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[Unpacking the Influence of Religiosity on Work Role Performance: The Mediating Roles of Psychological Ownership and Moral Self-Regulation in Faith-Based Healthcare Organizations in Pakistan]

Dr. Javeria andleeb Qureshi
Assistant Professor, Department of Management Sciences, Hazara University, Mansehra
Email: javeria@hu.edu.pk
Attaullah
Lecturer, Department of Management Sciences, Hazara University Mansehra.
Email: Attaullah.mgt@hu.edu.pk
Haseeb Hassan
Assistant Professor, Department of Management Sciences, Hazara University Mansehra
Email: haseebhssn@gmail.com
Umer Mushtaq Aziz
Department of Management Sciences, NIPCONS/NUST. Email: umer.mushtaq82@gmail.com

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ABSTRACT

This study investigates the direct and indirect effects of religiosity on employee work role performance (WRP) through the mediating roles of psychological ownership (PO) and moral self-regulation (MSR) in faith-based healthcare organizations in Pakistan. Drawing on Self-Determination Theory (SDT) and Social Identity Theory (SIT), the research develops an integrative model to explain how intrinsic religious values translate into performance-enhancing psychological states and behaviors. Using a structured questionnaire and data collected from employees in religiously affiliated healthcare institutions, the findings reveal that religiosity has a significant positive impact on WRP, both directly and indirectly. Specifically, psychological ownership and moral self-regulation independently and jointly mediate the relationship between religiosity and WRP, indicating that religiosity fosters a sense of responsibility, ethical engagement, and personal investment in one's work. These results offer new theoretical insights by extending the religiosity literature from attitudinal outcomes to performance behaviors and provide a culturally embedded understanding of how religiosity functions as a motivational and ethical force in value-driven organizational contexts. The study also delivers practical implications for leaders and HR professionals seeking to leverage intrinsic values and moral frameworks to enhance employee performance in faith-based and mission-oriented service environments.

Keywords: Religiosity, Work Role Performance, Psychological Ownership, Moral Self-Regulation, Faith-based Healthcare.

Introduction

In the evolving landscape of healthcare delivery, employee performance remains a critical determinant of organizational effectiveness, service quality, and patient satisfaction (Abid et al., 2023; Liu et al., 2024). This is especially true for *faith-based healthcare organizations* (FBHCOs), where religious values are deeply embedded in the institutional ethos (Ala et al., 2025; Greenberg, 2021). These organizations, prevalent in countries such as Pakistan, often emphasize moral integrity, compassion, and community service (Levin et al., 2022; Syed et al., 2023); values closely aligned with the principles of many religions. In such settings, conventional predictors of job outcomes such as leadership style or job design may be insufficient to explain employee behavior fully. Instead, *religiosity*, the strength of an individual's religious beliefs, commitment, and practices (Aman et al., 2019; Koenig, 2012), emerges as a potentially powerful factor shaping how individuals engage with their work. Religiosity can influence various aspects of employee behavior, including ethics, motivation, and interpersonal conduct (Aman et al., 2019; Asyari et al., 2024). However, among the possible outcomes of religiosity (e.g., job satisfaction, organizational citizenship behavior, or turnover intention), this study deliberately focuses on *Work Role Performance* (WRP). WRP is a comprehensive construction that encompasses not only the core task responsibilities of a job but also *contextual performance* (e.g., helping others, cooperating with coworkers) and *adaptive performance* (responding to change and complexity)(Griffin et al., 2007). In healthcare settings—especially those characterized by high uncertainty, ethical sensitivity, and

interpersonal dynamics, WRP provides a more holistic and outcome-relevant measure than isolated indicators like job satisfaction or commitment (Alqhaiwi et al., 2024; der Kinderen et al., 2020). While job satisfaction is affective and subjective (Afridi et al., 2017; Bakr & Almagati, 2023), and organizational citizenship behavior often optional (Afridi et al., 2020; Albacete-Saez et al., 2024), *WRP directly captures the practical execution of duties* that affect both patient outcomes and organizational efficiency (Carayon & Gurses, 2008; Lee et al., 2024).

Although the role of religiosity in shaping workplace behavior has been explored in various contexts, most existing studies have focused on outcomes such as job satisfaction (Tlaiss, 2015), organizational commitment (Abumalloh et al., 2024), and ethical judgment (Alqhaiwi et al., 2024). However, research specifically linking religiosity to *work role performance*, a more behaviorally grounded and outcome-oriented construct, remains limited, particularly in healthcare contexts. Even fewer studies have explored the *mechanisms* through which religiosity exerts this influence (e.g, Abualigah & Koburtay, 2023; Ahmad et al., 2023; Alqhaiwi et al., 2024; Aman et al., 2019). In the Pakistani healthcare sector, where religious values are socially and institutionally salient, this gap is especially pronounced (Ahmad & Bano, 2019; Ahmad et al., 2021). While some studies have acknowledged the presence of religious norms in shaping ethical conduct(Dar et al., 2023; David & Iliescu, 2022; De Clercq et al., 2024), empirical work that systematically explores how religiosity influences job performance through psychological and moral mediators is still underdeveloped. Moreover, existing literature has not sufficiently explored how religiosity translates into performance-enhancing behaviors within faith-based institutions, particularly in healthcare settings. These organizations present a unique context where employees' belief systems often align closely with the organization's mission, values, and culture (David & Iliescu, 2022; Greenberg, 2021). This value congruence creates a distinctive psychological environment that likely amplifies the influence of religiosity on work-related behaviors. Yet, the internal psychological mechanisms through which the alignment between individual religiosity and organizational context influences performance remain under-theorized and empirically underexplored. Specifically, the interaction between personal religiosity and the religio-cultural environment of faith-based healthcare organizations (FBHCOs) has not been adequately examined in relation to performance outcomes such as work role performance. Drawing on Self-Determination Theory (Deci & Ryan, 2000, 2012), which emphasizes the role of autonomous motivation rooted in internal values, and Social Identity Theory (Tajfel & Turner, 2004), which highlights the importance of identification with meaningful social groups, this study proposes a dual mediation model. It posits that psychological ownership and moral self-regulation serve as key mediators linking religiosity to work role performance. In FBHCOs, the spiritual congruence between employees and their organizations can enhance intrinsic motivation, foster a strong sense of personal investment in work (psychological ownership), and promote ethical behavior aligned with shared religious values (moral self-regulation)(De Clercq et al., 2024; Haider et al., 2016; Nwachukwu et al., 2021). These mechanisms provide a robust explanation for how religiosity translates into higher performance in spiritually grounded organizational settings. Psychological ownership refers to the feeling of possessiveness

