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Between *Khidmah* and Exhaustion: An Islamic Ethical Model of Care for Muslim Care Practitioners

Muslim care practitioners usually enter the helping professions with a powerful sense of religiously guided service (*khidmah*), because they perceive care work as a moral duty and spiritual worship. Although such an orientation can promote meaning, commitment and resilience, it can also make service fraught with exhaustion in case it is implicitly portrayed as one that must be addressed indefinitely. This article discusses the ethical dilemma between *khidmah* and work-related exhaustion among Muslim care practitioners, and proposes an Islamic ethical model of care that re-centres balance, limits and self-preservation.

The psychological variables will be evaluated in terms of Islamic ethical and theological constructs with the use of classical and modern discourse of *ṣabr* (patience), *amānah* (trust and responsibility), and *mīzān* (balance). Two hypotheses will be proposed: (1) greater service-oriented motivation is going to be correlated with greater work-related exhaustion; (2) greater levels of patience will be positively correlated with work-related exhaustion; and one research question: how much is service-oriented motivation related to work-related exhaustion among Muslim caregivers?

This study adopts a mixed method convergent triangulation design, in which quantitative survey data and qualitative interview data are collected concurrently from among about 200 Muslim professionals working in the care-oriented profession such as medical doctors, nurses, clinical psychologists, physiotherapists, and health social workers. Emotional debt caused by work demands on workers is the operationalization of work-related exhaustion and it will be measured using the work-related subscale of Copenhagen Burnout Inventory (Kristensen et al., 2005). Service-oriented motivation, which is discussed as a manifestation of Khidmah, will be measured by the Compassion Satisfaction factor of the Professional Quality of Life Scale (Stamm, 2010), and endurance will be measured by a validated Factor patience scale (Schnitker, 2012). Analytics of data will be performed based on correlational and regression methods to analyze the direct and interaction effects of significant variables.

The paper supports that exhaustion among the Muslim care practitioners cannot be viewed as a loss of faith, but as a possible side effect of the ethical interpretations that excessively emphasize the importance of sacrifice and downplay the articulation of acceptable personal boundaries. The paper, grounded on covering both empirical evidence and Islamic moral philosophy, progresses a practitioner-centred model of care acknowledging *khidmah* without making self-neglect a sacred practice, and the implications of it on mental health practice, training as a professional, and faith sensitivity in burnout prevention are profound.

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His scholarly interests lie at the intersection of clinical psychology, mental health ethics, and religion, with particular focus on burnout, emotional distress, psychosocial resilience, and culturally responsive models of care. Across his academic and clinical work, Dr Owoseni is committed to advancing faith-sensitive, practitioner-centered models of care that honour service without sanctifying self-neglect.