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Spillover Effects of Informal Caregiving on Employee Engagement: Evidence from Corporate Employees

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Abstract
The man is a 34-year-old who as his present job role is a Mid-Level Operations Coordinator at ABC company World (Pvt.) Ltd., Lahore, Pakistan.
He was directed to Employee Assistance Program (EAP) by his line manager because his work performance was noticeably and continuously deteriorating, there were frequent unplanned absences, he became emotionally dysregulated during the team meetings, and had difficulties in meeting the project deadlines.
The main precipitating factor for his condition was found to be the critical illness of his mother who had a severe stroke six weeks before the referral. Besides looking after her, the man is also keeping up with his job effectively.
It was after a structured intake interview, behavioral observation, and the use of the standardized psychological instruments such as Beck Anxiety Inventory (BAI), Caregiver Strain Index (CSI), and Work-Life Balance Scale that the client showed signs of strong caregiver burden, anticipatory grief, anxiety, and occupational stress.
According to the case formulation the work impairment is a direct result of unresolved emotional distress, role conflict, and insufficient coping skills.
A comprehensive plan for managing the situation has been created in accordance with ABC company World's HR counseling protocols and the ethical guidelines of the Pakistan Psychological Association (PPA).
The person is willing to participate in the counseling sessions and has signed the informed consent for this report preparation.

Background
The client was formally referred to the HR Counseling Psychology Unit by his line manager following the following observable changes in occupational functioning over the past six weeks: Significant decline in productivity and missed project deadlines Repeated unplanned absences (7 days within the past 4 weeks) Emotional outbursts and visible distress during team briefings Social withdrawal and reduced communication with colleagues Complaints from team members regarding inconsistent availability
Reports of fatigue, poor concentration, and low motivation during working hours

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The client willing volunteered in the intake process and shared that his mother had a very bad stroke three times in the last 6 weeks. He is the first son, so he is now the main caregiver to his mother and apart from doing hospital visits, medical coordination, and financial arrangements, he also gives emotional support to his family and all this he does while trying to keep his job.

The client said that he experiences guilt, helplessness, anticipatory grief, and emotional exhaustion.

The client is a 34-year-old married man living in a Lahore with his wife, two young children (ages 5 and 8), and his parents. He has a Bachelor of Business Administration (BBA) degree and has been working at ABC company World since March 2019 and he has generally been happy with his work. He sees himself as a diligent, family-oriented person who is serious about his responsibilities both at home and at work. He has never had any psychological consultation or his mental health has never been treated before.

The client's father is a 68-year-old retired government officer who is said to be emotionally reserved but supportive. His mother, aged 63, is the main concern of the ongoing crisis, she had a hemorrhagic stroke six weeks ago and currently has very limited mobility, needs to be fed with the help, and is undergoing physiotherapy.

The client has one younger brother (aged 29) who works in another city and is hardly able to provide support. The client says that all the emotional and physical support is on him only. His wife could be a strong support but she is doing the management of the children and the home. No family psychiatric illnesses have been reported.

The client completed his secondary schooling in Lahore and obtained a BBA degree. He entered ABC company World as a Junior Operations Coordinator in 2019 and after positive performance reviews, he was promoted to his present position in 2022. His manager refers to him as a dependable, goal-oriented teammate who is highly organized. His performance problems are recent and very well the result of his mother's medical emergency.

The client states that he has no major personal medical history. He also claims that he has never suffered from psychiatric illnesses, never used substances, and has not been psychologically treated before. Currently, he experiences symptoms of an adjustment disorder with mixed anxiety and depressed mood (DSM-5 reference). The major reason for this adjustment disorder is the medical crisis of his mother, who is also his primary caretaker.

Usually, the client gets up at 5:00 AM for Fajr prayer. He then goes to the hospital where he checks on his mother before 8:00 AM. Punctuality is not really his thing but he manages to reach work sometimes between 9 and 10 in the morning. During the day, he finds it hard to concentrate on tasks related to operations and on top of that, he is also usually the one who has to leave work early to liaise with the doctors or the family. Subsequently, he has to deal with the financial burden of medical expenses. He says that he sleeps fewer than 5 hours a night, often skips meals, and doesn't have time for recreational activities. Also, at the moment, he perceives himself to be in such a situation where he has to decide between his obligation as a son and his commitment as an employee that he is practically caught and there is nowhere to go.

Assessment

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Behavioral Observation

The client showed up for the first session on time and he was wearing formal business clothing. In general, he looked well kept, but he was obviously very tired as seen by the dark circles under his eyes and his overall tense attitude. He gave good eye contact for the most part but he looked down quite a bit when he was talking about his mother. A combination of his slow walk and slouched posture suggested that he was completely worn out physically and emotionally.