and psychological attachment individuals develop toward their job or organization (Pierce et al., 2001). Employees high in religiosity may feel that their role is part of a divine purpose or calling, increasing their sense of responsibility and emotional investment in their work. This sense of ownership motivates them to go beyond formal requirements and to exert discretionary effort (Alqhaiwi et al., 2024; Obregon et al., 2022), which directly improves their work role performance. Whereas moral self-regulation is the process by which individuals monitor and align their behavior with internalized moral and ethical standards (Bandura, 1991). Religiously committed individuals often derive these standards from sacred texts, spiritual teachings, and divine accountability (Brien et al., 2021; Dar et al., 2023). Such internalized moral frameworks enable them to act ethically and responsibly even in high-pressure or ambiguous situations, common in healthcare settings(Winiger & Peng-Keller, 2021). Moral self-regulation thus serves as a cognitive filter and behavioral control mechanism, enhancing the quality, consistency, and integrity of workplace behavior (Berti & Cigala, 2022; De la Fuente et al., 2022). These mediators strengthen the religiosity–performance relationship by turning abstract beliefs into tangible behaviors. Without these mechanisms, religiosity may remain a private domain, disconnected from workplace conduct. The presence of psychological ownership makes employees act with more initiative and care, while moral self-regulation ensures ethical adherence even in the absence of external supervision.

This conceptual model contributes not only to empirical knowledge but also enriches theoretical understanding by illuminating how and why personal spiritual values influence professional conduct. By doing so, it offers practical insight into leveraging religiosity as a source of intrinsic motivation, responsibility, and ethical self-regulation within healthcare environments, where both clinical competence and moral accountability are indispensable. Besides these empirical justifications, the proposed relationships are also grounded in two well-established psychological frameworks: SDT and SIT. Together, SDT and SIT offer a comprehensive framework for understanding how religiosity, when filtered through the internal processes of psychological ownership and moral self-regulation, leads to enhanced role performance. This theoretical integration is particularly salient in faith-based healthcare settings, where the convergence of spiritual purpose and professional obligation demands both technical competence and moral integrity. By bridging personal belief systems with institutional performance goals, this model advances both scholarly understanding and practical application in the management of values-driven healthcare organizations.

Literature Review and Hypotheses Development
Religiosity and Work Role Performance

In organizational behavior research, religiosity is increasingly being acknowledged as a meaningful psychological, ethical, and motivational resource that shapes workplace behavior and performance (Koenig, 2012; Obregon et al., 2022). Religiosity, commonly defined as the degree of belief in and commitment to religious values and practices (Aukst-Margetić & Margetić, 2005; Holdcroft, 2006), plays a significant role in shaping personal morality, worldview, and identity, which in turn guide decision-making and behavior in professional settings (Aman et al., 2019; Bal & Kökalan, 2021; Greenberg, 2021). In workplace environments—particularly in morally charged sectors like healthcare,

religiosity can act as a personal compass, reinforcing ethical behavior, altruistic motivation, and responsible conduct (Tlaiss, 2015; Ward & King, 2018; Winiger & Peng-Keller, 2021). This influence becomes more salient in faith-based healthcare organizations (FBHCOs), where religious values are not only part of the individual employee's belief system but also embedded within the organizational mission and culture. Within these settings, religiosity supports institutional ends and offers a sense of spiritual vocation, sense of purpose, and meaning in work (Dar et al., 2023; Praveen Parboteeah et al., 2009). Workers in these firms tend to perceive their job not just as professional obligation but religious or ethical duty, a perception that can enhance motivation, empathy, and hard work in service (Obregon et al., 2022; Radita et al., 2021). This is particularly relevant in the Pakistani context, where Islam pervasively affects socio-cultural and organizational life, and where religion constitutes a core source of moral direction and social coherence (Ahmad et al., 2023; Aman et al., 2019).

