. (2013) describe physical burden as leading to unwellness, health issues, muscle pain, sleep deprivation, and stress related to caregiving demands (Caserta, Lund, & Wright, 1996). Caregivers may experience physical symptoms such as stomach pain, headaches, and sleep disturbances, ultimately resulting in health deterioration (Hamama, Ronen, & Rahav, 2008). Choi et al. (2016) highlight that physical burden includes health damage, fatigue, and bodily pain, such as knee, joint, back, or shoulder pain, potentially leading to sleep deprivation (Honda et al., 2014). Furthermore, physical burden associated with elder care can cause emotional instability, social isolation, immune system dysfunction, anxiety, and stress (Razani et al., 2014).

Emotional Burden

Research has shown that providing long-term care to a family member can have a profound impact on an individual's life, affecting various aspects of their well-being. Caregivers often experience emotional challenges, including feelings of worry, powerlessness, and guilt (Bialon & Coke, 2012; Northouse, Katapodi, Song, Zhang, & Mood, 2010). Common emotional responses among caregivers include feelings of abandonment, helplessness, stress, anxiety, embarrassment, betrayal, discouragement, and frustration. In some cases, these emotions can become overwhelming, necessitating professional guidance and support to manage them effectively (Daley & Moss, 2009). Emotional issues associated with caregiving can lead to feelings of debauchery, stress, and adverse emotions, ultimately affecting not only the family but also the caregiver's life (Horowitz, 1978). Goldenberg, Saguy, and Halperin (2014) define emotional burden as a phenomenon where an individual's sense of accountability evokes a specific feeling, such as a burden, to prompt action. This emotional burden can cause discomfort and may be intensified by a sense of responsibility, leading to particular emotions. When combined with caregiving responsibilities and work, emotional burden can become overwhelming (Stelpstra, 2016). Knock et al. (2011) conceptualize emotional burden as encompassing stress, anxiety, discomfort, and loss. Research has linked emotional burden to feelings of shame, guilt, and embarrassment towards the care recipient (Raccichini et al., 2009), which can exacerbate guiltiness and negatively impact the caregiver's emotional well-being.

Horowitz (1985) conceptualizes emotional burden as a state of disorder, confusion, stress, and disruption in personal and family life (Lim et al., 2016). This burden can have a detrimental impact on an individual's performance, particularly students. Novak and Guest further expand on this concept by incorporating feelings of shame, hatred, embarrassment, and anger. Juvakka and Kylma (2009) define emotional load as a complex emotional experience encompassing sorrow and fear, characterized by the renunciation of one's everyday life and grief. Some researchers view emotional burden as a form of emotional labor that healthcare providers must endure, involving the management and regulation of emotions to provide suitable care and support for care recipients (Hochschild, 2012; Shuck, Shuck, & Reio Jr, 2013).

Financial Burden

The origins of financial burden are multifaceted. According to Khera et al. (2014), changes in household income, often resulting from job loss, increased expenses, and rising costs, contribute significantly to financial burden. Moreover, financial burden is closely linked to both physical and psychological well-being. Watkins, Hunt, and Eisenberg (2012) suggest that financial burden encompasses a range of stressors, including pain, stress, and psychological distress. Ultimately, financial burden can lead to heightened tension levels and financial difficulties (Edworthy & Donne, 2010). According to Zhan (2002), financial burden represents a significant challenge faced by caregivers, encompassing difficulties such as limited financial resources to cover caregiving expenses, issues related to healthcare services for the care recipient, and overwhelming financial stress resulting from caregiving responsibilities. This burden can be assessed through various methods, including social and economic indicators, such as household income, insurance coverage, and the care recipient's disease stage (Brooks, Wilson, & Amir, 2011). Research highlights that financial burden extends beyond mere economic costs, encompassing health-related concerns that impact household income (Bernard et al., 2006, 2011). Additionally, financial burden may be linked to other concerns or depressive symptoms (de Souza & Wong, 2013). Caregivers play a vital role in supporting family members or others in society, and the consequences of financial burden can be substantial. In many cases, healthcare providers may deplete not only their income but also their savings to cover caregiving expenses (Migliaccio, 2012). The significant expenditures, including unexpected costs associated with caregiving, make

it essential for healthcare providers to continue working to avoid further financial strain (U.S. Department of Labor, 2016). According to the Bureau of Labor Statistics (2018), the National Study of Caregiving revealed that approximately 22.5% of older healthcare provider's experience financial hardship. The financial burden on caregivers intensifies as their involvement and duration of care provision increase (American Association of Retired Persons National Alliance for Caregiving, 2015). A 2016 study found that healthcare providers aged 50 and above incur an average annual expenditure of $7,064. These expenditures are often unpredictable, compromising the caregiver's living standards and potentially depleting their savings. Furthermore, healthcare providers often cover these unexpected costs by forgoing recreational activities, such as holidays and family trips, and limiting their essential needs, including regular check-ups and purchasing food (Rainville, Skufca, & Mehegan, 2016).

Caregiving can be particularly daunting for individuals with full-time jobs, presenting significant financial challenges. The financial burden of caregiving extends beyond healthcare expenses, encompassing various sacrifices and penalties. These may include forfeiting promotions, dedicating more time to caregiving, incurring fines for taking leaves, compromising job performance, and ultimately, quitting one's job (U.S. Department of Labor, 2016). Balancing caregiving responsibilities with job obligations poses a substantial challenge for healthcare providers.

Social Burden

The increasing trend of social isolation contributes significantly to social burden. When social connections are limited to immediate family members, various issues can arise, including elevated stress levels, family conflicts, and ultimately, social withdrawal (Gainotti, 1993). Hanrinth (2015) identifies role disputes and marital issues as key components of social burden. Healthcare providers often bear the brunt of these burdens, facing numerous challenges (Demir & Platin, 2017). Empirical evidence suggests that social burdens not only disrupt healthcare providers' professional duties but also impact their personal and domestic lives (Gopalan & Brannon, 2006). Research by Stetz and Brown (1997) reveals that healthcare providers' responsibilities can lead to social isolation, causing them to become disconnected from their relationships and community interactions. Raccichini et al. (2009) define social burden as "role conflicts related to job and other family members." In essence, social burden refers to the challenges and problems associated with a caregiver's role, such as those experienced by parents, partners, or children (Riemsma et al., 1999). Social burden can also arise from conflicts between a person's caregiving responsibilities and other aspects of their life, including their job and social interactions (Alberts, Hadjistavropoulos, Pugh, & Jones, 2011).

Eldercare Burden and Workplace

Research on elder care and the workplace has yielded both positive and negative outcomes (Colin Reid, Stajduhar, & Chappell, 2010). Healthcare providers may be family members or paid employees who provide various forms of care to individuals with physical disabilities, such as parents, partners, children, or siblings (Ireson, Sethi, & Williams, 2016). These caregivers can be found in various settings (Yeandle, Bennett, Buckner, Shipton, & Suokas, 2006). A report by Sinha (2013) revealed that in 2012, approximately 8.1 million people in Canada were 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) noted that the roles of paid healthcare providers often conflict between caregiving and work responsibilities, leading to emotional and physical challenges that hinder work performance. Research has shown that workers who provide eldercare often experience disruptions to their work routines as a result of their caregiving responsibilities (Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Hepburn & Barling, 1996). Employers have also reported that employees' obligations to their

families, particularly eldercare responsibilities, can lead to work schedule disruptions. This may necessitate taking time off from work, ultimately affecting their overall work routine and productivity (Neal, Chapman, Ingersoll-Dayton, Emlen, & Boise, 1990).

