





Internal Corporate Social Responsibility and Employee Burnout: An Employee Management Perspective from the Healthcare Sector

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Purpose: The issue of burnout has been identified as one of the most pressing challenges in organizational management, impacting the ability of an organization to succeed as well as employee productivity. In the healthcare industry, burnout is particularly prevalent. Burnout has received increasing attention from scholars, and different models have also been proposed to address this issue. However, burnout is on the rise in healthcare, especially in developing countries, indicating the need for more research on how to mitigate burnout. Research indicates that internal corporate social responsibility (ICSR) has a significant impact on employee behavior. However, little attention has been paid to exploring how ICSR might effectively reduce healthcare burnout. This study aims to investigate how ICSR and employee burnout are related in the healthcare sector of a developing country. In addition, we tested how subjective well-being and resilience mediate and moderate the effect of ICSR on employee burnout.

Methods: Data were collected from 402 healthcare employees working in different hospitals in Pakistan. In our study, we used a self-administered questionnaire as a data collection instrument. We have adapted the items in this survey from reliable and already published sources. Data collection was carried out in three waves.

Results: Hypotheses were evaluated using structural equation modeling (SEM). Software such as IBM-SPSS and AMOS were used for this purpose. ICSR significantly reduces healthcare employees' burnout, according to the results of the structural analysis. The relationship between ICSR and burnout was also found to be mediated by subjective well-being, and resilience moderated the relationship between ICSR and subjective well-being.

Findings: In light of our findings, hospitals can take some important steps to resolve the problem of burnout. The study specifically stresses the importance of ICSR as a contextual organizational resource for preventing burnout among healthcare employees.

Keywords: internal corporate social responsibility, burnout, healthcare, resilience, subjective well-being

Introduction

Contemporary organizations face a dynamic business environment characterized by technological progress and competitiveness,^{1,2} which increases work demand on the part of employees. Employees in various sectors of an economy are often asked to assume more work-related responsibilities, which ultimately negatively influences their mental and physical health. All such situations put employees in conditions where they face burnout risk.³ Burnout is described as a syndrome that includes emotional exhaustion, depersonalization, helplessness, and an imbalance of work-life.⁴ Although burnout may exist in any profession, healthcare employees are at greater risk of burnout.⁵ To make matter worse, burnout among healthcare employees has been reported to be rising globally.⁶ Unquestionably, burnout is a serious public health concern that causes different physical health disorders, including aches and digestive upset.

Along with different physical disorders, burnout is equally dangerous for mental health because it has been related to different psychiatric disorders, for example, depression,⁷ anxiety,⁸ substance abuse,⁹ and even suicide among healthcare employees.¹⁰ The issue of burnout is critical in the healthcare sector, influencing employees' mental and physical health and undermining the quality of healthcare delivery, including patient care.

In an enterprise milieu, certain enterprise factors influence employees' mental health, including enterprise environment and managerial support.^{11–13} In this respect, the concept of corporate social responsibility (CSR) was recently related to different employee-related outcomes.^{14–16} Originally focused on institutional analysis, CSR has shifted almost exclusively to organizational analysis in the last few decades.¹⁷ Literature on CSR has been reviewed on three levels of analysis by Aguinis and Glavas:¹⁸ organizational, institutional, and individual. Generally, macro-level issues have been studied without focusing on micro-foundations-which are the foundations based on individual action and interaction in the field.¹⁹ The institutional theory advocated understanding micro-foundations almost three decades ago,^{20,21} but micro-level processes have not been explored as a method for understanding macro-level events and relationships until recently.²² As a result of the knowledge gap regarding underlying processes and lack of analysis at the individual level, Aguinis and Glavas¹⁸ have identified micro-foundations of CSR (ie, foundations of CSR that are based on individual action and interaction, based on strategic management literature.¹⁹ Accordingly, micro-CSR focuses on the ways in which CSR impacts individual stakeholders (in any stakeholder group).²³ A number of CSR scholars have embraced the concept of micro-foundations after the concept appeared in academic literature.^{24–26} Even the role of CSR was highlighted to reduce different work-related outcomes, for example, emotional exhaustion,²⁷ turnover intentions,²⁸ and other workplace stressors.²⁹ However, the literature on the ICSR-burnout relationship, especially in the healthcare management of low and middle-income economies, is sparse. To close this gap, we aim to investigate how ICSR relates to burnout in healthcare.

Different individual factors also contribute to limiting burnout risk. In this respect, the mediating role of subjective well-being perceptions of employees was realized previously. Indeed, subjective well-being is defined as “the cognitive and affective evaluation of an individual about his or her life”.³⁰ Subjective well-being not only improves employees' mental health but also helps them to recover from stressful conditions.³¹ Even in the burnout literature, the influence of subjective well-being has been discussed.³² Recently, Lan, Liang³³ identified the mediating effect of subjective well-being in a burnout framework. Past literature verifies a positive association between ICSR and subjective well-being.^{34,35} Nonetheless, in a healthcare context, the mediating effect of subjective well-being between ICSR and burnout was not investigated earlier. Hence, it is worthwhile to investigate this relationship in a healthcare context where the challenge of burnout is more critical compared to other sectors. Thus, this study aims to investigate the mediating candidature of subjective well-being betwixt ICSR and burnout.

Another important psychological factor that helps a person in mitigating burnout risk is resilience which is referred to as “a psychological factor that an individual possesses to get rid of extreme situations they face”.³⁶ Indeed, employees with a higher level of resilience have greater positive energy, which improves their ability to bounce back against burnout.³⁷ Specifically, it was argued that when an individual faces extreme situations led by stress or any trauma, the resilience level of a person enables him to keep functioning both mentally and physically. In this respect, the moderating role of resilience in reducing the burnout effect was highlighted previously.^{38,39} Literature also suggests that CSR positively influences individual resilience.⁴⁰ Still, the moderating role of resilience to mitigate healthcare employees' burnout in an ICSR framework remained an understudied area previously. Hence it is relevant here to mention that ICSR, as an organizational-level factor, focuses on the well-being of employees and hence influences employees' psychology positively, thereby improving their resilience. Employees with improved resilience as an outcome of ICSR may show greater energy to fight against burnout risk. Hence, this study's last objective is to test the conditional indirect influence of resilience in a healthcare system.

We aim to test the hypothesized relationships of this study in the healthcare segment of a developing country, Pakistan. Like in other parts of the world, burnout is a critical challenge in the healthcare profession of Pakistan.^{41,42} Indeed, compared to developed countries, most developing countries face a difficult situation in healthcare management because of limited financial resources and other constraints.^{43,44} Specifically, Pakistan's healthcare sector faces different challenges, leading to employee burnout issues. For example, limited staff, high patient-to-healthcare staff ratios, an

increasing population, infrastructure, etc., often lead employees to face pressure situations,⁴⁵ increasing the likelihood of employee burnout in this profession. As different organizational interventions may decrease employee burnout,⁴⁶ we argue it will be interesting to see how the ICSR actions of a hospital organization can mitigate the likelihood of burnout.