Evidence indicates that intrinsic religiosity genuine internalization of religious values; has a positive relationship with work outcomes like job satisfaction, ethical behavior, and lower deviant behavior (Aman et al., 2019; Dar et al., 2023). As an illustration, employees who view work as religious service tend to exhibit greater organizational citizenship behavior, honesty, and integrity (Greenberg, 2021; Nwachukwu et al., 2021; Obregon et al., 2022). Religiosity in healthcare settings has been shown to lower emotional burnout and enhance psychological resilience, particularly in emotionally taxing jobs such as nursing and patient care (Aman et al., 2019; Haider et al., 2016; Winiger & Peng-Keller, 2021). Abualigah and Koburtay (2023), discover that staff members who have strong religious convictions also tend to maintain ethical boundaries and express greater loyalty towards religious organizations, which contributes towards organizational stability and performance. Moreover, religious instruction's virtues of empathy, trustworthiness, hard work, and fairness are cornerstones of effective work role performance, particularly in service-centered contexts (Aukst-Margetić & Margetić, 2005; Dar et al., 2023; De Clercq et al., 2024). Work role performance consists of three dimensions: task performance (execution of core job tasks), contextual performance (cooperative and extra-role performance), and adaptive performance (capable of responding flexibly to changing work situations) (Griffin et al., 2007). Employees guided by religious principles are often more willing to go beyond formal requirements, help others, and remain morally steadfast in ethically ambiguous situations (Abualigah & Koburtay, 2023; Al Bloushi et al., 2024; Dodanwala & Shrestha, 2021).

The motivational impact of religiosity is supported by evidence indicating that religious identity is related to higher job meaning, psychological engagement, and prosocial behavior (Aboramadan et al., 2022; Afridi et al., 2023; Ali Ahmad et al., 2023). As a result, religiosity can enhance the quality of employee performance not only through behavior but also by influencing internal attitudes and motivations aligned with long-term organizational goals. Despite these promising findings, most prior research has predominantly focused on general workplace outcomes such as job satisfaction, organizational commitment, or ethical attitudes (Ahmad et al., 2023; Alqhaiwi et al., 2024; Aman et al., 2019), while comparatively fewer works have directly associated religiosity with work role performance, a deficiency that is especially notable in the case of faith-

based healthcare organizations. This is a significant shortcoming, since performance in such an environment may require not just technical competence but also emotional labor, ethical conduct, and moral awareness (Nwachukwu et al., 2021).

From a conceptual perspective, the relationship between religiosity and performance is supported by self-determination theory, which asserts that individuals experience greater motivation and effectiveness when their actions are aligned with deeply internalized values and sense of purpose (Deci & Ryan, 2000, 2012). Religiosity, especially when intrinsic, satisfies core psychological needs for autonomy, competence, and relatedness, thus fostering high-quality motivation and consistent role behavior (Dar et al., 2023; Koenig et al., 2015; Obregon et al., 2022). When employees perceive their work as congruent with their spiritual beliefs, they are more likely to experience meaningfulness, sustained effort, and ethical resilience—factors that directly contribute to work role performance.

Additionally, social identity theory offers a complementary explanation by highlighting the role of group identification in shaping individual behavior (Tajfel & Turner, 2004). Employees in faith-based organizations who identify with the organization's religious mission and values may internalize those norms as part of their self-concept (Aukst-Margetić & Margetić, 2005; Hill & Hood, 1999; Holdcroft, 2006). This identification encourages alignment with institutional goals, cooperative behavior, and long-term engagement; outcomes that enhance both individual performance and organizational effectiveness. Taken together, these theoretical and empirical insights suggest that religiosity, when present in a contextually aligned, faith-based institutional environment, can act as a powerful driver of work role performance by reinforcing ethical motivation, psychological engagement, and organizational alignment.

H1: *Religiosity has a significant positive effect on employees' work role performance in faith-based healthcare organizations.*

Mediating Roles of Psychological Ownership

Religiosity, as a central component of personal identity, significantly shapes how individuals derive meaning, ethical orientation, and purpose in their lives, including their professional roles (Asyari et al., 2024; Holdcroft, 2006; Setiawan, 2024). Within organizational settings in which religious and institutional values are tightly interwoven, like faith-based health care organizations, for example, this influence is especially relevant. Within these environments, workers tend to view their efforts not only as a sequence of tasks, but as a kind of spiritual responsibility, grounded in values of compassion, service, and accountability (De Clercq et al., 2024; Obregon et al., 2022). This alignment of individual belief systems and organizational goals creates a stronger psychological identification with one's work that exceeds standard job duties (Radita et al., 2021; Ramadhan & Eryandra, 2022).

One of the most important psychological processes that can account for religiosity's strengthening impact on workplace behavior is psychological ownership (Islam et al., 2022; Pierce et al., 2001). This refers to a state of mind where individuals possess an emotion-cognition wherein they experience a sense of possession and responsibility for their job or firm, whether formally owned or not (Pierce et al., 2001). It arises in the form of experiences of control, investment of the self, and identification

with the object of ownership, like a job or institution (Ruiz-Equihua et al., 2023; Scuotto et al., 2025). Religious organizations can be a source of self-investment within religious organizations, in which employees attribute spiritual significance to their job and internalized moral beliefs. Islamic teachings, for example, emphasize ethical constructs such as sincerity (ikhlas), trustworthiness (amanah), and accountability (hisab), all of which reinforce psychological investment in one's duties (Morewedge, 2021; Scuotto et al., 2025).

Empirical studies support the link between psychological ownership and constructive organizational behaviors. Employees who feel a strong sense of ownership are more likely to demonstrate proactive behavior, take initiative, and exhibit organizational citizenship behavior (Cai et al., 2025; Peck & Luangrath, 2023). In the healthcare sector, where service quality and ethical sensitivity are critical, psychological ownership encourages professionals to take personal responsibility for outcomes, show commitment to patient care, and collaborate more effectively with colleagues. Employees who perceive their work as both personally meaningful and morally significant are often more dedicated to exceeding minimum job requirements, even under challenging conditions.