Although at times his speech was very slow and barely audible, overall it was clear, logical and well structured. According to the client, he was able to say exactly what he wanted at just about any moment; however, under emotionally-charged questions, he would sometimes pause for a long time before answering. While his Urdu is his mother tongue, he occasionally uses English when referring to technical terms.

In fact, the client had a very good command of English and he even resorted to English to express some of the professional terms without any difficulty.

At no time was the client confused, or showing any signs of delusions or hallucinations. shows

The client referred to his mood more as sad and stressed out, but at the same time showed very little though quite outwardly consistent expression of the mood. The client got very emotional on each occasion when he cried silently one time when he recalled his mother's inability to recognize him immediately after the stroke and the second time when he expressed his fear of losing her. His behavior was such that he did not give any indication to the therapist of being at risk of suiciding or self-harming. He was able to make good rapport with the therapist very fast. It appears that the client, having a private space where he can just freely express his thoughts and feelings, is incredibly relieved. The client made clear that he has good self-awareness of how his depression and anxiety, in turn, affect his work problems.

Assessment Tools Administered

The following standardized instruments were administered during the assessment phase:

Assessment Tool	Score / Result	Interpretation
Beck Anxiety Inventory (BAI)	Score: 29 / 63	Moderate-Severe Anxiety
Caregiver Strain Index (CSI)	Score: 9 / 13	High Caregiver Burden
Work-Life Balance Scale	Score: 12 / 40	Severely Imbalanced
Patient Health Questionnaire (PHQ-9)	Score: 14 / 27	Moderate Depression
Pittsburgh Sleep Quality Index (PSQI)	Score: 16 / 21	Very Poor Sleep Quality

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Identified Strengths

Despite his current distress, the client demonstrated several notable psychological strengths that are protective factors for recovery:

Strong sense of filial responsibility and family commitment
High emotional intelligence and self-awareness regarding his situation
Genuine motivation to fulfill both caregiving and professional duties
Good cognitive functioning — coherent, logical, and reflective thought
Strong Islamic faith, which provides spiritual grounding and coping meaning
Supportive marital relationship and cooperative spouse
Pre-existing strong performance track record at ABC company World

Identified Obstacles and Stressors

Absence of adequate social support network for caregiving responsibilities
Financial pressure from medical expenses and household costs
Chronic sleep deprivation severely impairing cognitive performance at work
Unprocessed anticipatory grief and fear of losing his mother
Guilt and internal conflict between professional and filial role
Lack of knowledge regarding formal employee support entitlements
Cultural pressure (eldest son expectation in Pakistani family systems) compounding role burden

The client presents with a clinically significant adjustment disorder with mixed anxiety and depressed mood, precipitated by the acute medical crisis of his mother — a primary attachment figure. The functional impairment is occurring across three domains: psychological (anxiety, grief, and guilt), physiological (sleep deprivation, appetite disruption, fatigue), and occupational (attendance, concentration, and productivity deficits).

From an organizational psychology perspective, the client is experiencing a dual-role conflict: the competing demands of his caregiver role and his professional role have overwhelmed his existing coping resources. According to Conservation of Resources Theory (Hobfoll, 1989), the sustained loss of personal resources — time, energy, emotional capacity, financial stability — without replenishment creates a resource depletion spiral that progressively impairs work engagement and psychological wellbeing.

Research on Pakistani working adults confirms that filial caregiving — particularly for parents — carries distinctive cultural weight. In collectivist family systems prevalent in Pakistan, the eldest son is often the designated primary caregiver, and failure to fulfill this role is experienced as a profound identity threat, intensifying guilt and shame (Naz et al., 2020). This cultural dimension amplifies the client's distress beyond what might be expected from the caregiving burden alone.

The client's sleep deprivation (PSQI score: 16/21) is particularly impactful in the organizational context. Research consistently demonstrates that sleeping fewer than 6 hours per night causes cognitive impairments equivalent to two days of total sleep deprivation, directly affecting decision-making, attention, and interpersonal functioning — all core competencies for his operations coordinator role.

His existing strengths — self-awareness, strong Islamic identity, a supportive spouse, and an established positive work history — are significant protective factors that

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suggest favorable prognosis with timely, structured psychological intervention and organizational accommodation.

