



ISSN: 2617-6548

URL: www.ijirss.com



The moderating effect of reward satisfaction between job overload and emotional labor among nurses in small and medium-sized hospitals

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Abstract

This study investigated how reward satisfaction moderates the relationship between job overload and emotional labor among nurses working in small and medium-sized hospitals (SMHs). A descriptive survey was conducted among 218 nurses from five SMHs. Data were collected using validated Korean versions of scales measuring job overload, emotional labor, and reward satisfaction. Hierarchical regression analysis was performed to examine the moderating effect of reward satisfaction on the relationship between job overload and emotional labor. Control variables included demographic factors such as age, gender, marital status, and clinical experience. Job overload was found to have a significant direct effect on emotional labor ($\beta=0.48$, $p<.001$). Additionally, the interaction between job overload and reward satisfaction significantly influenced emotional labor ($\beta=0.24$, $p<.01$). Reward satisfaction was identified as a key moderator in the relationship between job overload and emotional labor. Enhancing reward satisfaction may play a critical role in reducing the emotional burden caused by job overload. These findings suggest that interventions aimed at improving reward satisfaction could help alleviate the negative impact of job overload on emotional labor among nurses in SMHs.

Keywords: Emotional labor, Job overload, Moderating effect, Nurse, Reward satisfaction.

DOI: 10.53894/ijirss.v8i9.10662

Funding: This study received no specific financial support.

History: Received: 5 September 2025 / Revised: 18 September 2025 / Accepted: 3 October 2025 / Published: 15 October 2025

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Competing Interests: The author declares that there are no conflicts of interests regarding the publication of this paper.

Transparency: The author confirms that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board of Public Institutional Bioethics Committee (protocol code P01-202503-01-013 and May 27, 2025).

Publisher: Innovative Research Publishing

1. Introduction

1.1. Background

Small and medium-sized hospitals (SMHs) play a vital role in improving healthcare accessibility and strengthening community health infrastructure, particularly in rural and underserved regions of South Korea. They serve as key

intermediaries between general hospitals and local residents [1]. Nevertheless, SMHs continue to encounter enduring challenges, such as suboptimal working conditions and chronic nursing shortages, which collectively exacerbate the workload burden on nursing staff [2]. Relative to their larger counterparts, SMHs face heightened difficulties in retaining qualified personnel, thereby imposing significant physical and psychological stress on nurses [3, 4]. A decade-long survey from the Korean Hospital Nurses Association (2010–2019) reported that hospitals with under 300 beds had the lowest staff retention and compensation levels [5], with many nurses experiencing high overtime and job overload [6].

Job overload, defined as the condition in which nurses are overwhelmed by an excessive number of tasks or patients, is a critical factor contributing to both physical and psychological strain. This burden adversely affects the quality of emotional labor and may lead to emotional exhaustion and burnout among nursing staff [7]. Emotional labor, which entails the regulation and management of personal emotions to align with professional norms during interactions with patients and their families, frequently results in psychological fatigue [8, 9]. When job overload persists, nurses are often compelled to suppress their genuine emotions, thereby intensifying emotional exhaustion, diminishing job satisfaction, and ultimately compromising the quality of patient care [10].

Although prior research has demonstrated a significant association between job overload and emotional labor, limited attention has been given to the moderating mechanisms that may buffer this relationship—particularly within the context of SMHs. Compensation satisfaction, referring to nurses' perceptions of the fairness of rewards in relation to their efforts, has emerged as a potential mitigating factor that may attenuate the adverse effects of job overload and emotional labor [7, 11]. Even when emotional labor quality deteriorates due to job overload, nurses may alleviate emotional fatigue to some extent through compensation or recognition for their efforts [10, 12]. On the other hand, nurses who experience low compensation satisfaction may suffer from deeper emotional exhaustion due to job overload and emotional labor [13], leading to accumulated dissatisfaction and stress that can result in emotional depletion and helplessness [14].