This process can be meaningfully understood through SDT, which posits that individuals are most engaged and effective when their actions are driven by intrinsic motivation and internalized values (Deci & Ryan, 2000, 2012). Religiosity, especially when internalized, provides a moral and spiritual basis that satisfies these intrinsic motivational requirements(Alqhaiwi et al., 2024; Asyari et al., 2024). When job is congruent with one's religious beliefs, workers find their job as meaningful and self-congruent, enhancing greater psychological engagement and commitment. In this regard, psychological ownership naturally follows from such congruence, leading to greater behavioral investment and performance consequences (Morewedge, 2021; Scuotto et al., 2025).

Social identity theory presents a complementary explanation as well. It postulates that people derive part of their conception of self from membership in socially and morally relevant groups (Tajfel & Turner, 2004). In religious-based healthcare institutions, staff members who share an identification with the religious cause and values of the institution are likely to embrace their objectives as their own. This common identity creates emotional attachment and moral obligation, sustaining the sense of ownership of one's function and contribution to the company (Lyu et al., 2023; Peck & Luangrath, 2023).

Together, these theoretical and empirical findings imply that religiosity can positively impact work role performance not only by direct motivational mechanisms, but also by cultivating deeper psychological engagement with work. Psychological ownership is a strong mediating process by which employees internalize spiritual values into significant workplace actions (Islam et al., 2022; Pino et al., 2022; Ruiz-Equihua et al., 2023). In the Pakistani context of faith-based health organizations in which religious values are embedded in both societal norms and organizational culture, this mediating link offers a plausible explanation for why intrinsic faith commitments should drive greater job involvement, ethical decision-making, and overall performance. Thus based on the above empirical and theoretical discussion, the following hypotheses is proposed;

H2: *Psychological ownership significantly mediates the relationship between religiosity and work role performance.*

The Mediating Roles of Moral Self-Regulation

In workplace settings where ethical standards, responsibility, and emotional resilience are critical, such as healthcare, understanding the internal drivers of morally consistent behavior becomes essential (Yu & Xiaoyan, 2022; Zhong et al., 2009). Employees are often faced with decisions that require ethical clarity and self-restraint, especially in the absence of external monitoring. In such environments, religiosity has been shown to function as an important psychological and moral resource that shapes individual behavior and professional performance (Asyari et al., 2024; Brien et al., 2021). This becomes particularly salient in faith-based healthcare organizations, where personal religious beliefs often align with institutional values, reinforcing internal moral standards that govern workplace (Obregon et al., 2022; Qureshi & Shahjehan, 2021; Winiger & Peng-Keller, 2021). Religiosity, especially when internalized, provides individuals with a moral framework that informs their understanding of right and wrong, promotes accountability, and fosters compassion and self-control. Islamic teachings, for example, emphasize virtues such as honesty, patience, justice, and empathy, core values that influence not only personal character but also professional responsibilities in healthcare (Brien et al., 2021; Obregon et al., 2022; Setiawan, 2024). When individuals internalize these religious values, they become embedded into their decision-making and behavioral regulation processes. This internal guidance fosters what is known as moral self-regulation self-monitoring system by which individuals evaluate and adjust their behavior in line with their internal ethical standards and social expectations (Bandura, 1991; Krettenauer & Stichter, 2023).

Moral self-regulation enables employees to act with integrity and consistency even under pressure or in ethically ambiguous circumstances (Yu & Xiaoyan, 2022; Zhong et al., 2009). In healthcare, where mistakes can have serious consequences, and where professionals frequently navigate emotionally demanding situations, moral self-regulation supports patient-centered behavior, ethical diligence, and psychological stability (Ward & King, 2018; Wibowo & Paramita, 2022). Employees guided by internal moral compasses are more likely to resist unethical temptations, remain composed in the face of conflict, and uphold professional values such as honesty, empathy, and fairness (Schuetz & Koglin, 2023; Ward & King, 2018). Empirical evidence supports this perspective. For example, studies have shown that religiosity is positively associated with moral identity and ethical decision-making (Bandura, 1991; De la Fuente et al., 2022; Joosten et al., 2014; Krettenauer & Stichter, 2023; Sachdeva et al., 2009), and that employees with strong moral self-regulation engage in more prosocial behaviors, avoid deviance, and maintain higher levels of work engagement. In the context of faith-based institutions, where spiritual and organizational values converge, moral self-regulation becomes an important bridge between personal belief and professional behavior.

The mediating role of moral self-regulation is further clarified through self-determination theory (Deci & Ryan, 2000, 2012). According to this theory, people are most effective when their behavior is driven by intrinsic motivation and internalized values rather than external pressures. Religiosity offers such internalization by

promoting a meaningful, value-driven life where moral behavior is pursued for its own sake. When employees act in alignment with religious principles they deeply believe in, their moral decisions become autonomous and sustained, thereby fostering ethical performance and resilience in complex environments (Ryan & Deci, 2024; Wibowo & Paramita, 2022; Yu & Xiaoyan, 2022).

Social identity theory also contributes to understanding this mechanism. It posits that individuals derive part of their self-concept from membership in morally and socially meaningful groups (Tajfel & Turner, 2004). In faith-based healthcare organizations, employees who identify strongly with the organization's religious mission internalize its ethical norms as part of their personal identity(Schuetz & Koglin, 2023; Tajfel & Turner, 2004; Wibowo & Paramita, 2022). This identification reinforces moral self-regulation because individuals feel a sense of accountability not only to themselves and their faith but also to the organizational community they belong to.