#	Goal	Timeline
1	Help the client process and express anticipatory grief and emotional distress related to his mother's illness	Sessions 1–2
2	Reduce anxiety and guilt through cognitive restructuring — reframing role conflict as manageable	Sessions 2–3
3	Develop and implement a structured sleep and self-care routine to address physiological depletion	Sessions 1–4 (ongoing)
4	Identify and mobilize available social support networks for caregiving responsibilities	Sessions 2–3
5	Inform the client of his formal HR entitlements (compassionate leave, flexible hours, EAP support)	Session 1
6	Restore professional self-efficacy and re-engage client in structured goal-setting at work	Sessions 3–5
7	Build long-term coping strategies for sustained caregiver role management	Sessions 4–6
8	Facilitate a coordinated accommodation plan with the line manager and HR	Session 2 (HR coordination)

Management Plan

Psychological Interventions

The primary therapeutic modality recommended is Brief Cognitive-Behavioral Therapy (BCBT) adapted for organizational settings, conducted over 6–8 individual sessions. Session frequency is recommended at twice weekly for the first two weeks, then weekly thereafter.

Grief Processing and Emotional Expression

The client will be encouraged to engage in structured narrative techniques in session — describing his relationship with his mother, his fears, and his hopes. Emotional validation will be prioritized before cognitive intervention. Journaling as a between-session task will allow him to externalize and process distressing thoughts without emotional suppression.

Cognitive Restructuring

Maladaptive thought patterns — specifically 'I am failing as a son if I work' and 'I am failing as an employee if I am at the hospital' — will be identified through a thought diary and challenged using Socratic questioning. The goal is for the client to develop a more flexible and compassionate cognitive framework that acknowledges the

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legitimacy of both roles.

Mindfulness and Breathing Regulation
Mindful Counting Breathing (counting exhalations 1–5) will be introduced as an in-session grounding technique and recommended for daily practice during transitional moments — before entering the office, before visiting his mother, and before sleep. This technique reduces autonomic nervous system arousal and improves emotional regulation.

Sleep Hygiene Protocol
A personalized sleep hygiene plan will be developed: consistent sleep and wake time (even on days off), a 30-minute digital screen-free period before bed, a brief Quran recitation routine aligned with the client's faith practice, avoidance of caffeine after Asr prayer, and delegation of some night-time caregiving tasks to his wife or hired support where financially feasible.

Gratitude and Meaning-Making Activity
The client will be asked to maintain a brief daily gratitude record — three things he is grateful for that day — to counteract the negativity bias produced by chronic stress. He will also be guided to identify the deeper meaning in his caregiving role, framing it as an expression of his Islamic values (Khidmat-e-Walidain) rather than a burden.

Organizational / HR Interventions
Compassionate Leave Arrangement: Coordinate with HR to authorize up to 10 working days of paid compassionate leave in accordance with ABC company World's HR policy.
Flexible Work Schedule: A temporary flexible hours arrangement (staggered start times 9:00–10:00 AM) to accommodate morning hospital visits for the next 8 weeks.
Reduced Travel Assignments: Request that the client be temporarily exempted from out-of-city field assignments for the duration of his mother's acute care phase.
Workload Redistribution: Coordinate with the line manager to temporarily redistribute 30% of non-critical tasks to a peer, with a documented handover plan.
HR Progress Check-ins: Bi-weekly 15-minute informal check-ins between the client and HR representative (not supervisory) to monitor wellbeing and communicate support.
EAP Financial Counseling Referral: Refer the client to ABC company World's Employee Assistance Program financial counseling stream to assist with medical expense navigation.

Social and Family-Level Interventions
Family Meeting Facilitation: If the client consents, a structured session with his wife and brother (via phone/video) to redistribute caregiving roles — who manages hospital visits on which days, who manages communication with doctors.
Community Resource Navigation: Provide information about government and NGO-based caregiver support services available in Lahore, including homecare nursing options under social health protection schemes.

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Peer Support Group: Recommend the client to an online or community-based caregiver support group for individuals managing parental illness, to reduce isolation.

Spiritual and Cultural Accommodation

Given the client's strong Islamic identity, therapeutic interventions will be framed within his religious worldview where appropriate. The concept of Sabr (patience), Tawakkul (trust in Allah), and the spiritual merit of Khidmat-e-Walidain (service to parents) will be integrated into the meaning-making component of therapy — not as spiritual advice from the counselor, but as the client's own identified values and sources of strength.

Limitation

The assessment is based on self-report; no collateral information from family members was obtained in this phase.

The client's mother's medical prognosis is uncertain; deterioration may require reassessment and modification of the management plan.

Financial constraints may limit the client's ability to hire external caregiving support, reducing the effectiveness of workload interventions at home.

The cultural context of Pakistani family systems means that the client may face social pressure against accepting workplace accommodations that are perceived as a sign of weakness.

The number of organizational accommodation options is contingent on ABC company World's HR policy framework and line manager cooperation.

This report does not constitute a diagnostic document for clinical or medico-legal purposes; formal psychiatric diagnosis, if warranted, requires referral to a licensed psychiatrist.

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