Altogether, this research contributes to the existing literature significantly. First, this research advances the debate on burnout from an ICSR perspective. In this respect, the previous scholars investigated different factors that lead employees to face burnout conditions in an organization. For example, among several other factors, role conflict,⁴⁷ role stress,⁴⁸ and work overload⁴⁹ were identified as enablers of burnout. Yet, how ICSR can reduce the burnout risk on the part of employees in a healthcare context received little attention. Second, this study is the first one that intends to test the mediating and moderating roles of subjective well-being and resilience in a unified model. Third, this study advances the debate on burnout in healthcare in a developing economy. In this respect, earlier researchers conducted burnout studies in the healthcare systems of developed or high-income countries.^{50,51} Because burnout at the workplace is a critical public health concern in most low and middle-income economies, it is important to advance this debate on how to reduce the burnout risk of employees in such countries.

Theory and Literature Review

Underpinning Theory

We used the conservation of resources theory (COR) to understand the underlying logic of the hypothesized relationships. Hobfoll⁵² developed this theory by arguing that “individuals tend to receive, construct and protect different valued resources in difficult situations”. Generally, there are two contrasting views that COR holds. The first view represents a value addition in resources, while the second view discusses the loss of valued resources. The value-added side of resources under the philosophy of COR suggests that individuals with sufficient resources are likely to have easy access to other resources, and thus such individuals are less likely to face a resource loss situation. Therefore, individuals with rich resources are expected to show better energy levels, commitment, and motivation to perform a job task in an organization.⁵³

Contrary to this, individuals with a resource loss are expected to show weaker commitment and motivation to perform different organizational responsibilities.⁵⁴ Building upon COR, this study argues that burnout, in an organizational context, represents a resource loss situation on the part of an employee. Employees with this perception that they have fewer resources or have lost some resources while performing a job are expected to develop stress, leading them to burnout. Employees need more resources to recover from the negative effects of burnout. This is the point where ICSR has a role to play. In this respect, we are in line with the previous scholars that CSR is an organizational resource that positively influences employees’ behavior and attitude.⁴⁰ Especially the concept of ICSR relates well to the well-being of employees. An enterprise with better ICSR strategies for its employees is likely to provide its employees with better resources in the form of a balanced working environment, provide necessary training and development to face stressful conditions, and providing different other benefits under its CSR strategy for employees.⁵⁵ At the same time, an ethical organization treats its employees fairly without showing any bias, which ultimately results in a higher level of meaningfulness.^{1,56} Buttressing this, Aguinis and Glavas⁵⁷ showed that employees with meaningful work experience, as an outcome of ICSR, show an improved state of mental health, which provides them an additional resource to deal with different workplace situations. Therefore, CSR can reduce different negative workplace employee outcomes, for example, emotional exhaustion,²⁷ which can help them to recover from a burnout state.

Hypotheses Development

Internal Corporate Social Responsibility and Burnout Relationship

ICSR refers to the actions and strategies of an organization to take the necessary steps for the satisfaction of employees.⁵⁸ An organization with a focus on employees through its ICSR strategies proactively fulfills employees’ needs and intends to promote a culture of fairness, care, safety, and flexibility which ultimately improves the mental health of employees.⁵⁹ Further, an ethical enterprise introduces different welfare programs under the umbrella of ICSR for employees’ wellness.⁶⁰ The central idea of ICSR is to prioritize employees’ genuine concerns instead of taking care of only the

organizational interests.⁶¹ Soni and Mehta⁶² indicated that certain ICSR actions of an organization, for example, supporting and helping the employees in achieving their job tasks, providing them with a good workplace environment, and arranging different pieces of training for their career growth and development, are some of the leading factors that enhance the commitment of employees. Besides noting the positive change in employees' behavior as an outcome of ICSR, some recent researchers have also mentioned that ICSR is equally important for employees to recover from different negative externalities associated with a workplace.⁶³ For example, the studies by Low, Ong,⁶⁴ and Ranjan and Yadav⁶⁵ established that different steps of an ethical organization under its ICSR philosophy help employees to develop a strong social bond with their organization which in turn mitigates their turnover intentions. Sanusi and Johl⁶⁶ indicated that ICSR could enhance the job continuity intentions of employees with an ethical enterprise. Other scholars have mentioned the buffering effect of ICSR on emotional exhaustion⁶⁷ and other negative emotions.⁶⁸ Even in burnout literature, scholars have emphasized focusing on different intrinsic rewards (which is also a focus of ICSR) to effectively deal with burnout at the workplace.⁶⁹ For example, providing different developmental training could help employees to build extra skills and mental strength to reduce burnout risk. Similarly, a flexible working atmosphere may also be helpful to the employees to recover from stressful situations.

ICSR actions of an organization can influence the emotions, attitudes, feelings and behaviors of employees. Equally important to mention is the role of ICSR in mitigating different negative emotional, attitudinal, and behavioral responses of an employee, including turnover intentions,⁷⁰ emotional exhaustion,⁷¹ and burnout.⁷² Specifically, Rupp, Shao⁷³ posited that CSR at an employee level caters to his or her deontic needs, which ultimately improves their emotional feeling towards their organization and hence creates positive energy among employees. Additionally, we are in line with extant CSR scholars who argue that CSR is an instrument strategy of an organization for workforce management that prevents employees' negative attitudes and behaviors and ultimately improves overall performance.^{74,75} Flammer and Luo⁷⁶ mentioned that ICSR is a tool for employee governance to reduce the likelihood of adverse employee behaviors. In a similar vein, Schwepker, Valentine⁷⁷ CSR actions of an organization related to employees can reduce stress and improve their well-being.

To summarize, we expect that it may negatively predict burnout because ICSR focuses on the development, growth, and caring of the employees by providing them with different benefits and helping them achieve their job tasks. Employees in the healthcare profession often face stressful situations, which raises the chance of burnout for employees in such professions. Irregular working hours, high levels of strain, and other negative work-related situations in the healthcare profession deplete the physical and mental resources of employees. In this respect, ICSR-based actions of a hospital can play a seminal role in improving the positive energy level of employees, which consequently improves their mental and physical health. At the same time, ICSR improves employees' wellness with a balanced work life. An ethical hospital provides employees with a safe working environment and protective context as part of its CSR plan, which helps employees absorb different work-related shocks. Therefore;

H1: ICSR negatively predicts burnout among employees in an organization.