Ultimately, moral self-regulation acts as a pathway through which religiosity shapes employees' work role performance. This performance encompasses core job tasks, adaptability, and contextual behaviors such as cooperation and helping others (Gagné et al., 2022; Griffin et al., 2007). Employees who possess strong religious values and internal moral standards are more likely to take initiative, act responsibly, and maintain ethical behavior in the workplace, which are the key components of effective healthcare delivery and organizational integrity (Gagné et al., 2022). Thus the following hypothesis is proposed.

H3: Moral self-regulation significantly mediates the relationship between religiosity and work role performance.
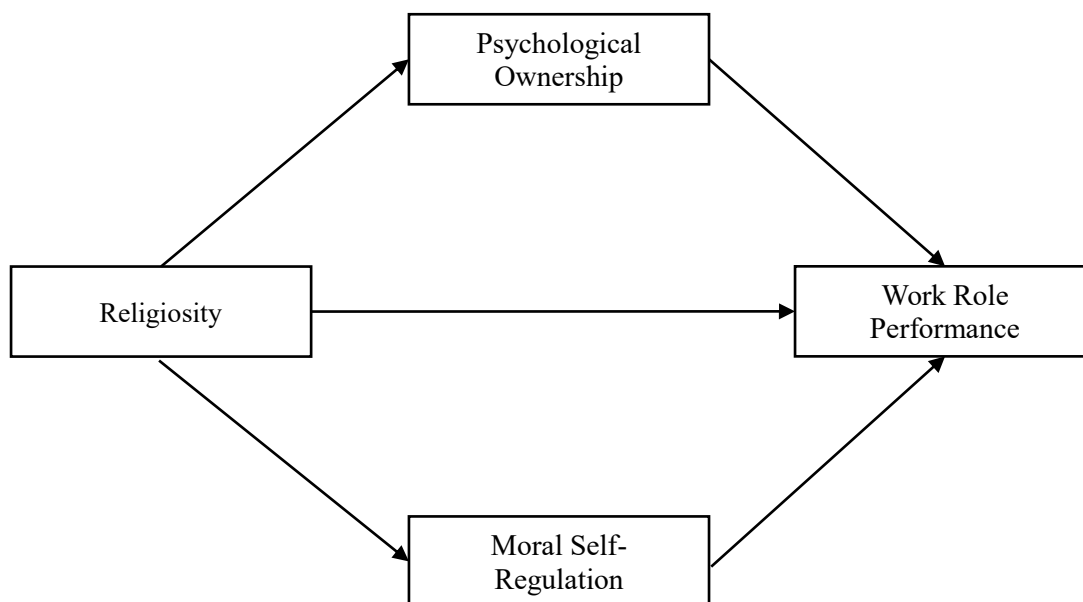
Figure No. 1: Conceptual Framework

Methodology
Research Design
To explore how religiosity influences work role performance through the psychological mechanisms of ownership and moral self-regulation, this study adopted a quantitative, cross-sectional design. A structured survey approach was chosen to systematically gather data from a broad sample of employees working in faith-based healthcare organizations across Pakistan. This method was well-suited for testing the proposed theoretical model, which draws from SDT and SIT, both of which emphasize the importance of personal values and group identification in shaping motivation and behavior at work.

Population and Sample
This study centered on employees working in faith-based hospitals and healthcare centers located in key urban areas of Pakistan, including Lahore, Karachi, and Islamabad. These organizations were purposefully chosen because they operate under clearly defined religious missions and value systems, providing a relevant and meaningful context for exploring how religiosity influences workplace behavior. To ensure participants had enough exposure to the organizational environment, only full-time employees with at least six months of work experience were included in the sample, using a purposive sampling strategy.

Out of the 450 questionnaires distributed, 367 were returned. After excluding incomplete or inconsistent responses, 340 valid responses were used for analysis. The sample reflected a broad mix of roles across the healthcare sector; 28% were doctors, 33% nurses, 22% administrative staff, and 17% support staff, offering a well-rounded view of how religiosity might impact various job functions. Gender distribution was fairly balanced, with 58% of respondents identifying as female and 42% as male. The majority of participants (61%) were aged between 26 and 40 years, while 25% fell within the 41–55 age group, and the remaining 14% were either younger than 25 or older than 55. In terms of education, nearly half (48%) held a bachelor's degree, 36% had completed a master's or higher qualification, and 16% had intermediate-level or diploma education. This diverse demographic profile added richness to the findings, allowing for a deeper understanding of how religiosity shapes behavior across different roles, age groups, and levels of experience in the healthcare setting.

Measures
Each variable in the study was assessed using well-established, previously validated scales, which were slightly adapted to enhance cultural relevance and clarity in the South Asian context. All items were rated using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Reliability analyses showed that all scales had acceptable internal consistency, with Cronbach's alpha values exceeding the standard threshold of 0.70.

Religiosity: Religiosity was measured using a modified version of the Intrinsic-Extrinsic Religiosity Scale by (Hill & Hood, 1999), further refined by Krauss et al. (2006) for the South Asian context. The scale captures both internal beliefs and outward religious behaviors. Sample item: "My religious beliefs are what really lie behind my whole approach to life." Cronbach's alpha: 0.84

Psychological Ownership. This construct was measured using the 7-item scale developed

by Van Dyne and Pierce (2004). It captures the degree to which employees feel that their work belongs to them or is part of their identity. **Sample item:** "I feel a very high degree of personal ownership for the work that I do." Cronbach's alpha: 0.88

Moral Self-Regulation: MSR was measured using items adapted from Aquino et al. (2009) and Mayer et al. (2012), which assess how individuals manage their behavior in accordance with internal moral standards. Sample item: "I monitor my behavior to ensure that I act ethically even when no one is watching." Cronbach's alpha: 0.85

Work Role Performance. WRP was assessed using the 9-item scale by Griffin et al. (2007), which includes three dimensions: task performance, contextual performance, and adaptive performance. This scale is particularly suited for healthcare settings where employees must demonstrate reliability, cooperation, and adaptability. Sample item: "I carry out the core parts of my job well."
Cronbach's alpha: 0.87.