Employees' Performance

Na-Nan, Chaiprasit, and Pukkeeree (2018) introduced a three-dimensional model of job performance, encompassing quality, quantity, and time efficiency. These dimensions are crucial in evaluating job performance. Quality is achieved when tasks are executed in accordance with established standards and criteria (Peterson & Plowman, 1953). The quantity dimension is fulfilled when worker's complete tasks within the allocated resources and timeframe (Koopmans et al., 2014; Peterson & Plowman, 1953). The time dimension is assessed based on employees' work behaviors in relation to the allocated time, with some organizations prioritizing both quantity and quality despite time constraints (Peterson & Plowman, 1953). Ultimately, overall employee behavior determines the effectiveness of job performance.

Eldercare Burden and Job Performance

The Conservation of Resource (COR) Theory posits that eldercare responsibilities lead to the depletion of employees' psychological resources, ultimately resulting in decreased job performance. This proposition is supported by existing research on work-caregiving conflict (Barling, MacEwen, Kelloway, & Higginbottom, 1994; Gottlieb et al., 1994; Stephens, Townsend, Martire, & Druley, 2001), which consistently shows that substantial eldercare responsibilities can erode psychological resources, thereby impairing work performance.

A prevailing notion suggests that employees with caregiving responsibilities experience increased stress levels, resulting in diminished performance and productivity compared to their coworkers without caregiving obligations (Burch et al., 2018). Nevertheless, Calvano (2015) and Zacher et al. (2012) argue that this assumption lacks empirical support, casting doubt on the supposed link between caregiving burden and psychological resource depletion. Prior research has predominantly examined the relationship between eldercare responsibilities and employee absenteeism, neglecting the potential impact on work-related performance or productivity. As a result, additional research is warranted to explore the effects of caregiving on employees' workplace outcomes.

Hypotheses 1: There is a negative relationship between eldercare burden and employee's job performance.

Hypotheses 2: There is a positive relationship between eldercare burden with physical exhaustion

Hypotheses 3: There is a negative relationship between physical exhaustion and employee's job performance

The Mediation of Physical Exhaustion

When caregivers exceed their available physical and emotional resources in an effort to provide care, they often succumb to exhaustion, tiredness, and fatigue while struggling to meet the demands of eldercare (Aumann et al., 2010). Prolonged eldercare responsibilities can deplete caregivers' time and energy resources, compromising their physical and emotional well-being. Moreover, chronic caregiving duties can consume caregivers' resources, leading to stress, exhaustion, and neglect of personal health (Cheng et al., 2020). Factors contributing to exhaustion may include the nature of caregiving tasks, role confusion, lack of socioeconomic resources, or shouldering eldercare responsibilities without social support (Calvano, 2015).

Eldercare responsibilities often overwhelm caregivers, triggering work-life conflict, which they attempt to mitigate through coping strategies such as taking vacations (Calvano, 2015). However, despite these efforts, caregivers may still experience personal life consequences. A substantial

body of research spanning three decades consistently demonstrates that eldercare responsibilities have a profound impact on caregivers' emotional, psychological, and physical well-being (Gordon et al., 2012). Employers also bear the economic consequences of employees' caregiving duties, which manifest as lost productivity and absenteeism (Gordon et al., 2012). Furthermore, eldercare responsibilities frequently encroach upon employees' work routines, resulting in tardiness, early departures, leave takings, and work interruptions (Zacher & Schulz, 2015). Role strain typically affects individuals who are inadequately prepared to manage multiple roles or lack sufficient resources to cope with role demands (Creary & Gordon, 2016). When resource depletion exceeds availability, an imbalance occurs, leading to exhaustion and various health issues (Bakker & Demerouti, 2007). According to the Conservation of Resources (COR) theory, individuals' limited resources (time, energy, and personal resources) are susceptible to depletion due to competing role demands, resulting in role conflict and exhaustion (Hobfoll, 2011; Hobfoll & Shirom, 2001). Maintaining job performance at work requires sustained psychological and physical efforts, which can be compromised by conflicting roles, leading to strain (Hobfoll, 2002). Employees balancing eldercare responsibilities often experience significant physiological and psychological strain, characterized by fatigue, depression, exhaustion, and burnout (Creary & Gordon, 2016; Schaufeli & Bakker, 2004). Pearlin et al. (1990) suggest that caregivers often face conflicting demands and dilemmas at the intersection of caregiving and work obligations. The demands of caregiving significantly impact individuals' work lives, resulting in spillover effects such as eldercare-related exhaustion and fatigue (Rhind et al., 2016; Xu et al., 2017). Research by Duxbury and Higgins (2012) reveals that caregivers commonly experience physical and emotional health issues, including fatigue, insomnia, hypertension, musculoskeletal pain, and gastrointestinal disturbances. The prevalence of health complaints among caregivers necessitates increased leave for medical attention, highlighting the need for supportive measures. Furthermore, caregivers' emotional exhaustion can reduce their motivation and ability to engage in innovative and creative work behaviors (Hur, Moon, & Jun, 2016). Exhausted employees, who often feel tired and fatigued at work, tend to be unwilling to help others or extend extra efforts, and may psychologically detach themselves from work to conserve energy (Haque & Aslam, 2011; Mulki, Jaramillo, & Locander, 2006).

Research has consistently shown a significant positive correlation between employee well-being and job performance (Devonish, 2013; van den Bosch & Taris, 2014). Conversely, exhaustion is associated with decreased cognitive and physical capabilities, leading to 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). According to the Conservation of Resources (COR) theory, exhausted employees experience depleted resources with minimal opportunities for resource replenishment, making it challenging for them to fulfill their job duties or leading them to focus solely on necessary tasks to maintain their work role (Demerouti, Sanz-Vergel, Petrou, & van den Heuvel, 2016; Halbesleben & Wheeler, 2011). Furthermore, exhaustion is linked to reduced executive control, limiting one's ability to perform novel, difficult, or complex tasks, ultimately reducing performance and creativity at work (Diestel, Cosmar, & Schmidt, 2013). Based on this understanding, it is hypothesized that:

Hypotheses 4: Physical exhaustion mediates the relationship between eldercare burden and employee’s job performance

The Moderation of Religiousness

The cultural values of our country, which emphasize the dignity of human life and the significance of Islamic religion, profoundly influence societal norms. In this context, old age is revered as some life phase rich in valuable experiences, high self-esteem, and wisdom, while the joint family

system is considered a blessing, allowing elderly parents or grandparents to be an integral part of family life (Salahuddin & Jalbani, 2006). This sentiment is deeply rooted in Islamic teachings, which stress the importance of caring for and respecting the elderly (Hussein & Ismail, 2017). However, socioeconomic demands and the increasingly competitive modern workplace pose significant challenges to traditional family structures and intergenerational support systems. Factors such as rising living costs, urbanization, migration patterns, women's entry into the workforce, and the trend towards nuclear families have threatened the traditional family structure (Izuhara & Forrest, 2013). Given the cultural and religious emphasis on personal caregiving, younger generations face significant socioeconomic pressures associated with unpaid and informal eldercare responsibilities, which can impact caregivers' well-being and work-life balance over time (Hussein & Ismail, 2017). Therefore, addressing the effects of aging on caregivers requires collaborative efforts from policymakers and researchers.

Religiousness, as defined by Plante, Vallaeys, Sherman, and Wallston (2002), refers to the "strength of one's religious faith" based on formalized beliefs and teachings. In Pakistani society, religious obligations emphasize the responsibility of the younger generation to provide eldercare, regardless of socioeconomic demands (Ali & Kiani, 2003). According to Probst and Strand (2010), religiousness serves as a valuable resource for individuals navigating challenging situations, helping to mitigate resource competition. Religious beliefs enable individuals to rationalize their situation, integrate changes, and adapt to prospective work-life spillover demands (Schreurs, et al., 2014). Research has shown that religiousness acts as a personal resource, buffering negative work-related effects during times of uncertainty and vulnerability (Probst & Strand, 2010; Schreurs, et al., 2014). Moreover, religiousness facilitates problem-solving by providing a sense of purpose, direction, and strategies to attain goals while maintaining overall well-being (Emmons & Paloutzian, 2003; Pargament & Park, 1995).