While it is widely recognized that adequate compensation contributes to increased job satisfaction, its function as a moderating variable in alleviating emotional strain among nurses in SMHs remains underexplored and warrants further empirical investigation. SMHs often face structural limitations in their compensation systems due to relatively constrained financial resources and limited human and material capacities, particularly when compared to large-scale hospitals. These structural challenges can significantly influence nurses' perceived compensation satisfaction, potentially resulting in noticeable disparities between nurses working in SMHs and those employed in tertiary or general hospitals. When nurses perceive that their compensation does not adequately reflect the intensity of their work or the emotional demands of their roles, it may lead to decreased job satisfaction and increased turnover intentions, particularly in resource-limited healthcare environments. Despite the importance of this issue, most prior studies have primarily focused on nurses in large-scale hospitals, with relatively little empirical attention given to the unique institutional characteristics and challenges faced by SMHs [7]. As a result, there remains a critical gap in the literature regarding how compensation satisfaction functions within the specific context of small and medium-sized healthcare settings, and how it influences nurses' emotional well-being and professional engagement.

Furthermore, examining compensation satisfaction not merely as a determinant of job satisfaction but as a potential moderating variable in the relationship between job overload and emotional labor offers both theoretical and practical value [5, 10]. Understanding its buffering effect can contribute to identifying organizational conditions under which the adverse consequences of job overload may be alleviated. This, in turn, may support the development of targeted interventions aimed at reducing emotional exhaustion, enhancing job satisfaction, and ultimately improving the quality of patient care delivered by nurses in under-resourced healthcare environments such as SMHs.

1.2. Objectives

This study aims to examine whether compensation satisfaction moderates the relationship between job overload and emotional labor among nurses in SMHs. This study seeks to provide both practical implications for enhancing the well-being of nurses and theoretical contributions to the literature on healthcare workforce management. Furthermore, understanding this moderating effect is intended to offer foundational insights for developing targeted interventions and human resource management policies tailored to the unique constraints and characteristics of nurses working in SMHs.

2. Materials and Methods

2.1. Study Design

This descriptive survey study investigates the moderating effect of compensation satisfaction on the relationship between job overload and emotional labor among nurses employed in SMHs.

2.2. Participants

A convenience sample was recruited from nurses in five SMHs, with fewer than 300 beds in D city in South Korea, from March 17 to April 22, 2025. The required sample size was determined using G*Power 3.1.3 [15], based on parameters from a prior study on clinical nurses' emotional labor in South Korea [10]. A significance level (α) of 0.05, statistical power of 0.95, and an effect size of 0.15 were applied, resulting in a minimum sample size of 184 participants. Accounting for an anticipated dropout rate of 20%, 221 nurses were initially recruited. Following the exclusion of three incomplete responses, data from 218 participants were retained for the final analysis.

2.3. Measures

2.3.1. Job Overload

Job overload refers to the perception that it is difficult to perform the job effectively due to a lack of time and resources compared to the excessive amount assigned during job execution [16]. The job overload scale, developed by Cousins, et al. [17] and translated and refined into Kim [18], is a tool that has undergone validation and demonstrated reliability in the Korean context. The scale consists of 5 items, measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater job overload. The Cronbach's α coefficients were reported .83 for the original instrument from Cousins, et al. [17], .79 for the Korean version translated by Kim [18], and .82 for the present study.

2.3.2. Emotional Labor

Emotional labor is defined as the process of managing, regulating, and controlling one's emotions in accordance with organizational expectations during interpersonal interactions to achieve organizational objectives [19]. The emotional labor scale developed by Morris and Feldman [19], and subsequently translated and adapted into Korean by Park and Yu [20], has been validated and shown to possess satisfactory reliability within the Korean context. This instrument comprises nine items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores reflecting greater levels of emotional labor. The Cronbach's α coefficients were reported .86 for the original scale by Morris and Feldman [19], .81 for the Korean adaptation by Park and Yu [20], and .84 for the present study.

2.3.3. Reward Satisfaction

Reward satisfaction refers to the perception of receiving various forms of compensation and recognition in exchange for labor contributed to the organization [21]. For this study, permission to utilize the Reward Satisfaction Scale developed by Weiss, et al. [22] was obtained from the original author. The scale, translated and adapted into Korean by Ko [23], has been validated and demonstrated acceptable reliability within the Korean context. It comprises six items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater levels of reward satisfaction. The Cronbach's α coefficients were reported as .87 for the original scale by Weiss, et al. [22], .79 for the Korean adaptation by Ko [23], and .86 for the present study.