Descriptive Statistics and Inter-Construct Correlation

The table shows that all variables have relatively high mean scores, indicating positive perceptions among respondents regarding religiosity, psychological ownership, moral self-regulation, and work role performance. Significant positive correlations exist between religiosity and all other variables, suggesting that higher religiosity is associated with greater psychological ownership, moral self-regulation, and better work role performance. Additionally, both psychological ownership and moral self-regulation show strong associations with work role performance, supporting their potential mediating roles in this relationship.

Table No 1: *Descriptive Statistics and Correlation Matrix*

Construct	M	SD	1	2	3	4
1. Religiosity	4.12	0.65	1			
2. WRP	3.85	0.71	0.48**	1		
3. PO	4.03	0.60	0.52**	0.61**	1	
4. MSR	3.95	0.67	0.45**	0.67**	0.64**	1

*N = [insert sample size]; *$p < .01$)

Model Fitness

To examine the model fitness, Confirmatory Factor Analysis (CFA) was conducted for four different models: a one-factor, two-factor, three-factor, and four-factor model. As shown in table no. 2, model fit improved progressively across these models. The four-factor model demonstrated the best fit, with χ^2 = 289.35, CFI = 0.94, TLI = 0.92, RMSEA = 0.045, and SRMR = 0.038, all indicating a good model fit. These results confirm that the four-factor model most accurately represents the data structure.

Table No 2: *Model Fitness*

Model	χ^2	df	CFI	TLI	RMSEA	SRMR
One-Factor Model	945.67	170	0.62	0.58	0.122	0.098

Model	χ^2	df	CFI	TLI	RMSEA	SRMR
Two-Factor Model	683.12	169	0.75	0.71	0.102	0.081
Three-Factor Model	453.50	167	0.87	0.84	0.078	0.061
Four-Factor Model	**289.35**	**164**	**0.94**	**0.92**	**0.045**	**0.038**

Results

To assess the indirect effect of Religiosity on WRP through PO and MSR, we conducted a parallel mediation analysis using Andrew F. Hayes' PROCESS macro (Model 4) in SPSS. This model estimates direct, indirect, and total effects simultaneously, treating multiple mediators operating in parallel.

The findings reveal that both PO and MSR significantly mediate the relationship between Religiosity and WRP, as evidenced by the bootstrapped 95% confidence intervals that do not include zero. The direct effect of religiosity on WRP (c') remains significant ($\beta = 0.17$, p = .001), indicating partial mediation. Furthermore, the total effect (c) of religiosity on WRP is notably strong ($\beta = 0.53$, p < .001), suggesting that religiosity overall has a substantial positive influence on WRP. Among the two mediators, PO demonstrates a slightly stronger mediating effect ($\beta = 0.21$) in comparison to MSR ($\beta = 0.16$), highlighting its relatively greater role in linking religiosity to enhanced job performance

Table No 3:   *Result Summary*

Path	β	SE	t	p-value	95% CI
Religiosity → MSR (a1)	0.52	0.06	8.67	<.001	[0.40, 0.64]
Religiosity → PO (a2)	0.47	0.07	6.71	<.001	[0.33, 0.61]
MSR → WRP (b1)	0.31	0.08	3.88	<.001	[0.15, 0.48]
PO → WRP. (b2)	0.44	0.07	6.29	<.001	[0.31, 0.57]
Religiosity → WRP. (c')	0.17	0.05	3.40	.001	[0.07, 0.27]
Total Effect (c)	0.53	0.06	8.83	<.001	[0.41, 0.65]

Indirect Path	Effect (β)	95% CI	Significant
Religiosity → MSR → WRP.	0.16	[0.08, 0.26]	Yes

Path	β	SE		t	p-value	95% CI
Religiosity → PO → WRP.	0.21	[0.12, 0.32]		Yes		
Total Indirect Effect	0.37	[0.25, 0.49]		Yes		

Discussion

The present study aimed to investigate the influence of religiosity on employees' WRP in faith-based healthcare organizations in Pakistan, with a focus on the mediating roles of PO and MSR. The findings offer robust empirical support for all three proposed hypotheses. The direct positive effect of religiosity on WRP confirms the premise that spiritual values serve as a powerful intrinsic motivator, guiding employees toward greater ethical commitment, diligence, and professional engagement. This aligns with previous research suggesting that religiosity fosters prosocial behavior, personal accountability, and a strong work ethic by embedding a sense of moral obligation and purpose within employees (Alqhaiwi et al., 2024; Dar et al., 2023; David & Iliescu, 2022; De Clercq et al., 2024). In religious working environments wherein religion is considered a form of religious worship, which is mostly the case with religious groups, employees are more likely to experience higher task involvement, interpersonal cooperation, and value-conducted behavior (Lee et al., 2024; Nascimento et al., 2025; Ortega & Acero, 2025). The study also supports that psychological ownership completely mediates between religiosity and work role performance. This finding builds on a greater understanding of the psychological mechanisms by which spirituality influences performance at work. Previous research has demonstrated that psychological ownership is positively related to job satisfaction, commitment, proactive behavior, and citizenship performance (Cai et al., 2025; Islam et al., 2022; Lyu et al., 2023). Yet, this research provides a significant contribution by connecting psychological ownership with religiosity, especially in settings where spiritual values of sincerity (ikhlas), stewardship (Amanah), and accountability to the Divine (hisab) are proactively instilled (Lyu et al., 2023; Peck & Luangrath, 2023; Pino et al., 2022). Compared to secular organizations where ownership can be fostered through management practices such as participative decision-making or job enrichment (Peck & Luangrath, 2023; Ruiz-Equihua et al., 2023; Verkuyten, 2025), the current research finds that for faith-based organizations, ownership can originate inherently from religious congruence and work perceived sacredness (Cai et al., 2025; Islam et al., 2022; Peck & Luangrath, 2023).