Internal Corporate Social Responsibility, Subjective Well-Being, and Burnout Relationships

ICSR aspect of CSR is well placed in subjective well-being literature. Generally, the discussion establishes a positive link between ICSR and the subjective well-being of employees.^{34,35} In an organizational milieu, subjective well-being deals with an employee's cognitive and emotional evaluation of their workplace. In this respect, ICSR as an organizational factor improves the subjective well-being perceptions of employees because the central focus of different ICSR activities of an enterprise is to promote employees' wellness.⁷⁸ Bibi, Khan⁷⁹ showed that ICSR activities of an enterprise lead the workers to a higher level of happiness. In this respect, it was established at different levels in the available literature that happier employees have better life satisfaction.^{80,81} Further, it was also mentioned that different enterprise-level interventions improve employees' subjective well-being.⁸² ICSR covers a range of activities to improve employees' safety and health.⁸³ Further, ICSR activities directly influence the subjective well-being perceptions of employees.⁸⁴ Additionally, the mediating role of subjective well-being in different organizational contexts was also mentioned in the

extant literature. For instance, Singhal and Rastogi⁸⁵ highlighted the mediating role of subjective well-being in explaining employees' commitment. Similarly, in a recent study, Rüteliönė, Šeinauskienė⁸⁶ mentioned that subjective well-being significantly mediates between emotional intelligence and materialism. Other scholars have also recognized subjective well-being as a significant mediator in predicting different employee outcomes.⁸⁷ Further, as literature specifies that an improved level of subjective well-being reduces burnout significantly⁸⁸ and as ICSR improves the subjective well-being perception of employees.

The existing discussion on the CSR-employee management relationship theoretically and empirically indicates that employees who find their employer socially responsible are expected to develop positive feelings and demonstrate a higher level of well-being, which ultimately triggers positive psychology in employees.^{34,89} Additionally, CSR scholars in the domain of ICSR have premeditated various boundary conditions to describe the underlying mechanism of how CSR-related actions of a firm influence rational, affective, and behavioral aspects of human psychology.^{90,91} Following this research stream, we argue that employees' CSR perception toward their employer can influence their well-being level, which then helps employees in reducing the potential danger of burnout as a mediator. Specifically, positive employee psychology, for example, pride, loyalty, and belongingness have been long discussed from the standpoint of CSR.^{92,93} We contend that the current debate on employee negative attitudes and behaviors, in a CSR context, should also be considered to understand the underlying mechanism how ICSR can predict the attitude-behavior relationships on the part of employees. Specifically, we expect that ICSR based actions of a hospital organization improves the mental health of employees by enhancing the well-being perceptions. Employees with an enhanced level of well-being are likely to show more resistance against the risk of burnout because of the additional personal resource in the form of well-being. Therefore;

H2: ICSR is positively related to subjective well-being among employees.

H3: Subjective well-being significantly mediates the relationship between ICSR and burnout among employees.

Internal Corporate Social Responsibility, Resilience, and Burnout Relationships

Zautra, Hall³⁶ described resilience as a personal capability of a person which he or she possesses to recover from extreme situations. Various scholars have indicated the potential role of resilience in driving employees' well-being and mental health.^{94,95} Previously, researchers studied resilience from the aspect of general life or non-workplace contexts.⁹⁶ However, the pressure situations that employees face in different segments of the economy increased the interest of organizational management theorists in studying resilience in a workplace context.^{97,98} Further, the concept of resilience was identified as the personal capability to cope or adapt to different workplace stressors. Nonetheless, Richardson⁹⁹ indicated that resilience is a personal dynamic capability influenced by different enterprise factors, such as leadership.¹⁰⁰ Recently, the concept of resilience has been related to ICSR by different scholars in the field.^{40,101} It was realized that resilient employees show a better capability to deal with different workplace stressors.¹⁰² The capacity for hope, optimism, and self-efficacy of a resilient person helps them cope with challenges.²³ In response to a crisis, resilience is often described as "bouncing back" to normal. Psychological resilience has been associated with a range of positive psychological outcomes, such as psychological adjustment¹⁰³ and psychological health.¹⁰⁴ It is well known that psychological resilience contributes to well-being as well as emotional expression. In recent research, resilience has been shown to be a strong predictor of subjective well-being.^{105–107} Because healthcare employees often are exposed to stressful situations due to their job nature,¹⁰⁸ a higher level of resilience may help them to deal with different work-related stressors effectively. Further, employee resilience positively influences subjective well-being.^{109,110}

Different organizational management scholars have discussed the moderating role of resilience in improving employees' subjective well-being.¹¹⁰ For example, Chen¹¹¹ proposed the moderating role of resilience to predict subjective well-being via coping style as a mediator. Darvishmotevali and Ali¹¹⁰ empirically verified that self-efficacy, optimism, and resilience are significant moderators in predicting job performance and subjective well-being. Jiang, Ming¹¹² highlighted the moderating role of resilience to enhance the subjective well-being of employees. All in one, because the moderating role of resilience was emphasized by various researchers previously and as CSR influences resilience positively, we

expect that resilience will improve the subjective well-being of hospital employees, which then reduces burnout. Moreover, following COR, resilience, as an outcome of ICSR, provides employees with an added personal resource that helps them in situations of resource bleeding due to burnout situations. Therefore, the following hypotheses may be framed.

H4: ICSR is positively related to resilience among employees.

H5: Resilience significantly moderates the mediated relationship of ICSR and burnout through subjective well-being.

Figure 1 is the proposed model where all study variables and research hypotheses are included. Moreover, a summary of the related literature has also been provided in Table 1.

Methodology

Study Sector

Pakistan's healthcare industry was the target segment of this research, which is a lower-middle-income country in South Asia. Identified as a populous country in the world, the country has 275.3 inhabitants per square kilometer. As with most other lower and middle-income countries across the globe, the healthcare system of Pakistan faces an overburdened situation due to limited resources and infrastructure availability. Especially the hospitals in Lahore and Karachi cities have to deal with a vast number of indoor and outdoor patients on a daily basis. Both cities are provincial capitals with a multi-million population. Additionally, the public health of the masses in the neighboring cities depends on the health facilities in these two cities. Besides the insufficient resources and infrastructure, the growing population also often leads hospitals to face a pressure situation.¹¹³ The healthcare facilities in the country are divided among public and private sector entities. In this respect, the private sector clearly outperforms the public sector by providing health facilities to almost 70% of patients.¹¹⁴ Among the list of 195 countries across the globe, Pakistan captures 154th place, indicating the country's poor quality of healthcare facilities. Besides all the above factors, the poor doctor-to-patient ratio and the nurse-to-patient ratio is also a critical factor due to which healthcare employees face a stressful situation. Lahore and Karachi constitute many large public and private hospitals with a diverse umbrella of in and outpatients. Considering the availability of different hospitals in Lahore and Karachi and considering the huge numbers of patients that these two cities attend on a daily basis, we included Lahore and Karachi in our sampled cities.