2.3.4. Control Variables

To account for potential confounding effects, demographic variables that could influence the relationship between the independent variable (job overload) and the dependent variable (emotional labor) were statistically controlled. The demographic factors included gender, age, marital status, educational level, clinical experience, and employment status, encompassing a total of six variables.

These variables have been shown in prior research to influence nurses' emotional responses and job stress levels. For example, age and clinical experience are associated with coping ability and emotional resilience, while marital status and employment type have been linked to job satisfaction and burnout vulnerability [24, 25]. Educational level can also impact communication patterns and emotional labor strategies [26]. Controlling for these variables helps ensure that the observed effects between job overload, reward satisfaction, and emotional labor are not confounded by underlying demographic differences.

2.4. Data Collection

To ensure ethical consideration of participants, this study was conducted after receiving approval from the Public Institutional Review Board designated by the Ministry of Health and Welfare (Approval No.: P01-202503-01-013). Participants in this study were fully informed that their participation was voluntary and that they could withdraw at any time without penalty. Following approval from the hospital administration and nursing department heads, the researcher provided a detailed explanation of the study's purpose, assured participants of anonymity and confidentiality, and distributed questionnaires to nurses who voluntarily agreed to participate. Only those who gave informed consent completed the survey. Data collection was conducted directly by the researcher. To protect participant privacy, responses were anonymized through the use of unique identifiers, encrypted, and securely stored on password-protected devices. Participants were compensated with a nominal mobile coupon. Upon completion of the study and subsequent publication, all collected data will be permanently destroyed to maintain confidentiality and ensure ethical compliance.

2.5. Data Analysis

Data analysis was performed using SPSS version 27 and R version 4.3.1. Reliability of the measurement instruments was assessed using Cronbach's α coefficients for each variable. Descriptive statistics and Pearson's correlation analysis were conducted to explore the characteristics of the sample and the relationships among the variables. Hierarchical regression analysis was employed to test the moderating effects of compensation satisfaction on the relationship between job overload and emotional labor.

3. Results

This study empirically confirmed that reward satisfaction plays a significant moderating role in the relationship between job overload and emotional labor among nurses working in SMHs. As presented in Table 1, no statistically

significant differences in emotional labor or reward satisfaction were observed according to participants' general characteristics. However, a significant difference in job overload was found based on gender ($t = 3.13$, $p < .05$).

Table 1.
General Characteristics of Participants.

Variable	Categories	n(%)	Job overload		Emotional labor		Reward satisfaction	
			M±SD	t or F (p)	M±SD	t or F (p)	M±SD	t or F (p)
Gender	Male	11 (5.0)	4.15±0.77	3.13 (0.002)	4.00±0.50	-0.08 (0.937)	3.38±1.09	-1.14 (0.258)
	Female	207 (93.70)	3.35±0.83		4.01±0.70		3.62±0.66	
Age (years)	<30	90 (40.7)	3.42±0.99	2.25 (0.108)	4.07±0.66	1.69 (0.188)	3.59±0.67	0.12 (0.886)
	30~<40	95 (43.0)	3.46±0.71		4.03±0.60		3.63±0.65	
	≥40	33 (14.9)	3.10±0.75		3.81±0.95		3.58±0.80	
Marital status	Unmarried	143 (64.7)	3.39±0.84	0.02 (0.983)	4.05±0.68	0.96 (0.336)	3.54±0.71	-1.91 (0.057)
	Married	75 (33.9)	3.39±0.86		3.95±0.70		3.73±0.62	
Educational level	College	98 (44.3)	3.42±0.80	1.39 (0.167)	4.01±0.65	0.93 (0.354)	3.70±0.62	0.84 (0.402)
	University	120 (54.3)	3.24±0.84		3.94±0.71		3.65±0.58	
Clinical career (years)	<1	24 (10.9)	3.16±1.08	1.02 (0.384)	3.92±0.77	2.46 (.064)	3.60±0.57	2.33 (0.075)
	1~<5	75 (33.9)	3.48±0.90		4.18±0.58		3.46±0.71	
	5~<10	51 (23.1)	3.32±0.74		3.90±0.70		3.61±0.64	
	≥10	68 (30.8)	3.41±0.77		3.94±0.73		3.76±0.70	
Status	Nurse	180 (81.4)	3.43±0.87	-1.06 (0.299)	4.01±0.71	-0.15 (0.882)	3.60±0.69	-0.99 (0.326)
	Charge/Head nurse	38 (17.2)	3.18±0.71		4.01±0.58		3.61±0.65	