Religiousness, as a personal characteristic, plays a pivotal role in shaping one's meaning system and fostering stability in their perspective on life across diverse situations (Galek, Flannelly, Ellison, Silton, & Jankowski, 2015). Individuals with high levels of religiousness tend to exhibit humility, love, compassion, forgiveness, gratitude, and hope, even in adverse circumstances (Ghorbani, Watson, Kashanaki, & Chen, 2017; Krause, 2018; Lehmann, 2016). Research suggests that religiousness serves as a buffer against negative emotions, such as anger, guilt, anxiety, and depression, in challenging situations (Hoverd & Sibley, 2013; Lomas, et al., 2014; Steedman, Atherton, & Graham, 2010). Furthermore, religiousness guides affective responses by prescribing appropriate emotions and intensity, promoting positive attributions towards God and nature, and ultimately enhancing emotional well-being (Silberman, 2005). Additionally, religious individuals can draw upon prayer, cultural and congregational appreciation, and spiritual reflection as coping mechanisms when feeling burdened and exhausted (Dezutter, et al., 2013). It can be inferred that individuals burdened with eldercare demands and responsibilities are more likely to perceive themselves as capable of coping effectively, as they feel supported by God (Probst & Strand, 2010). This perception is reinforced by engaging in acts of benevolence, which are deemed worthy of reward. Although the relationship between religiousness and eldercare burden mitigation remains understudied, research has demonstrated the moderating effects of religiousness in various contexts, including individuals living in poor living conditions (Assari, 2013; Jaramillo, 2011), terrorism or violence (Shagan, 2011), stress (Ahles, Mezulis, & Hudson, 2016), and workplace aggression (Sprung, Sliter, & Jex, 2012). Building on these findings, this study investigates the moderating effect of religiousness on the relationship between eldercare burden and work-related outcomes, hypothesizing that high religiousness buffers against negative impacts. Based on the Conservation of Resources (COR) theory, religiousness serves as a protective resource that mitigates the negative impact of eldercare burden on work performance.

By reducing physical exhaustion, religiousness decreases the likelihood of resource depletion, thereby preserving employees' ability to perform effectively in their jobs (Hobfoll, 2001).

Hypotheses 5: The positive relationship between eldercare burden of employees and their physical exhaustion is moderated by their religiousness, such that the relationship is weaker at higher levels of religiousness and vice versa.

The Moderated Mediation

The combination of mediation and moderation hypotheses implies a potential moderated mediation effect, wherein religiousness influences the relationship between eldercare burden and work outcomes (Preacher, Rucker, & Hayes, 2007). Specifically, religiousness is expected to moderate the indirect effect of eldercare burden on job performance with physical exhaustion serving as the mediator. This suggests that religiousness plays a critical role in mitigating the negative impact of eldercare burden on work outcomes. The moderated mediation effect implies that high levels of religiousness attenuate the detrimental impact of eldercare burden on job performance by reducing physical exhaustion. At elevated levels of religiousness, the mediating role of physical exhaustion in explaining the negative relationship between eldercare burden and job outcomes is diminished. Specifically, strong religious beliefs alleviate the negative consequences of eldercare burden on job performance by minimizing resource depletion and subsequent physical exhaustion (Bader & Berg, 2014; Fabricatore et al., 2004).

In contrast, employees with lower levels of religiousness lack the protective benefits of faith-based resource support, rendering them more vulnerable to the detrimental effects of eldercare burden and job performance. This increased vulnerability stems from heightened physical exhaustion. In essence, low religiousness amplifies the negative impacts of eldercare burden on job performance, by exacerbating physical exhaustion.

Hypotheses 6: The indirect relationship between eldercare burden of employee's job performance through their enhanced physical exhaustion is moderated by their religiousness, such that this indirect relationship is weaker at higher levels of religiousness and vice versa.

Materials and Methods

Sample and Data Collection

The post-positivist paradigm posits that although objective truth exists, its pursuit is inevitably filtered through subjective experiences and biases, rendering absolute objectivity an unattainable ideal (Guba & Lincoln, 2005). In response, post-positivists recommend employing mixed-methods approaches, which involve triangulating qualitative and quantitative data to augment the validity and robustness of research findings. This perspective recognizes that truths are relative and context-dependent, shaped by individual experiences, beliefs, and values (Kuhn, 1962). Critical realism, a branch of post-positivism, aims to synthesize the strengths of positivist and interpretivist paradigms, offering a more comprehensive and nuanced understanding of the research context, and acknowledging the complexity of social phenomena.

Given the study's focus on exploring variable relationships through deductive reasoning, a quantitative methods approach is deemed most appropriate. As noted by Kothari (2004), quantitative methods offer a robust framework for examining variable relationships and testing hypotheses. To address the research objectives, this study adopts an explanatory research design, which combines descriptive and explanatory elements to provide a nuanced understanding of the research phenomenon (Yin, 1994). This design facilitates the examination of complex relationships, enabling the identification of patterns, causes, and effects, and ultimately contributing to a richer understanding of the research context.

Questionnaire Development

The development of the questionnaire and research model for this research was informed by a comprehensive review of contemporary literature. The resulting questionnaire and research model provide a robust framework for investigating the research phenomenon. The reliability coefficients of the scales employed in this study are satisfactory, ensuring the accuracy and consistency of the measurement tools. Furthermore, the questionnaire utilizes Likert scales to quantify responses for each variable in the conceptual framework, providing respondents with discrete value options to facilitate precise and efficient data collection. The questionnaire is divided into three sections to facilitate comprehensive data collection. Section one provides an introduction to the study, obtains respondents' consent, and ensures their understanding of the research. Respondents were informed that participation was voluntary, and they could withdraw at any time. Anonymity and data confidentiality were guaranteed to ensure respondents' comfort and trust. Section two collects demographic data, including age, gender, marital status, educational qualifications, job designation, and income, utilizing a nominal scale for classification. Following Passmore et al.'s (2002) recommendation, demographic items were placed at the beginning of the questionnaire to establish respondent comfort. Section three comprises 7 items, assessing three theoretical constructs through a validated and reliable 5-point Likert scale. A pilot study was conducted to validate the clarity, accuracy, and relevance of item wording and content.

Measures

This section outlines the development of measurement scales and data collection procedures employed in the current study. A thorough literature review was conducted to identify and select suitable measurement scales, ensuring the selection of the most appropriate scales for this research. The chosen scales have been extensively validated, and their reliability has been rigorously tested. The questionnaire was administered exclusively to full-time employees who provide care to their parents, grandparents, or elderly siblings. The questionnaire is organized into five distinct sections: (1) personal information, including gender, age, and caregiving details; (2) assessment of eldercare burden; (3) evaluation of religiousness; (4) measurement of physical exhaustion; and (5) assessment of job performance.

Caregiver Burden

The Zarit Burden Index (ZBI) was not considered suitable for this study due to its limitation in measuring caregiver burden across multiple dimensions. In contrast, the Caregiver Burden Index (Novak & Guest, 1989) offers a multidimensional approach, assessing psychological, time-dependent, physical, social, and emotional aspects of caregiving burden. This study adopted the physical, social, and emotional dimensions, utilizing a 5-point Likert scale to capture respondents' perceptions (1 = strongly disagree to 5 = strongly agree). Furthermore, a 4-item scale developed by Stommel, Given, and Given (1990) was adapted to measure financial burden, employing the same 5-point Likert scale to ensure consistency in measurement.