Unit of Analysis, Sample, and Procedure

Hospital employees in Lahore and Karachi participated in this survey. Hence, the unit of analysis in this study was the individual employees working in hospitals. We contacted the administration of different hospitals to seek their prior

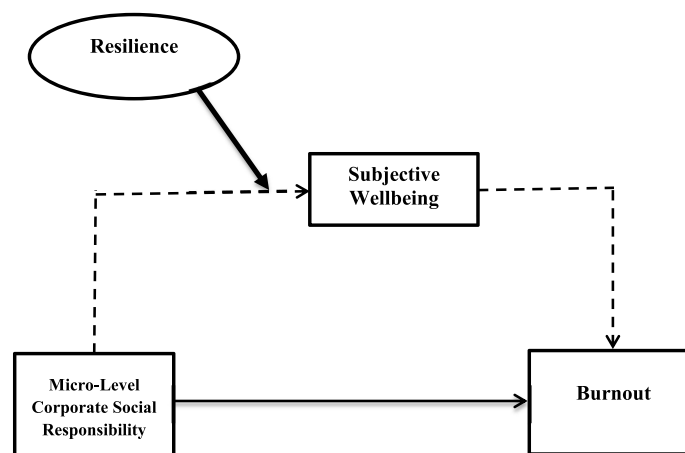


Figure 1 Theoretical framework.

Table 1 Previous Contributions from CSR Scholars with Respect to Negative Employee Outcomes, Including Burnout

Authors	Variables	Findings
Chaudhary ⁷⁰	CSR, turnover, employee engagement, belief, gender	CSR at the level of employees reduces turnover while employee engagement mediates this relation, and belief and gender produce moderating effects
Xue, Zhang ²⁷	ICSR, emotional exhaustion, turnover, pride, meaningfulness, belongingness	ICSR negatively predicts emotional exhaustion and turnover intentions, while organizational pride, belongingness, and meaningfulness mediate this relationship
Huang, Fei ⁷²	CSR, burnout, engagement, ethical leadership, self-efficacy,	CSR reduces burnout of employees, while self-efficacy and employee engagement were included in the model as mediators
[77]	CSR, stress, well-being	Organizational ethics like CSR significantly relate to well-being, and stress negatively mediates this relation
Lin and Liu ¹⁴²	CSR, ethical leadership, turnover, burnout	CSR and ethical leadership negatively predict employee turnover intentions, and burnout mediates this relationship
Lanham, Rye ¹⁴³	Gratitude, job satisfaction, burnout	Gratitude positively predicted job satisfaction, while burnout negatively related to job satisfaction of healthcare professionals
Cheng, Wang ¹⁴⁴	CSR cynicism, distrust, turnover	CSR cynicism positively predicts employee distrust which increases their turnover intentions
Virador and Chen ¹⁴⁵	(in)congruent CSR, turnover	A congruent CSR strategy of an organization will reduce the turnover intentions of employees, whereas an incongruent CSR strategy will increase turnover intentions
Castro-González, Bande ¹⁴⁶	CSR, organizational pride, organizational reputation turnover	CSR negatively predicts employee turnover intentions, and organizational pride and reputation mediate this relationship
Sobhani, Haque ¹⁴⁷	Socially responsible HRM, citizenship behavior, reputation, turnover	Socially responsible human resource management improves organizational citizenship behavior and organizational reputation while reducing turnover
Darvishmotevali and Ali ¹¹⁰	Self-efficacy, optimism, resilience, job satisfaction, well-being	Self-efficacy, optimism, and resilience moderate the relationship between well-being and job satisfaction
Jiang, Ming ¹¹²	Resilience, well-being	Resilience is a significant moderator to buffering well-being
[101]	CSR, resilience	CSR is an organizational enabler to enhance employee resilience

permission. In response, six hospitals agreed to participate in this survey. We then adjusted different matters prior to interacting with hospital employees, for example, the possible dates and times to conduct the survey, etc. The hospital employees, working in different departments, were invited to participate in this survey. We used a convenient sampling technique to collect information from healthcare employees. Indeed, the hospital administration indicated different employees who were available during the time of this survey. We tried our best to visit a hospital during different shifts in the day. This was done to ensure (at least from our end) that maximum employees get the opportunity to share their views. Specifically, the data were gathered during October and November 2021.

Instrument

We used a self-administered questionnaire. The items were adapted from published sources (detail is given in the subsequent paragraph). To validate our adapted questionnaire, the statements given in this survey were assessed by the experts (academia and hospital sector).^{115–118} Also, we conducted pilot testing on a sample of 60 hospital employees. The result and this pilot testing showed significant reliability statistics. Moreover, we did not find any employee reporting difficulty in understanding the statements of our questionnaire. After these steps, the final questionnaire was given to hospital employees. The basic questionnaire outlay was divided into two major components, which included socio-demographics and variables-related information. We considered a five-point Likert scale to receive participants' responses.

We comply with the major ethical bindings given in the Helsinki Declaration.^{119,120} Healthcare employees with different cadres (employees with managerial responsibilities and non-managers) were included in this survey. Physicians and other related staff (paramedical) filled out this survey. To reduce fatigue and social desirability and to deal with

common method bias (CMB), we used a three-wave strategy for data collection. A two-week interval separated each wave.

Sample Size

To estimate the expected recommended sample size, we use the famous online A-priori calculator of Daniel,¹²¹ which has been specifically designed for a specific structural analysis. Indeed, this calculator considers a number of factors to estimate recommended sample size for a specific structural analysis. For example, it is based on the number of latent factors (5 in this study), observed variables (23 in this study), probability level (we set at 0.05), and effect size (we set at normal). Based on these inputs, the calculator showed we need to have a sample size of 376. Knowing the fact that the survey researchers do not give a 100% response rate, we intentionally distributed 600 questionnaires to get as close as possible to this recommended number. Various other social scientists have also used this technique to estimate the sample size.^{122,123}

Data Cleaning

Primarily, we initially distributed 600 questionnaires to healthcare employees. We did not receive back 173 questionnaires (which is common in survey research). Specifically, 83 responses were not returned during the first wave (T1), and 48 responses were dropped during the second wave (T2). Lastly, we did not receive 42 responses in the third wave (T3). Thus we received 427 filled responses, which were then tested for data cleaning (missing values and outliers). The data-cleaning process further dropped the usable responses to 402 (Table 2). We used the Mahalanobis measure to detect the outliers in AMOS software. These results are represented in Table 2. In this respect, 16 cases were identified as outliers.