As presented in Table 2, Pearson correlation analysis was conducted to examine the relationships among job overload, emotional labor, and compensation satisfaction. The results indicated a significant positive correlation between job overload and emotional labor ($r=.45$, $p<.001$), suggesting that increased job overload is associated with higher levels of emotional labor. Additionally, emotional labor was found to have a significant negative correlation with compensation satisfaction ($r=-.14$, $p<.05$), indicating that greater emotional labor is related to lower compensation satisfaction.

Table 2.
Correlation between Dependents Variables.

Variables	Job overload	Emotional labor	Reward satisfaction
	r (p)	r (p)	r (p)
Job overload	1		
Emotional labor	0.45 (<0.001)	1	
Reward satisfaction	-0.10 (0.134)	-0.14 (0.039)	1

To examine the moderating effect of reward satisfaction on the relationship between job overload and emotional labor, hierarchical moderated regression analysis was performed, detailed in Table 3. In Step 1, control variables were entered. Step 2 included the independent variable (job overload) to assess its main effect. In Step 3, the moderating variable (reward satisfaction) was added, followed by the inclusion of the interaction term (job overload \times reward satisfaction) in Step 4 to test the moderating effect. To check for multicollinearity, the Variance Inflation Factor (VIF) was calculated. All VIF values were below 2.0, indicating that there was no issue of multicollinearity. Additionally, the Durbin-Watson statistic (DW) was 1.93, confirming that the assumption of independence of residuals was satisfied.

The results indicated that job overload had a significant direct effect on emotional labor ($\beta=0.48$, $p<.001$). Reward satisfaction also exhibited a significant direct effect ($\beta=-0.22$, $p<.001$). Moreover, the interaction term between job overload and reward satisfaction significantly influenced emotional labor ($\beta=0.24$, $p<.01$). The R^2 values increased progressively across models: Model 1=2.3%, Model 2=24.8%, Model 3=25.7%, and Model 4=26.9%, demonstrating that reward satisfaction moderates the relationship between job overload and emotional labor. This finding suggests that the impact of job overload on emotional labor varies according to the level of reward satisfaction. Therefore, reward satisfaction was confirmed to moderate the relationship between job overload and emotional labor.

Table 3.

Results of the Moderating Effect of Reward Satisfaction between Job Overload and Emotional Labor.

Variables		Model 1			Model 2			Model 3			Model 4		
		B	β	t	B	β	t	B	β	t	B	β	t
Control	(Constant)	4.41		14.63**	2.63		7.46***	1.87		7.63***	3.54		3.72***
	Gender	0.07	0.02	0.33	0.38	0.12	1.92	0.28	0.21	4.23***	0.37	0.12	1.87
	Age	-0.11	-0.12	-1.19	-0.60	-0.06	-0.71	-0.00	-0.00	-0.02	-0.08	-0.08	-0.90
	Marital status	-0.10	-0.07	-1.04	-0.13	-0.09	-1.44	-0.01	-0.00	-0.09	-0.11	-0.08	-1.23
	Educational level	-0.08	-0.06	-0.83	-0.02	-0.02	-0.25	-0.03	-0.03	-0.83	-0.03	-0.02	-0.32
	Clinical career	-0.02	-0.03	-0.31	-0.06	-0.09	-1.09	-0.18	-0.26	-3.19**	-0.04	-0.06	-0.78
	Status	0.03	0.05	0.68	0.06	0.10	1.52	0.11	0.14	1.89	0.06	0.10	1.45
Independent	Job overload				0.39	0.48	7.77***	0.26	0.31	7.41***	0.23	0.28	0.97
Mediate	Reward satisfaction							-0.25	-0.22	-5.68***	-0.24	-0.23	-1.04***
Interaction	Job overload \times Reward satisfaction										0.04	0.24	0.70**
R ²		0.023			0.248			0.257			0.269		
Adj. R ²		-0.05			0.219			0.224			0.237		
F(p)		0.830			9.537***			8.594***			7.675***		