The strong mediating function of MSR also lends evidence to the argument that religiosity encourages moral internal regulation that regulates workplace behavior. This is in accordance with theory implying that religiosity is strongly associated with moral identity, ethical awareness, and moral justifications (Aquino et al., 2009; De la Fuente et al., 2022; Ward & King, 2018). Employees who internalize religious values will more likely self-regulate their behavior through self-monitoring, empathy, and reflection, as opposed to using external control or surveillance (Afridi et al., 2023; Schuetz & Koglin, 2023; Ward & King, 2018; Yu & Xiaoyan, 2022). In healthcare environments, where ethical dilemmas

and emotional demands are routine, this internal regulation can foster more consistent, responsible, and compassionate care (Dar et al., 2023; Winiger & Peng-Keller, 2021). The current study provides empirical evidence for this internal mechanism, especially within Islamic cultural contexts where religious doctrine explicitly addresses professional conduct, duty of care, and interpersonal justice. These findings are conceptually supported by both Self- SDT and SIT. SDT posits that individuals are most engaged when their actions are autonomously driven and congruent with their deeply held values (Deci & Ryan, 2000, 2012). Religiosity, when internalized, helps fulfill psychological needs for autonomy, relatedness, and competence, thus enhancing intrinsic motivation and promoting behaviors such as psychological ownership and moral self-regulation. Employees who see their work as a spiritual calling are more likely to take responsibility, act ethically, and find personal meaning in their roles (Krettenauer & Stichter, 2023; Schuetz & Koglin, 2023; Yu & Xiaoyan, 2022). Complementing this, SIT explains how employees derive part of their self-concept and behavioral orientation from their group affiliations. In faith-based organizations, religious identity is not only personally significant but also institutionally reinforced, leading to a stronger alignment between self and organization (Ibrahim et al., 2025; Sajid, Rooh, et al., 2025; Tajfel & Turner, 2004). This shared identity fosters emotional connection, trust, and accountability, which are critical for effective performance and ethical behavior. In comparison to other studies, this research provides a more holistic and context-specific account of how religiosity is converted into workplace outcomes. Prior studies have largely focused on religiosity in the context of general job attitudes like job satisfaction or ethical climate (Ibrahim, 2022; Ramadhan & Eryandra, 2022; Setiawan, 2024; Tlaiss, 2015; Utama et al., 2024). The present study contributes conceptual and empirical richness by introducing two primary mediators—psychological ownership and moral self-regulation—that explain the motivational and behavioral channels from religiosity to work role performance. Additionally, by emphasizing the religious-based healthcare sector in Pakistan, the study fills a significant contextual shortfall in organizational behavior literature, which has previously focused on Western, secular, or corporate contexts (Ibrahim & Khan, 2025; Sajid, Ibrahim, et al., 2025).

Contributions

This research adds a number of important contributions to organizational behavior research by examining the ways religiosity impacts employees' work role performance via the mediating roles of psychological ownership and moral self-regulation within faith-based healthcare organizations within Pakistan. Theoretically, it offers an advance by suggesting an integrative model that goes beyond attitudinal outcomes; previously researched in most religiosity research, to examine performance-related behaviors, providing a sophisticated explanation based on SDT and SIT. This dual-theory framework shows how identity and intrinsic motivation work together to support positive work behaviors. Empirically, the study is novel in testing a dual mediation model that has not been widely examined, demonstrating that religiosity indirectly shapes work role performance through internal mechanisms of ownership and moral regulation. Contextually, the research fills a critical gap by focusing on faith-based healthcare institutions in a non-Western, religiously embedded society, highlighting how spirituality

is central, not peripheral, to employee identity and ethical conduct in such settings. These contributions are particularly relevant for culturally and morally driven sectors in developing countries. Finally, the study offers practical insights for leaders and HR professionals in value-oriented organizations by recommending strategies to foster psychological ownership and moral self-regulation through meaningful work, spiritual alignment, and ethical support systems; critical levers for enhancing performance in mission-driven, high-stakes environments like healthcare.