Male respondents were 43%, while females were 57%. The majority of the employees belong to 18 to 45 years (89%). Employees' experience varied from 1 year to 7 years in most cases. See Tables 2 and 3 for more detail on data cleaning.

Table 2 Data Cleaning, Outliers, and Response Rate

	Distributed	Returned	Unreturned	Missing	Outliers	Final
Percentage	600	427	173	09	16	402
	–	28.833	35.29	2.107	3.747	67.00

Table 3 Outliers

Observation Number	Mahalanobis d-Squared	p1	p2
106	15.082	0.005	0.000
189	14.832	0.011	0.000
54	14.702	0.012	0.000
202	14.662	0.012	0.000
372	13.882	0.012	0.000
24	13.127	0.014	0.000
393	13.003	0.015	0.016
410	12.723	0.028	0.028
163	12.528	0.030	0.039
277	12.320	0.036	0.045
387	12.108	0.039	0.042
532	11.596	0.042	0.033
188	11.404	0.046	0.027
356	11.222	0.048	0.040
101	10.881	0.051	0.016
333	10.349	0.053	0.024

Measures

As specified earlier, the items were adapted from already reliable published sources. Six ICSR items were adapted from Turker,¹²⁴ who introduced a seventeen-item scale to measure CSR from employees, customers, government, and general perspectives. However, we only used six-employee related items. One sample item was “Our hospital implements flexible policies to provide a good work and life balance for employees.” The items to measure resilience -RS were taken from Smith, Dalen,¹²⁵ who developed a brief resilience scale (also known as BRS-6) that included six items. An item from this scale included “I tend to bounce back quickly after hard times.” The variable subjective well-being- SB was measured by using four items from Lyubomirsky and Lepper.¹²⁶ One sample from this scale was “In general, I consider myself a very happy person” To measure burnout- BUO, we adapted the items from the study of Kristensen, Borritz,¹²⁷ who introduced the Copenhagen Burnout Inventory (CBI) to measure BUO. Seven items were included from CBI to measure the workplace BUO. A sample item was “I feel my work is emotionally exhausting” To verify the reliability (inter-item consistency), we checked the Cronbach alpha (α) value in every case. The results indicated significant values (>0.7).¹²⁸ ($\alpha = 0.87$ for ICSR; 0.87 for RS; 0.79 for SB; and 0.89 for BUO).

Common Latent Factor Test to Detect Common Method Bias

We executed the common-latent-factor (CLF) technique to detect CMB by developing two measurement models. Among the two models, one was the actual model (four-factor without any CLF), and the second measurement model was contrasted with a CLF. Both models were compared to detect a significant difference in any factor loading (>0.2). This comparison revealed no significant difference, establishing that a CMB was not a point of concern in this survey.

Results

Reliability and Validity

We verified the variables' validity and reliability (ICSR, RS, SB, and BUO) in this study. First of all, we performed convergent validity tests. Before calculating the convergent validity, we tested each item's factor loading. It was realized that all items' loadings were significant (above 0.7), indicating that most variances in a variable were explained by the items, not by the associated error term. This CFA output provided statistical-based evidence about the goodness of our theoretical model to the database model. Table 4 presents the detail on factor loadings. Based on these factor loadings, we calculated all variables' average-variance-extracted (AVE) values. The AVE in every case was above 0.5, which was significant, verifying the convergent validity of each variable.^{129,130} It can be seen from Table 3 that AVE values ranged from 0.54 to 0.60 (for ICSR and BUO). These results provided statistical support that each variable had a significant level of convergent validity.

Next, we tested the reliability, especially the composite reliability. The output of the composite reliability analysis indicated that each variable achieved a good level of composite reliability (greater than 0.7). Specifically, the values ranged from 0.83 to 0.91 (for SB and BUO) (see Table 4).

Model Fitness

Model fitness was assessed by observing different model fit indices values. We, in this respect, developed four measurement models, among which one was the actual hypothesized model, whereas three models were alternate models. The composition of these alternate models and the actual hypothesized model can be observed in Table 4. First, a one-factor (alternate) model was developed, showing poor model fitness. Later on, two and three-factor models were developed. When compared, it was realized that no alternate model could produce superior model fit indices than the hypothesized model. We assessed different model fit indices, including the goodness of fit index \rightarrow GFI, Tucker Lewis index \rightarrow TLI, incremental fit index \rightarrow IFI, comparative fit index \rightarrow CFI, root mean square error of approximation \rightarrow RMSEA, and chi-square \rightarrow χ^2 values were observed against their standard acceptable ranges. In this respect, the actual hypothesized model showed GFI = 0.93, TLI = 0.94, IFI = 0.96, CFI = 0.96, RMSEA = 0.05, and $\chi^2/df = 2.13$. All these values indicated that the actual hypothesized model fits well with the dataset of this survey (see Table 5).

Table 4 Validity and Reliability

	λ	λ^2	E-Variance	AVE	CR
ICSR				0.54	0.88
	0.70	0.49	0.51		
	0.77	0.59	0.41		
	0.73	0.53	0.47		
	0.73	0.53	0.47		
	0.76	0.58	0.42		
	0.70	0.49	0.51		
RS				0.57	0.89
	0.78	0.61	0.38		
	0.72	0.52	0.39		
	0.75	0.56	0.48		
	0.72	0.52	0.44		
	0.75	0.56	0.48		
	0.79	0.62	0.44		
SB				0.55	0.83
	0.75	0.56	0.44		
	0.73	0.53	0.47		
	0.70	0.49	0.51		
	0.78	0.61	0.39		
BUO				0.60	0.91
	0.82	0.67	0.33		
	0.89	0.79	0.21		
	0.71	0.50	0.50		
	0.71	0.50	0.50		
	0.72	0.52	0.48		
	0.70	0.49	0.51		
	0.84	0.71	0.29		

Abbreviations: λ , item loadings; C.R, composite reliability; $\sum\lambda^2$, sum of square of item loadings; E-Variance, error variance; ICSR, internal corporate social responsibility; RS, resilience; SB, subjective well-being; BUO, Burnout N = 402.