Job performance

Job performance is evaluated using a 7-item subscale, grounded in Williams and Anderson's (1991) framework. This peer-rated measure assesses in-role performance, with respondents' supervisors or peers evaluating their job performance. Sample items include "adequately completes assigned duties" and "fulfills responsibilities specified in job description." Respondent perceptions are measured using a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

Religiousness

Religiousness was assessed using a 16-item scale developed by Eaves et al. (2008). This scale measures the extent to which employees' lives are influenced by their religious beliefs. Two sample items from the scale are "I feel like I can always count on God" and "My life is committed to God." Respondents' answers were recorded on a 5-point scale, ranging from "never" to "always," allowing for a nuanced evaluation of their religiousness.

Physical Exhaustion

The study employed a 7-item subscale from Pines and Aronson's (1988) burnout measure to assess physical exhaustion. Respondents rated the frequency of physical exhaustion experiences over the past 4-6 weeks on a 5-point scale, ranging from "never" (1) to "always" (5). An example item from the physical exhaustion scale, "I have been feeling wiped out," illustrates the type of physical exhaustion experiences evaluated in this study.

Control Variables

Control variables can significantly influence the relationships between organizational and personal variables (Agnew, 2017; Bernerth, Cole, Taylor, & Walker, 2018; Scandura, 1992). To account for these potential influences, this study includes demographic control variables at the individual level, comprising gender, age, education, job designation, organizational tenure, and work experience. Additionally, organizational size and industry are incorporated as control variables at the organizational level.

Pilot Study

A pilot study involving 60 participants was conducted to validate the methodology and instruments prior to the full-scale research. To maximize response rates, the survey instrument was designed in hard copy format, as research suggests that paper-based surveys tend to yield higher response rates compared to online versions (Fan & Yan, 2010). The pilot study's sample consisted of 11 organizations from diverse industries, including healthcare services (55%, n=6), education (27%, n=3), and banking (18%, n=2). The questionnaire was distributed to one manager and 4-6 subordinates from each participating organization. Respondents received clear explanations of the study's purpose, ensuring they understood the survey's context. The survey instrument comprised three sections with 65 items, requiring approximately 25 minutes to complete.

Target Population

The target population for this study comprises individuals in occupations that are inherently susceptible to physical exhaustion. A thorough literature review identified three professions that are highly vulnerable to workplace stressors, characterized by high levels of stress and fatigue. These occupations are teaching, medical professionals, and banking sector employees. Research by Vesty, Sridhar, Northcote, and Dellaportas (2018) highlights that jobs at high risk of burnout often involve frequent human interaction. Similarly, Freudenberger (1974) notes that employees in occupations requiring frequent and close interaction with coworkers are particularly vulnerable to burnout.

Sampling

This study utilized convenient sampling as its research methodology, providing a practical and efficient approach to data collection. Several researchers have provided guidelines for determining adequate sample sizes for factor analysis and related statistical techniques. Bentler and Chou (1987) recommend a minimum sample size of five times the number of variables for confirmatory factor analysis. Additionally, Thompson (2004) suggests a minimum sample size of 200 respondents to ensure statistical validity. Hair, Black, Babin, and Anderson (2010) further

emphasize the importance of a sample size exceeding 200 respondents to guarantee reliable research outcomes. Given the study's instrument comprises approximately 48 questions, a proposed sample size of 300-400 respondents is deemed suitable. This recommendation is supported by previous research conducted by De Clercq et al. (2019) and Khan et al. (2018). The study's unit of analysis consists of three distinct occupational groups: healthcare professionals, higher education instructors, and banking sector employees. To ensure the external validity of the research results, a minimum response rate of 60% was targeted, as recommended by Clark and Creswell (2017). To achieve this, a total of 550 questionnaires were disseminated. However, leveraging personal referrals as a recruitment strategy yielded an unexpectedly high response rate. The personalized distribution of questionnaires among respondents likely contributed to this outcome. Ultimately, 373 completed questionnaires were received, representing a response rate of 67.8% (373/550), which exceeded initial expectations.

Data Analysis Method

This study utilizes IBM SPSS 28.0.1 and IBM SPSS Amos 26 for comprehensive data analysis. The analysis begins with data screening and preliminary analysis to assess demographic information, data distribution, and statistical assumptions, including missing data, outliers, normality, linearity, autocorrelation, multicollinearity, and heteroscedasticity. The next step involves evaluating the construct's reliability and validity to ensure internal and external consistency and accurate measurements. As highlighted by Knapp (1991), reliability is crucial in research, as it demonstrates the consistency and replicability of results. Validity guarantees that the scale accurately represents the intended phenomenon, and internal consistency is a primary concern in quantitative research, particularly for multi-item instruments. To assess scale reliability, this study employs Cronbach's alpha, a widely accepted reliability coefficient, with values above 0.7 indicating high reliability, as suggested by Sekaran and Bougie (2016). By using Cronbach's alpha, this study evaluates inter-item consistency and ensures the reliability of the measurement scales. This study employs correlation analysis in the bivariate analysis phase to investigate the relationships between independent and dependent variables. Subsequently, multivariate analysis is conducted to examine regression, mediation, and moderation effects. As highlighted by Judd et al. (2014), mediation and moderation analyses enable researchers to extend their theoretical understanding beyond basic experimental effects or bivariate relationships. Specifically, these analyses facilitate the exploration of complex relationships between variables. To test mediation and moderation hypotheses, this study utilizes conditional process analysis, a statistical technique suitable for examining intricate relationships between variables. Collis and Hussey (2013) note that structured questionnaires are a widely used data collection technique in quantitative research. This approach offers several advantages, including streamlined data collection, reduced costs, and increased efficiency. By utilizing standardized questionnaires, researchers can minimize data collection time and costs. In alignment with the quantitative research design adopted in this study, a standardized data collection technique was employed to ensure consistency and accuracy in data collection. To ensure linguistic and cultural equivalence, the English survey questions were translated into Urdu following established translation protocols. A proficient bilingual translator performed the initial translation. To verify translation accuracy and minimize cultural bias, the Urdu translations underwent back-translation into English by an independent bilingual translator, adhering to Brislin et al.'s (1976) guidelines. This rigorous process involved iterative refinements, culminating in the finalization of the Urdu survey instruments. A three-time-lag data collection approach was employed to gather data for this study. During the first time lag (T1), questionnaires assessing the independent variable (Eldercare Burden) and moderator (Religiousness) were distributed, and data was collected. The second time lag (T2) involved collecting data on the mediator (physical exhaustion) using a separate

questionnaire. Finally, during the third time lag (T3), supervisor-rated dependent variable (Job Performance) was measured. A time interval of 2-3 weeks was maintained between each data collection phase. To ensure accurate matching of responses across the three-time lags, a unique code was generated for each respondent and recorded along with their name. To maintain confidentiality and anonymity, data was collected directly from respondents, and they were assured that the data would be used solely for academic purposes. In adherence to stringent ethical standards, this study ensured that respondents were thoroughly informed about the research objectives, and their data confidentiality was guaranteed. Respondents were explicitly notified that participation posed no risks and that their data would be used solely for this research. During debriefing sessions, respondents received detailed explanations of the study's importance and results. This research upholds objectivity, unbiasedness, and transparency in presenting its findings, conforming to the ethical standards outlined by Cohen, Manion, & Morrison (2013), Saunders (2011), and Neuman (2013), thereby maintaining the integrity and trustworthiness of the research.

Results

Descriptive Statistics

Descriptive statistics were utilized to summarize and describe the data, with SPSS version 28 employed for the analysis. The initial phase of data analysis involved calculating means and standard deviations to provide insights into the data's central tendency and variability. Correlation analysis was also performed to examine the relationships between variables, in accordance with Sekaran's (2016) recommendations. This preliminary analysis served as a basis for subsequent investigation, enabling the identification of key trends, patterns, and relationships within the data.