Practical implications

The results of this research provide some practical implications to managers, HR practitioners, and policymakers working in faith-based healthcare organizations, especially in religiously ingrained cultures like Pakistan. Firstly, the research highlights the significance of religiosity as an essential psychological and moral capital capable of enhancing employee motivation, ethical behavior, and general work role performance. In religious or faith-based institutions, leaders ought to appreciate and actively encourage employees' spiritual identities. This is possible by incorporating religious values into organizational practices, like offering prayer rooms, and being tolerant of religious observances, as well as value-driven communication. Such actions assist in aligning employees' personal beliefs with those of the organization's mission, leading to greater engagement and commitment. Second, the psychological ownership function as a mediator suggests that employees will be more committed to their work if they experience it as meaningful to them and aligned with their values. Managers can do this by giving more freedom to staff, involving staff in decision-making, and affirming staff's moral and social contributions to their job. In health care, in which caring for others is a fundamental aspect of the job, reminding employees of the spiritual significance of caregiving can heighten a sense of responsibility, initiative, and commitment in the long term. Third, the significance of moral self-regulation as a mediator underscores the impact of internalized moral norms shaped by religiosity. Organizations can develop a healthy ethical climate by embedding religiously grounded moral principles into training, codes of behavior, and leadership practice. Developing reflective practice, mentoring, and ethical narrative can further enhance self-regulation, especially in healthcare environments where moral problems frequently arise. This internalized moral guide reduces the need for external controls and enables consistent ethical performance even under pressure. These implications are also particularly valuable to resource-constrained healthcare facilities that may lack robust formal monitoring systems. Religiosity as a built-in source of motivation can cause workers to uphold high-quality care and conduct without having to undergo constant monitoring. Encouraging values based on faith not only increases individual performance but also assists in the construction of a morally robust organizational culture. Finally, the research offers HR practice directions in faith-based settings. Recruitment, onboarding, and performance management can be framed to assess and reinforce alignment of values with the institution's religious mission. Although these practices would need to be inclusive and legally sound, hiring and developing employees who share the organization's ethical vision could enhance unity, minimize value-based conflicts, and increase long-term employee commitment.

Conclusion

This research illuminates how deeply ingrained religious beliefs can constructively influence the way employees think, feel, and act on the job, particularly in the distinct setting of faith-based healthcare institutions in Pakistan. By establishing that religiosity increases work role performance, and that this connection is significantly enhanced by psychological ownership and moral self-regulation, the research makes it clear that the study is taken to a greater level of understanding that spirituality is not merely a personal concern but an influential force in organizational existence. It points out that an employee perceives his work aligning with his religion, thereby developing a sense of belongingness, increased responsibility, and control over actions according to ethical and moral standards. Self-Determination Theory and Social Identity Theory provide a strong theoretical basis to this study to explain why these impacts occur. Religiosity helps create meaning, identity, and encourages employees to be fully committed to their job. In such an environment as Pakistan, where religion is a component of both individual and collective identity, this convergence of religious and vocational obligation becomes additionally significant. This research has worthwhile insights for both scholars and practitioners. For scholars, it provides further insight into how psychological and spiritual processes engage and impact the behavior of employees. For managers and leaders, it serves as a reminder that creating a value-based, ethically oriented workplace, particularly in healthcare, has the potential to significantly enhance performance, trust, and commitment. It also leaves open the possibility of future studies that could investigate the application of these findings in other cultures or institutional settings, and ways in which such values can be cultivated over time. At its essence, this research demonstrates that when organizations honor and encourage the spiritual values of their employees, they do more than promote belief systems; they unleash greater engagement, more robust ethical conduct, and improved performance. In an era where purposeful work is needed now more than ever, this intersection between faith and function presents a compelling way forward.

Limitations and Future Research

As with all research, this study also has its limitations, which provide valuable avenues for future research. One important limitation is that it is cross-sectional in design, and although helpful for establishing relationships, this does not enable causal inferences to be made. Even though the research has strong theoretical underpinnings and is reinforced by statistically significant evidence, we cannot be certain that religiosity is responsible for changes in work role performance. Future research employing longitudinal designs or experimental designs may be able to establish the causal direction of these effects and uncover how these associations change over time within organizational environments. A second limitation is that the data were collected in a specific cultural and organizational environment; faith-based health care organizations in Pakistan. The environment is one with intensely ingrained religious norms and collectivist values, and these might enhance the impact of religiosity on employee conduct. Although this context provides fruitful and pertinent observations, it also constrains the extent to which the results can be generalized. Additional research should attempt to reproduce the model in alternative cultural or faith-based settings, e.g., within Christian,

Hindu, or Buddhist institutions, or within secular organizations, to see if these psychological processes operate in comparable ways across various work environments. In addition, the research examined three key constructs; religiosity, psychological ownership, and moral self-regulation, without considering other variables that might influence work role performance. Factors like organizational culture, leadership style, job design, or interpersonal trust were outside the reach of this study but could play an important role in interplaying with the investigated variables. Subsequent studies, including these other dimensions might provide a more comprehensive and detailed picture of how organizational and individual values impact performance together.

Self-reported information also has the limitation of potentially introducing bias or exaggerating the magnitude of relationships based on common method variance. Even with procedural protection, though, using only employees' reports might not accurately reflect objective performance or behavior subtleties. Follow-up research would be well served by gathering multi-source data e.g., supervisor ratings, peer ratings, or observational techniques, to cross-validate and supplement the findings. Lastly, the research approached religiosity as a single, monolithic construct, but it is fundamentally multidimensional in nature. Individuals experience and express religiosity differently through beliefs, rituals, intrinsic motivation, and social affiliations. Subsequent research would be well-advised to unbundle these dimensions and look at which particular aspects of religiosity are most conducive to affecting workplace conduct, particularly in ethically complex fields such as healthcare. Notwithstanding these constraints, the present study provides a sound basis for continued research. It leaves the door open to investigating other mediators or moderators; such as ethical leadership, job crafting, or organizational justice, that are likely to shed further light on how spiritual values impact employee behavior. Qualitative approaches might also be used to capture the richness and nuance of the way employees internalize and perform their religion in the workplace. Finally, this research encourages researchers to continue probing the highly energized intersection between religiosity, psychology, and job performance in culturally vibrant and values-oriented settings.

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