Table 5 Model Fit Comparison, Alternate vs Hypothesized Models

Model	Composition	χ^2/df (<3)	GFI (>0.9)	TLI (>0.9)	IFI (>0.9)	CFI (>0.9)	RMSEA (<0.08)	$\Delta\chi^2/df$ -
1	(hypothesized) ICSR, RS, SB, BUO	2.13	0.93	0.94	0.96	0.96	0.05	—
2	(three-factor) ICSR+RS, SB, BUO	5.69	0.79	0.80	0.80	0.81	0.07	3.56
3	(two-factor) ICSR+RS, SB+BUO	7.42	0.62	0.67	0.67	0.67	0.12	1.73
4	(one-factor) ICSR+RS+SB+BUO	9.88	0.54	0.55	0.56	0.56	0.19	2.46

Correlations

We also performed a correlation analysis (Table 5). The results indicated that some pairs of variables showed negative relationships (for example, ICSR \leq BUO = -0.57), whereas some pairs indicated a positive nature of the association (for example, ICSR \leq SB = 0.55). Further, we did not detect any case with extreme values (> 0.8). This indicates multicollinearity was not critical in this survey. Lastly, we examined discriminant validity for each variable, and it was realized that discriminant validity was significant in each case (see Table 6).

Table 6 Correlations and Discriminant Validity

Construct	ICSR	RS	SB	BUO	Mean	SD
ICSR	0.73	0.48	0.55	-0.57	3.62	0.77
RS		0.75	0.59	-0.39	3.09	0.68
SB			0.74	-0.59	2.88	0.70
BUO				0.77	2.96	0.69

Abbreviations: S.D, standard deviation; diagonal, discriminant validity values, $p < 0.001$; ICSR, Internal corporate social responsibility; RS, resilience; SB, subjective well-being; BUO, Burnout N = 402.

Hypotheses Testing

Structural equation modeling (SEM) analysis helped us to analyze hypothesized relationships. Indeed, SEM is an advanced level data analysis technique which is very famous among contemporary researchers.^{131–135} AMOS version 23 was used to carry out SEM analysis. In this respect, the PROCESS macro version 4.1 was also used to build a user-defined estimand in AMOS to calculate the conditional indirect effect at a different level of the moderator (below one standard deviation, above, and at mean). We acknowledge the efforts of Hayes, who introduced this macro which is helpful in calculating different complex models.^{136,137} The predictor and moderator variables were mean-centered before performing SEM to test the conditional effect of RS. Similarly, an interaction term was also generated by taking the product of ICSR and RS. A bootstrapping sample size of 5000 was used for estimating mediating and moderating effects. The results showed a negative relationship between ICSR and BUO. Specifically, the direct effect regression equation showed that when BUO was regressed on ICSR, it showed negative results. These results were significant because lower and upper confidence intervals (CI) did not include zero. Similarly, when SB and RS were regressed on ICSR, they produced positive results, indicating that ICSR positively and significantly explained SB and RS. These results supported the theoretical statements of H1, H2, and H4.

The mediation analysis showed that SB significantly mediates between ICSR and BUO because the bootstrapping confidence intervals (lower and upper) were significant, supporting H3. Lastly, the conditional indirect effect of RS was also significant between the mediated relationship of ICSR and BUO through SB because when introduced in the model, RS produced a buffering effect in the above-mediated relationship (beta value = -0.085). Hence, H1, H2, H3, H4, and H5 were accepted (see Table 7). Figures 2 and 3 include the measurement model and structural model.

Table 7 Direct, Indirect, and Conditional Effects

Hypotheses	Estimates (SE)	t/z	p-value	CI
(ICSR→SB)	0.49(0.073)	06.71	0.000	0.359, 0.528
(SB→BUO)	-0.55(0.065)	-08.46	0.006	-0.612, -0.398
(ICSR→BUO)	-0.59(0.061)	-09.67	0.000	-0.688, -0.367
Indirect effect (ICSR→SB→BUO)	-0.27(0.019)	-14.21	0.002	-0.291, -0.244
Conditional effect of RS between ICSR and SB at different levels				
-1SD (-0.8996)	0.543(0.16)	-	-	0.276, 0.890
At mean	0.449(0.14)	-	-	0.216, 0.753
+1SD(0.8996)	0.623(0.18)	-	-	0.533, 0.728
The conditional indirect effect of RS between ICSR→SB→BUO	-0.085(0.03)	-	-	-0.143, -0.036

Abbreviations: CI, 95% confidence interval with lower and upper limits; ICSR, Internal corporate social responsibility; RS, resilience; SB, subjective well-being; BUO, Burnout N = 402.