Mean and Standard Deviation

This study utilized mean (M) and standard deviation (SD) calculations to evaluate the responsiveness of the targeted population to the study constructs and the extent to which the scale items are interrelated, following Sekaran's (2003) guidelines. The results of these calculations, presented in Table 4.8, offer a detailed understanding of the targeted sample's responses to the items measuring eldercare burden, religiousness, physical exhaustion, and job performance. Importantly, the results reveal that the measures of eldercare burden, physical exhaustion, religiousness, and job performance demonstrated strong internal consistency, indicating that the scale items are highly interrelated and provide a reliable measure of the constructs under investigation.

Table 4.1
Mean and Standard Deviation

Variables	Mean	Std. Deviation
ECB	3.44	1.02
PE	3.18	1.08
R	3.30	1.12
PR	3.24	1.21

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 physical exhaustion ($r = 0.62$, $p < 0.01$), religiousness ($r = -0.46$, $p < 0.01$) and performance ($r = -0.41$, $p < 0.01$). The results showed that physical exhaustion was significantly correlated with religiousness ($r = -0.56$, $p < 0.01$) and performance ($r = -0.52$, $p < 0.01$). Lastly, the correlation analysis revealed statistically significant relationships between religiousness and performance ($r = 0.63$, $p < 0.01$),

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
1. Gen	1							
2. Age	-.397**	1						
3. Edu	-.047	.711**	1					
4. Exp	-.243**	.820**	.613**	1				
5. ECB	-.039	.086	.042	.047	(.75)			
6. PE	-.029	.076	-.011	.097	.618**	(.71)		
7. Rel	.036	-.012	.022	-.018	-.459**	-.555**	(.75)	
8. PR	.073	-.025	.043	-.029	-.408**	-.516**	.630**	(.74)

Note. N = 373. **p < .01, *p < .05. (2-tailed). Gen = gender, Edu = education, Exp = experience, ECB = elderly care burden, PE = physical exhaustion, Rel = religiousness, PR = performance. Convergent reliability is presented in parenthesis

Hypothesis Results

The ensuing sections provide an in-depth presentation of the results for each study hypothesis, enabling a thorough assessment of the study's authenticity and validity. Specifically, this section elaborates on the findings related to the Direct Relational Hypothesis, as well as the mediation, moderation, and moderated mediation hypotheses, offering a comprehensive understanding of the study's outcomes.

Hypothesis Results – Direct Relational Hypothesis

The results of the directional hypothesis testing, conducted using SPSS, are presented in Table 4.3. This analysis examined the relationship between eldercare burden and employee job performance, as proposed in the research hypothesis, and provides empirical evidence regarding the existence and direction of this relationship.

Hypothesis 1 receives robust support from the study's findings (b = -.49, SE = .19, R^2 = .18, F-value = 80.29, p < .001), indicating a statistically significant negative correlation between eldercare burden and employee performance. This outcome highlights the importance of considering the impact of eldercare burden on employee productivity and organizational performance, underscoring the need for supportive workplace policies and practices.

The results of the analysis (b = 0.65, SE = 0.15, R^2 = 0.38, F-value = 226.05, p < .000) unequivocally demonstrate a positive correlation between eldercare burden and physical exhaustion, providing strong support for hypothesis 2. This outcome underscores the significant impact of eldercare burden on employees' physical well-being, emphasizing the importance of developing targeted interventions and support systems to alleviate the physical exhaustion associated with eldercare responsibilities.

The statistical analysis yields robust evidence (b = -.58, SE = .16, R^2 = .27, F-value = 138.47, p < .000) of a substantial negative association between physical exhaustion and employee performance, thereby providing strong support for hypothesis 3. This finding suggests that employees experiencing higher levels of physical exhaustion tend to exhibit lower levels of job performance, underscoring the importance of addressing physical exhaustion in the workplace to optimize employee productivity.

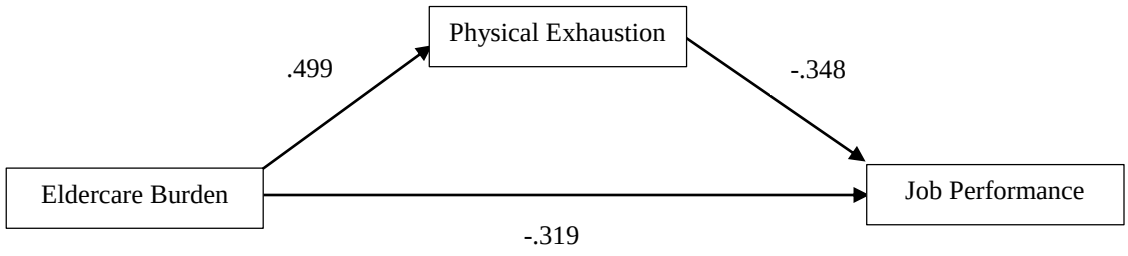
Table 4.3
Direct Hypothesis Results

Hypothesis	Relationship	Estimate	SE	R2	F-value	Remarks
H1	ECB ·> JP	-0.49***	0.05	.18	80.29	Supported H1
H2	ECB ·> PE	0.65***	0.04	.38	226.05	Supported H2
H3	PE ·> JP	-0.58***	0.05	.27	138.47	Supported H3

Note: * p < .05, **p < .01, ***p < .01, ECB = elderly care burden, JP = job performance, PE = physical exhaustion.

Hypothesis Results – Mediation Analysis

Hypotheses 4: Physical exhaustion mediates the relationship between eldercare burden and employee's job performance



The Mediation Model

The results of the mediation analysis, conducted using OLS regression and the PROCESS SPSS macro (Hayes, 2022), provide empirical evidence that physical exhaustion plays a critical mediating role in the relationship between eldercare burden and job performance. The analysis demonstrates that the negative impact of eldercare burden on job performance is significantly mediated by physical exhaustion, thereby confirming the hypothesized relationship and highlighting the importance of addressing physical exhaustion in mitigating the adverse effects of eldercare burden on employee performance.

Figure 4.1 and Table 4.4 present the results of the analysis, which indicate a positive correlation between eldercare burden and physical exhaustion (a = 0.499). Conversely, a negative correlation was found between eldercare burden and job performance (b = -0.348). To further examine the mediating role of physical exhaustion, a bootstrap confidence interval (CI) for the indirect effect (ab = -0.173) was constructed using 10,000 bootstrap resamples. The CI (-0.240, -0.117) was entirely below zero, demonstrating that physical exhaustion significantly mediates the negative relationship between eldercare burden and job performance. This finding lends strong support to hypothesis H4, which posits that physical exhaustion mediates the relationship between eldercare burden and job performance.

Table 4.4
Results of Mediation Analysis

		M (Physical Exhaustion)					Y (Job Performance)			
Antecedent		β	SE	p	B		β	SE	p	B
X (Eldercare Burden)	a	.499	.048	.000	.478	c'	-.319	.060	.000	-.273
M (Physical Exhaustion)						b	-.348	.057	.000	-.311
		R^2 = .228					R^2 = .288			
		F (1, 371) = 109.781 p < .000					F (2, 370) = 62.479 p < .000			

Hypothesis Results – Moderation Analysis

Hypotheses 5: The positive relationship between eldercare burden of employees and their physical exhaustion is moderated by their religiousness, such that the relationship is weaker at higher levels of religiousness and vice versa. To examine the moderating effect of religiousness on the relationship between eldercare burden and physical exhaustion, a moderation analysis was conducted using centered variables and the PROCESS SPSS macro (Hayes, 2022). The regression analysis revealed that the predictor variables collectively explained 30.2% of the variance in physical exhaustion, yielding a statistically significant model (R^2 = 0.302, F(3, 369) = 53.270, p < 0.000). Notably, a statistically significant interaction effect was observed (p = 0.011), indicating that the impact of eldercare burden on physical exhaustion varies as a function of religiousness. As illustrated in Figure 4.2, the positive association between eldercare burden and physical exhaustion is moderated by religiousness, such that the relationship is weaker at higher levels of religiousness and stronger at lower levels. The conditional effects of eldercare burden on physical

exhaustion at distinct levels of religiousness are presented in Table 4.5, thereby providing support for Hypothesis 5.

Table 4.5
Summary of Moderation Regression Analysis Predicting Physical Exhaustion

	β	t	p	95%CI	
				Low	Up
Constant	3.365	60.418	.000	3.255	3.474
Religiousness (A)	-.202	-3.705	.000	-.309	-.095
Eldercare Burden (B)	.433	7.313	.000	.317	.550
A*B	-.143	-2.545	.011	-.254	.033

Conditional Effects of Eldercare Burden

Religiousness	Effect	SE	t	p	95%CI	
					Low	Up
-1 SD	.594	.106	5.620	.000	.368	.801
Mean	.433	.059	7.313	.000	.317	.550
1 SD	.273	.062	4.440	.000	.152	.394

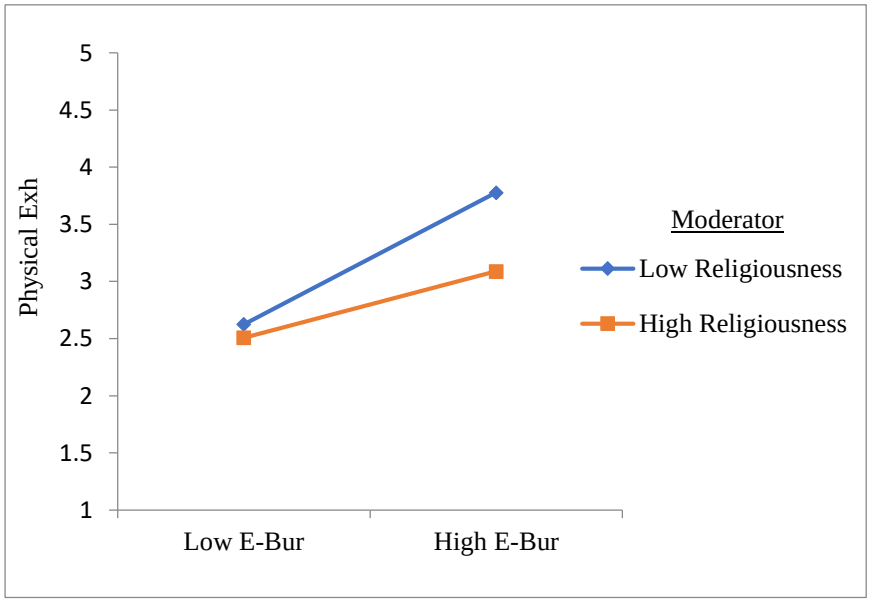


Figure 4.2: Interactive Effect of Eldercare Burden and Religiousness on Physical Exhaustion

Hypothesis Results – Moderated Mediation Analysis

Hypotheses 6: The indirect relationship between eldercare burden and employee's job performance through their enhanced physical exhaustion is moderated by their religiousness, such that this indirect relationship is weaker at higher levels of religiousness and vice versa.

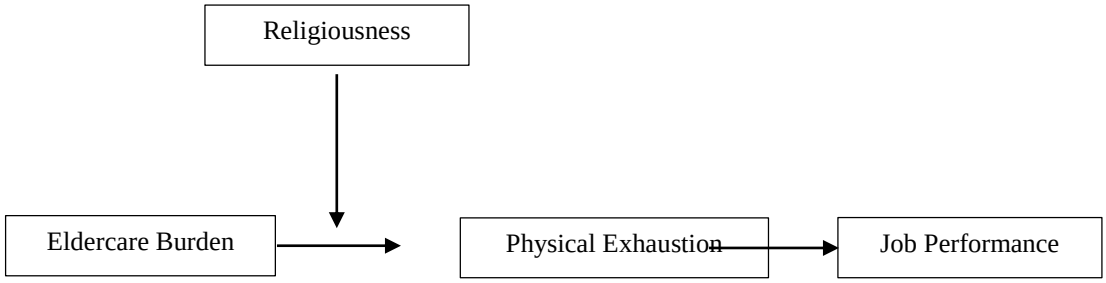


Figure 4.3: The Moderated Mediation Model

Table 4.6 presents the results of the analysis, which indicate that eldercare burden (EB) has a profound and statistically significant effect on physical exhaustion (PE), characterized by a regression coefficient (b) of 0.433, a t-value of 7.313, and a p-value of less than 0.000. The analysis also reveals that physical exhaustion (PE) has a substantial and statistically significant impact on job performance (JP), as evidenced by a regression coefficient (b) of -0.348, a t-value of -6.074, and a p-value of less than 0.000. Moreover, the results demonstrate that eldercare burden (EB) has a significant and substantial direct effect on job performance (JP), with a regression coefficient (b) of -0.319, a t-value of -5.341, and a p-value of less than 0.000. These findings highlight the significant relationships between eldercare burden, physical exhaustion, and job performance. The analysis reveals that the interaction term Int_1 has a statistically significant and negative impact on physical exhaustion (PE), characterized by a regression coefficient (b) of -0.143, a t-value of -2.545, and a p-value of less than 0.011. This finding suggests that religiousness plays a moderating role in the indirect effect of eldercare burden on physical exhaustion, indicating that individual differences in religiousness influence the relationship between eldercare burden and physical exhaustion. The subsequent table provides a detailed illustration of the direct and indirect effects of X on Y. The analysis reveals that the indirect effect of eldercare burden on physical exhaustion, moderated by religiousness at its mean level, is estimated to be -0.151. The bootstrap confidence interval confirms the statistical significance of this effect ($p < 0.05$). Furthermore, the results demonstrate that the indirect effect of eldercare burden on psychological exhaustion varies significantly as a function of religiousness. Specifically, the indirect effect is stronger at lower levels of religiousness and weaker at higher levels. Notably, the conditional indirect effects of eldercare burden on psychological exhaustion are statistically significant and consistent across all three levels of religiousness, as evidenced by the absence of zero within the confidence intervals for each level. The final test presented in Table 4.6 examines the moderated mediation hypothesis, investigating whether religiousness moderates the indirect effect of eldercare burden on psychological exhaustion. The analysis generates an index of moderated mediation, which quantifies the moderating influence of religiousness on the indirect effect of eldercare burden on physical exhaustion. The results reveal that the index of moderated mediation is statistically significant, confirming that the indirect effect of eldercare burden on physical exhaustion varies significantly as a function of religiousness. This finding provides robust evidence for moderated mediation, demonstrating that religiousness exerts a substantial influence on the indirect effect of eldercare burden on physical exhaustion. Ultimately, the study's results unequivocally establish that the

indirect effect of eldercare burden on physical exhaustion is contingent upon an individual's level of religiousness. In alignment with Hypothesis 6, the analysis reveals that religiousness exerts a moderating influence on the indirect effect of eldercare burden on employee performance, mediated by physical exhaustion. The results yield a statistically significant index of moderated mediation (0.050, 95% CI = [0.003, 0.098]), thereby providing compelling evidence in support of Hypothesis 6. This finding highlights the critical role of religiousness in shaping the relationship between eldercare burden and employee performance, and underscores the need for organizations to consider the potential benefits of promoting religiousness or spirituality in the workplace.