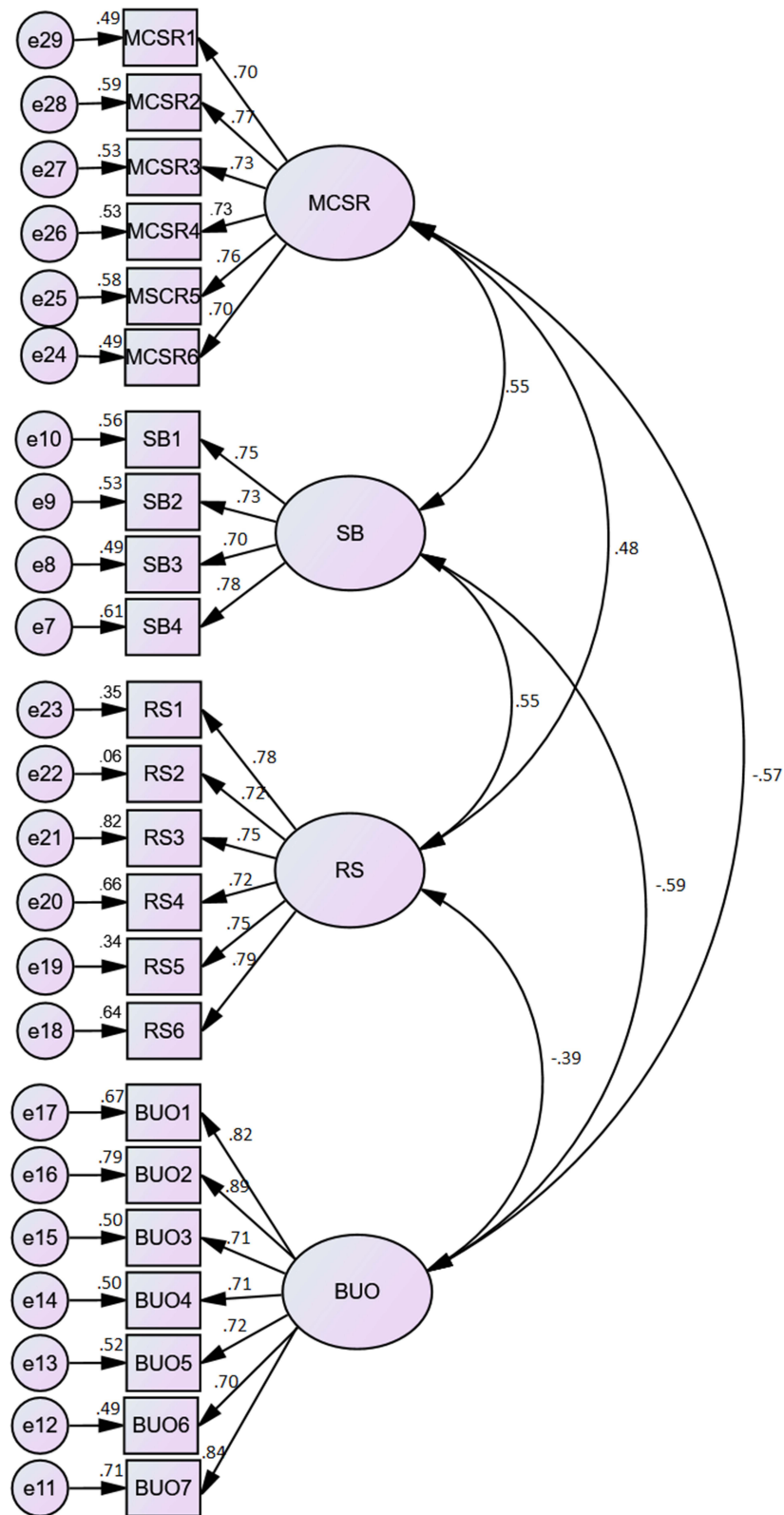


Figure 2 Measurement model.

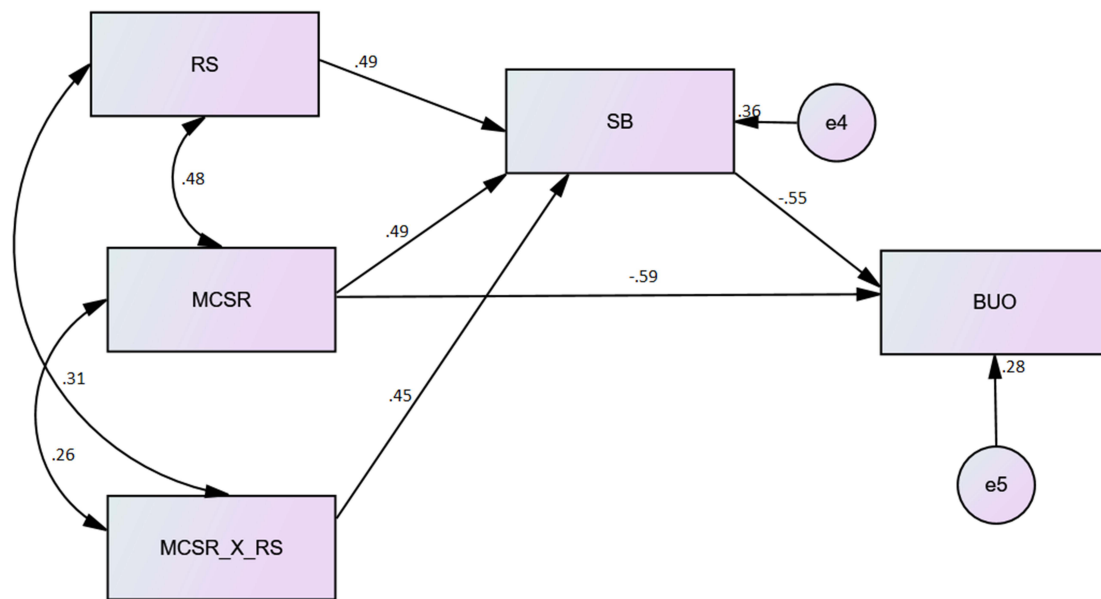


Figure 3 Structural model.

Discussion of Key Findings

As anticipated, the statistical evidence supported our theoretical assumption that the ICSR orientation of an ethical hospital mitigates employees' burnout risk ($\beta = -0.59$). The key findings of this research suggest that the ICSR philosophy of a hospital organization tends to boost the morale of employees and encourage them to show more strength against burnout. This key finding is in line with previous researchers.^{69,138} Similarly, our study suggests that the ICSR context of a hospital provides employees with different kinds of extra resources which work as a shield to protect them against the bleeding of resources in burnout situations. An organization pursues a flexible environment, supporting and helping the employees, and developing their skill sets are some of the distinguishing features of its ICSR strategy. The prior studies also confirm that ICSR relates to an improved level of mental health of employees.^{60,66} Thus employees of an ethical organization feel less threat of resource bleeding in stressful conditions as they feel the organizational support is always there to recover from extreme situations.

Another important key finding of our study is to highlight the mediating role of employees' subjective well-being perception in explaining burnout ($\beta = -0.27$). In this vein, our results show that ICSR not only reduces the risk of burnout among employees, but it also improves their subjective well-being perceptions. When employees have strong well-being perceptions, as an outcome of ICSR, it serves as an added resource that strengthens employees' capability to combat burnout conditions, which healthcare employees often face. Although the direct negative relationship between ICSR and burnout was significant in our study, the results further confirmed that subjective well-being significantly mediated ICSR-burnout relationship. Other researchers have also emphasized the mediating role of subjective well-being to explain different employee outcomes.^{86,139} Even in a healthcare context, our confirmation that subjective well-being is a mediator to explain healthcare employees' behavior receives support from extant healthcare researchers.^{33,140} Specifically, our findings contend that ICSR improves the subjective well-being perceptions of employees because the central focus of different ICSR activities of an enterprise is to foster employees' wellness, which then helps them to deal with burnout situations effectively. Hence our study confirms that ICSR positively influences the subjective well-being perception of employees, which consequently mediates the ICSR-burnout relationship.

Lastly, our empirical findings confirmed the moderating function of resilience between the mediated relationship of ICSR and burnout via subjective well-being. In this respect, it was realized that resilience as a moderator creates a buffering effect between the negative relationship of ICSR and burnout such that in the presence of resilience, the risk of burnout is reduced to a further level ($\beta = -0.085$). Specifically, ICSR not only positively predicts employees'

subjective well-being but also significantly influences employee resilience, which then provides buffering support as a moderator to reduce burnout. Other ICSR researchers have also indicated ICSR relates to employee resilience.^{40,101} It was realized that resilient employees, as an outcome of ICSR, show a better capability to deal with different workplace stressors. Specifically, early research studies in employee behavior also acknowledged the moderating role of resilience in coping with negative work-related outcomes, including stress and burnout.^{104,141} However, our study identifies the moderating role of resilience in an ICSR framework to mitigate healthcare employees' burnout. We expect employees with higher resilience to promote themselves on a higher level of subjective well-being, which then reduces the risk of burnout. Thus, our results confirm the conditional indirect role of resilience between ICSR and burnout via subjective well-being.