Table: 4.6
Moderated Mediation Analysis

Direct Relationships			Unstandardized Coefficient	T-values
Eldercare Burden (EB) --> Physical Exhaustion (PE)			.433	7.313
Physical Exhaustion (PE) --> Job Performance (JP)			-.348	-6.074
Eldercare Burden (EB) --> Job Performance (JP)			-.319	-5.341
Eldercare Burden (EB)*Religiousness (R)-> Physical Exhaustion (PE)			-.143	-2.545
Indirect Relationships	**Direct Effect**	**Indirect Effect (SE)**	**Confidence Interval Low/High**	**T-values**
Eldercare Burden-> Physical Exhaustion -> Job Performance	-.319	-.151(.029)	-.211/-.097	-5.206
Probing Moderated Indirect Relationships	**Effect**	**SE**	**Confidence Interval Low/High**	**t-Statistics**
Low level of religiousness	-.207	.049	-.302/-.114	-4.224
High level of religiousness	-.095	.028	-.155/-.045	-3.393
Index of Moderated Mediation	.050	.024	.003/.098	2.083

Discussion

This section provides an in-depth elaboration of the study's findings, grounded in the results of Structural Equation Modeling (SEM) and Process analyses. The strengths and limitations of the current study are discussed, followed by an exploration of future research directions, as well as the practical and theoretical implications of the study. The benefits of this research for various stakeholders, including workers, managers, owners, and organizations, are highlighted. The section also examines the alignment of the findings with the conceptual framework, theoretical underpinnings, and previous studies, addressing potential inconsistencies. Furthermore, the study's relevance to the Pakistani context is emphasized, and avenues for future research are identified, opening up new possibilities for investigation.

Empirical Supports

The literature review suggests that the well-being of employed caregivers is not always negatively impacted by their caregiving responsibilities. In fact, research indicates that caregiving can

sometimes have a positive effect on well-being (Quinn & Toms, 2019; Roth et al., 2015). Empirical evidence supports the buffering role of religiousness in mitigating the positive relationship between eldercare burden and physical 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 or stress (Hoverd & Sibley, 2013; Lomas, et al., 2014; Steedman, Atherton, & Graham, 2010).

A key reason for considering religiousness as a buffering effect is its role in enhancing employees' confidence and resilience, particularly in challenging workplace situations. Religiousness fosters a sense of helpfulness, tolerance, and patience, enabling employees to better fulfill their job requirements (Bickerton, Miner, Dowson, & Griffin, 2014; Pargament, 2001). Consistent with Conservation of Resource (COR) theory (Hobfoll, 2001), acquiring resources, such as religious support, enhances employees' confidence, mitigates the adverse effects of eldercare burden, and reduces workplace performance anxiety. Furthermore, religious individuals experience increased perceived control over work performance, attributing it 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. Notably, employees who experience stress due to eldercare responsibilities report feeling less worried about meeting performance standards at work, attributing this to their firm belief in God's help during times of stress and difficulty (Bickerton et al., 2014). The buffering effect of religiousness can be attributed to its role in fostering knowledge sharing and social interaction among employees, particularly those who share the same religious beliefs (Park, Cohen, & Herb, 1990). This shared understanding enables caregivers to express their concerns and receive support from coworkers, ultimately promoting a sense of companionship and reducing feelings of isolation. By sharing experiences and seeking advice, caregivers can enhance their opportunities to meet workplace requirements, despite physical exhaustion (Nahapiet & Ghoshal, 1998). The sense of "being in the same boat" among like-minded religious individuals can serve as a valuable resource, decreasing the likelihood of physical strain caused by eldercare burden (Toker, Laurence, & Fried, 2015). Conversely, a lack of religious coordination and cooperation among employees can exacerbate feelings of isolation, leading to severe physical exhaustion, depression, and anxiety in the workplace. The buffering effect of religiousness can be attributed to its role in fostering knowledge sharing and social interaction among employees, particularly those who share the same religious beliefs (Park, Cohen, & Herb, 1990). This shared understanding enables caregivers to express their concerns and receive support from coworkers, ultimately promoting a sense of companionship and reducing feelings of isolation. By sharing experiences and seeking advice, caregivers can enhance their opportunities to meet workplace requirements, despite physical exhaustion (Nahapiet & Ghoshal, 1998). The sense of "being in the same boat" among like-minded religious individuals can serve as a valuable resource, decreasing the likelihood of physical strain caused by eldercare burden (Toker, Laurence, & Fried, 2015). Conversely, a lack of religious coordination and cooperation among employees can exacerbate feelings of isolation, leading to severe physical exhaustion, depression, and anxiety in the workplace.

The finding that religiousness serves as a protective buffer, mitigating the negative impact of eldercare burden on physical exhaustion, is particularly insightful when examining the indirect relationship between eldercare burden and job performance through physical exhaustion

(Preacher et al., 2007). Our analysis reveals that religiousness moderates the indirect relationship between the independent and dependent variables, influencing the strength of this relationship. Consequently, the connection between physical exhaustion, eldercare burden, and reduced job performance is weakest when caregivers possess strong religious beliefs. In contrast, employees with weaker religious beliefs experience increased physical exhaustion, ultimately leading to lower job performance.

This study provides a comprehensive understanding of the consequences of eldercare burden on employees' cognitive well-being and job performance, highlighting critical implications for workplace settings. By investigating the impact of eldercare burden on employee performance, our research fills a knowledge gap, revealing physical exhaustion as a key mechanism underlying this relationship. This study contributes significantly to the literature by examining the previously understudied relationship between eldercare burden and employee performance, with physical exhaustion emerging as a critical mediator. Furthermore, this investigation demonstrates the moderating effect of religiousness on the relationship between eldercare burden, physical exhaustion, and job performance, providing valuable insights for organizations seeking to support employees with caregiving responsibilities.

Theoretical Implications

This study examines the impact of eldercare burden on performance, exploring physical exhaustion as a mediating mechanism and religiousness as a coping strength. The investigation builds upon existing research, which has yielded mixed results regarding the effects of caring for elderly family members on workplace outcomes (Colin Reid, Stajduhar, & Chappell, 2010). Grounded in Conservation of Resource (COR) theory, this study posits that eldercare burden depletes employees' psychological resources, ultimately leading to decreased performance. According to COR theory, individuals strive to conserve resources, including time, energy, and psychological well-being, to maintain motivation and performance. Consistent with prior research (Barling, MacEwen, Kelloway, & Higginbottom, 1994; Gottlieb et al., 1994; Stephens, Townsend, Martire, & Druley, 2001), this study supports the notion that employees with significant eldercare responsibilities experience depleted psychological resources, hindering work performance. The findings align with theoretical frameworks suggesting that excessive eldercare responsibilities compromise work role performance by depleting psychological resources (Stephens et al., 2001). Furthermore, research has shown that workers who provide eldercare often experience disruptions to their work routines (Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Hepburn & Barling, 1996).