Theoretical Implications

Our research advances theoretical debate by offering the following important insights. First, this study advances the debate on burnout from an ICSR perspective. In this respect, the previous scholars investigated different factors that lead employees to face burnout conditions in an organization. For example, among several other factors, role conflict,⁴⁷ role stress,⁴⁸ and work overload⁴⁹ were identified as enablers of burnout. Yet, how ICSR can reduce the burnout risk on the part of employees in a healthcare context received little attention. Accordingly, ICSR's policies and practices of an ethical hospital are aimed at helping its employees maintain psychological and physiological well-being. The action focuses on expanding employee volunteer opportunities and building company-specific human resources. Organizations under the umbrella of ICSR are responsible for their employees' careers and needs, including their education. It is important to note that ICSR has a positive impact on employees' psychology as an organizational resource. A hospital that practices ICSR improves the subjective well-being of employees, which reduces burnout. An ethical organization provides its employees with the resources they need in order to express themselves effectively, both physically and cognitively. Therefore, ICSR is an important microstructure imperative for organizational management. ICSR allows employees to maintain work-family balance, reduce pressure caused by various situational and work-related factors, and maintain flexibility in the workplace. ICSR-based ethical hospitals provide resources for work to improve employee welfare. The hedonic and eudemonic well-being of employees are positively impacted by ICSR. By providing adequate resources, psychological symptoms associated with stress and high work demands are likely to be reduced, thereby helping to reduce burnout. This argument is in agreement with the study by Ramdhan, Kisahwan,¹³⁸ which claimed that ICSR significantly improves job performance and reduces employee burnout. Second, this study is the pioneer one that attempts to test the mediating and moderating effects of subjective well-being and resilience in a unified model to understand how these two factors contribute to reducing burnout risk in a CSR framework. Considering the complexity of human psychology, it was important to understand the underlying mechanism of how ICSR-based actions of an ethical hospital reduce employee burnout through well-being and resilience. To this end, Subjective well-being not only improves employees' mental health but also helps them to recover from stressful conditions. Similarly, as a personal resource, resilient employees are expected to have a greater level of positive energy, which improves their ability to bounce back against burnout. Healthcare employees, when face extreme situations led by stress or any trauma, their resilience level enable them to keep functioning both mentally and physically. Hence, the manifestation of well-being and resilience may reduce employee burnout significantly in an ICSR framework.

Yet another theoretical insight of our study is that it extends the burnout debate in a healthcare context of a low-middle-income country. In this respect, most of the prior researchers conducted burnout studies in the healthcare context of developed or high-income countries.^{50,51} Considering the increasing criticality of work-related burnout in most low and middle-income countries, it was important to advance this debate on how to reduce the burnout risk of employees in such countries.

Practical Implications

The practical aspect of our research study is also notable as our study helps the healthcare system by presenting ICSR as a remedy to combat the burnout situation. Healthcare employees often are exposed to stressful situations due to their job nature, which could lead to burnout situations. The burnout risk in healthcare reduces the quality of patient care and

creates different mental disorders among employees. To this end, an ethical hospital organization can equip its workforce with the added resources in the form of different ICSR activities. A hospital organization with effective ICSR activities gives rise to the mental health and well-being of its employees. An improved level of mental health and well-being is very important for employees to reduce the threat of burnout. This finding is very important for the management of healthcare because the burnout phenomenon has been reported as a critical issue in different healthcare systems, especially in developing and underdeveloped countries. Specifically, we propose a critical implication to hospital administrators to carefully plan and execute ICSR policies for the staff from the perspective of burnout. The hospital administration needs to understand that ICSR policies not only improve the general well-being of the healthcare workers but also work as added resources to fight against burnout. Currently, most hospitals focus on different programs as part of ICSR, for example, allocating different funds for needy employees or giving them different flexibilities to perform their work. However, we suggest a careful reorientation of ICSR strategies from burnout's perspective will help this sector.

Another important takeaway of our research on a practical landscape is to realize the importance of resilience and subjective well-being. Resilient employees are expected to have an improved level of subjective well-being, and thus they are expected to have less chance of facing a resource bleeding situation. From that aspect, too, well-planned ICSR activities are very important for a hospital because ICSR improves resilience at one end, it also improves the subjective well-being perceptions of employees.

From an economic aspect, our research tends to help the healthcare industry. As it was specified that different mental disorders, including burnout, create a dent of one trillion USD in the global economy, reducing the burnout threat among healthcare employees is critical for this segment. Especially in a developing country where health facilities already face a resource deficiency situation, mitigating the burnout threat as an outcome of ICSR can be really meaningful.

Limitations and Future Research

This study adheres to a few potential limitations. Firstly, the sample included only two large cities in Pakistan, which may undermine the generalizability of this study. Therefore, we recommend including more cities from other provinces. Due to different policies and security reasons, hospitals did not share any list of employees with us. Therefore, we had to use a non-probability convenient sampling strategy. In future studies, we recommend using a probability sampling strategy. We did not control for the age, gender, and experience of employees, which may be important. Therefore, in future studies, we recommend considering these control variables. Lastly, considering the complexity of human behavior formation, we suggest including more variables in the theoretical framework of this study. For example, individual values like altruism have a central role in behavior formation. Indeed, such values shape/influence various behavior of employees.¹ Therefore, it will be interesting in future studies to include altruism as a moderator or mediator to predict burnout.

Conclusion

To conclude, we suggest Pakistan's healthcare administration to deal with burnout by carefully planning different ICSR strategies. To effectively deal with the different work-related stressors, a hospital must develop better employee management strategies under the umbrella of ICSR. From a sustainability and mental health perspective, the concept of ICSR is well-placed in the literature on organization management. Along with different positive outcomes, ICSR is equally important for the employees of an organization to recover from different negative externalities and mental disorders, including burnout. We recommend hospital administration to carefully redefine the hiring and selection criteria of employees to identify resilient employees who can flourish better in an ethical hospital to recover from burnout situations. In this vein, we also recommend hospital administration arrange different pieces of training to improve the resilience level of employees. Such training sessions will be helpful for employees from resilience and well-being perspectives. All in one, if burnout is one of the pressing issues in healthcare, ICSR is a way forward to fix it.

Ethical Statement

The present research was conducted according to the guidelines of the Declaration of Helsinki and approved by the research program committee of the Pakistan Kidney and Liver Institute (IRB Approval No. PKLI-IRB/AL/2021-07/042).

Informed Consent Statement

Informed consent has been obtained from all subjects involved in this study to publish this paper.

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Disclosure

The authors declare that they have no competing interests.

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