The study examines the relationship between physical exhaustion and eldercare burden, revealing that caregivers who exceed their available physical resources become vulnerable to exhaustion, tiredness, and fatigue when striving to meet eldercare demands (Aumann, et al., 2010). This struggle ultimately compromises job performance. Our findings indicate that heightened physical exhaustion is a critical factor contributing to employees' inability to meet organizational performance standards. Notably, this research identifies religiousness as a coping mechanism, suggesting that individuals burdened with eldercare responsibilities perceive themselves as capable of managing these demands when they feel supported by God (Probst & Strand, 2010). Engaging in benevolent acts reinforces their resilience and optimism, enabling them to better navigate the challenges of eldercare. The positive correlation between eldercare burden and physical exhaustion indicates that employees experience depletion of resources, leading to a detrimental work experience (Hobfoll & Hirom, 2000). In essence, employees who care for elderly family members often have limited energy resources, making it challenging to meet organizational goals set by top management. As a result, they face increased stress and anxiety, ultimately leading to poor job performance (Howie, 2007). Furthermore, the physical and

emotional exertion associated with eldercare activities can exacerbate job-related stress and anxiety, as caregivers tend to prioritize the needs of their elderly family members over organizational responsibilities (Kastenmüller et al., 2011). In countries like Pakistan, where eldercare facilities are inadequate, caregivers often experience increased absenteeism and reduced working hours, negatively impacting job performance (Principi et al., 2014). Physical exhaustion serves as a crucial mechanism by which eldercare burden negatively impacts job performance. A substantial body of research indicates that caregivers experience detrimental consequences, including increased workplace stress, heightened risk of depressive symptoms (Herrera et al., 2013), and anxiety (Lavela & Ather, 2010). Furthermore, research suggests that prolonged involvement in eldercare activities is directly associated with poorer physical health outcomes for caregivers. Providing eldercare can be a significant source of stress for employees responsible for caring for elderly recipients (DePasquale et al., 2017), ultimately compromising their overall well-being and job performance. Specifically, the depletion of resources due to eldercare burden exacerbates physical exhaustion, prompting employees to conserve resources (Hobfoll, 2001), which in turn impairs work performance. Notably, our study reveals a direct negative relationship between eldercare burden and job performance, even after controlling for physical exhaustion, suggesting that other mechanisms may also contribute to the detrimental impact of eldercare burden on job performance. Empirical evidence consistently shows a positive correlation between employee well-being and job performance (Devonish, 2013; van den Bosch & Taris, 2014). Conversely, exhaustion is linked to declines in physical functioning, leading to poor work performance (Deligkaris, Panagopoulou, Montgomery, & Masoura, 2014; Kleinsorge, Diestel, Scheil, & Niven, 2014) and decreased workplace extra-role performance (Golparvar & Hosseinzadeh, 2011; Golparvar, Kamkar, & Javadian, 2012). This is because exhausted employees often prioritize meeting family obligations over fulfilling performance requirements and workplace goals set by their employers.

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 performance. Notably, these employees may hesitate to request accommodations, such as frequent short leaves or flexible scheduling, due to concerns about management's perception. To address this, top management should acknowledge employees' concerns and implement supportive policies, including no salary deductions for absenteeism or late arrivals. Clear communication regarding job expectations, performance targets, and available resources is essential to align employees with organizational standards. Transparency in conveying job performance requirements, including budget allocation, time management, and specific objectives, will encourage employees and reduce physical exhaustion. While it is challenging to completely eliminate the spillover of physical exhaustion due to eldercare burden, organizations can take proactive steps to mitigate its likelihood and impact on employees. A critical insight from this research is that when employees are managing eldercare responsibilities at home, support from organizational, supervisory, and coworker levels can significantly reduce their physical exhaustion. Furthermore, coworker support can also serve as a buffer, particularly when reinforced by shared religious beliefs, highlighting the importance of fostering a supportive work environment. Organizations with diverse workforces can harness the power of shared faith to foster a supportive environment, where colleagues can offer emotional and practical assistance to those navigating eldercare burden-related family-work

conflicts. In religiously diverse workplaces, employees from the same faith community can leverage their shared beliefs to provide support to colleagues facing eldercare challenges, promoting a sense of solidarity and community. This, in turn, can enable colleagues to help each other achieve job performance goals despite eldercare burdens. However, it is essential for organizational management to maintain a neutral stance, avoiding any promotion or utilization of religiousness in employment practices, as mandated by law.

The findings of this study should not be interpreted as evidence that individuals with low religiousness or atheists are unable to cope with workplace stresses like eldercare burden. Instead, the moderating effect of religiousness is considered one possible means of providing support to employees experiencing low physical exhaustion due to eldercare burden. Religiousness offers employees opportunities for social interaction, encouraging them to seek advice from others and enhancing their ability to improve job performance despite physical exhaustion (Nahapiet et al., 1998). For instance, interacting with coworkers or receiving peer support within a religious context can help employees improve their performance and reduce uncertainty related to physical exhaustion.

Limitations and Future Research

This study recognizes several limitations, presenting opportunities for future research to build upon and expand these findings. Firstly, the data collection methodology employed a three-week time lag between assessments of eldercare burden, physical exhaustion, and employee performance. 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 physical exhaustion into reduced employee performance outcomes may not be immediately measurable. To address these limitations, future research should adopt a multi-method approach, incorporating field studies, laboratory and field experiments, control groups, and treatment conditions to establish causality and generalize findings. A second limitation of this study is that it investigated religiousness as a contingency factor, 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 physical 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 physical exhaustion (ten Brummelhuis & van der Lippe, 2010).

The third limitation of this study lies in its country-neutral theoretical arguments, which may be hindered by cultural factors. As our research is set in the Pakistani context, where joint family systems are prevalent, it highlights the societal norm of prioritizing elderly care. Nevertheless, the preference for elderly care differs between joint and nuclear family systems (Fang & Yang, 2023). In joint families, responsibilities are often shifted among siblings, whereas in nuclear families, individuals take on the responsibility of caring for their elderly relatives. Employees may be particularly sensitive to their daily routine life responsibilities, such as eldercare, and failing to meet these responsibilities can create strain and uncertainty (Hofstead, 2001). Thus, family system and values are significant limitations of this study. The comparative importance of religiousness in buffering the effect between eldercare burden and employees' physical exhaustion

may vary across countries due to cultural, values, beliefs, and family system differences. To address this limitation, cross-national studies are necessary to provide deeper insights into the buffering effects of religiousness in various contexts. Moreover, comparative studies should investigate the buffering effects of religiousness inspired by diverse religions, excluding Islam, to facilitate comparative analyses of various religions' impacts on workplace well-being.

Conclusion

This study contributes significantly to existing research by investigating the impact of eldercare burden on employee job performance, exploring the mediating role of physical exhaustion and the moderating influence of religiousness. By examining the complex interplay between these factors, this research provides a nuanced understanding of the factors influencing job performance among working caregivers. The study sheds new light on how personal, familial, and spiritual factors intersect to affect professional outcomes. A critical finding is that burnout resulting from physical exhaustion associated with providing eldercare undermines workplace performance. However, this dysfunctional effect can be mitigated by the buffering influence of religious importance, which provides emotional sustenance, coping mechanisms, and a sense of purpose. Consequently, higher levels of religiousness enable employees to cope with eldercare burden, acting as a shield against workplace anxiety, worry, and stress caused by physical exhaustion, ultimately promoting employee performance. The research seeks to inspire organizations to prioritize the well-being of employees with eldercare responsibilities, fostering an inclusive work environment that promotes religious harmony and understanding. By doing so, organizations can mitigate the adverse effects of eldercare burden on employee well-being and job performance. This proactive approach can lead to improved employee satisfaction, increased productivity, and better alignment with organizational performance goals, benefiting both employees and employers. Ultimately, this research aims to catalyze transformative change, encouraging organizations to adopt employee-centric strategies that prioritize well-being, foster inclusive decision-making, and address the complexities of eldercare burden. By harnessing the unifying power of religious harmony, organizations can create supportive ecosystems that alleviate caregiver stress, boost employee satisfaction, and drive enhanced performance outcome.

This research aims to catalyze organizational change, inspiring decision-makers to prioritize the welfare of employees struggling with eldercare burden. By promoting religious harmony among employees, organizations can foster an inclusive environment that supports employees' well-being, aligns with organizational performance goals, and drives success. Hopefully, this research will serve as a transformative catalyst, prompting organizations to adopt proactive strategies that prioritize employee welfare, support decision-making, address eldercare burden, and enhance performance outcomes.

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