Note: Dependent variable: Emotional labor, Ref. of Control variables: Gender(Female), Age(<30), Marital status(Unmarried), Educational level(College), Clinical career(<1), Status(Staff) B: Unstandardized coefficient, β : Standardized coefficient * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

The visualization of the moderating effect of reward satisfaction on the relationship between job overload and emotional labor, depicted through simple slope analysis, is presented in Figure 1. Job overload has a significant impact on emotional labor. In the group with high reward satisfaction, a significant positive association was observed (simple slope (SE)=0.44(.05), $t=9.52$, $p<.001$), as was the case in the group with low reward satisfaction (SE)=0.32(.05), $t=6.12$, $p<.001$). However, participants with higher reward satisfaction exhibited lower levels of emotional labor compared to those with lower reward satisfaction. Moreover, the interaction term between job overload and reward satisfaction significantly influenced emotional reward satisfaction. Specifically, as reward satisfaction increased, the extent of emotional labor experienced under job overload decreased. Although emotional labor intensified with increasing job overload in both groups, individuals reporting higher reward satisfaction experienced comparatively less emotional labor than those with lower reward satisfaction.

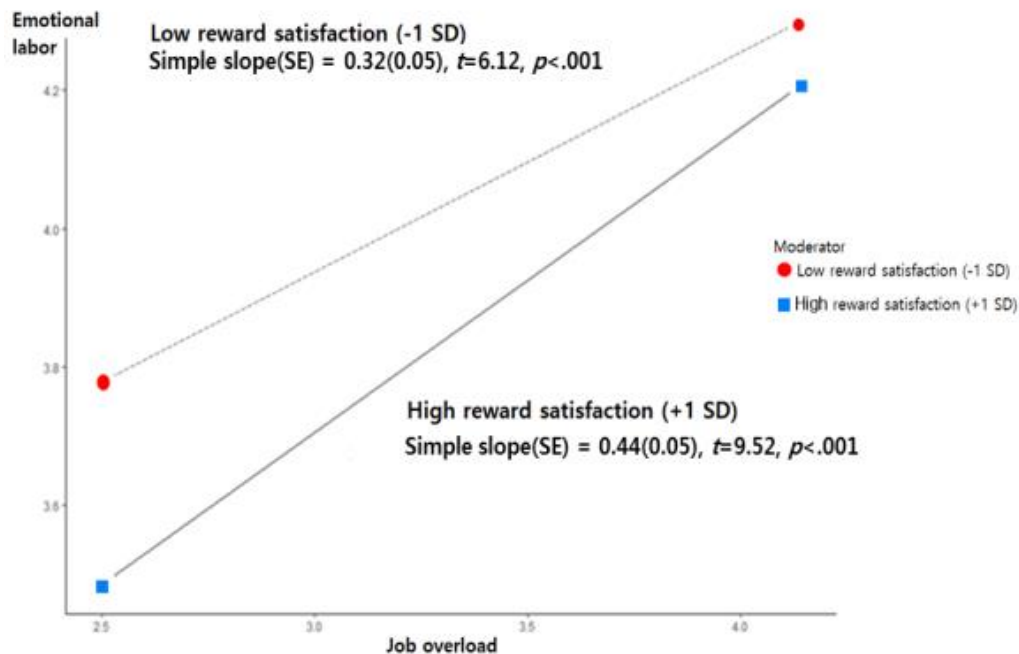


Figure 1.
The Moderating Effect of Reward Satisfaction on the Relationship between Job Overload and Emotional Labor.

4. Discussion

This study employed hierarchical regression analysis to investigate whether reward satisfaction moderates the relationship between job overload and emotional labor among nurses in SMHs. This study found that both job overload and reward satisfaction significantly affected emotional labor among nurses in SMHs. Notably, reward satisfaction moderated the relationship, amplifying the impact of job overload on emotional labor.

Notably, the present study contributes valuable insights by specifically examining nurses working in SMHs. Unlike their counterparts in larger tertiary care institutions, nurses in SMHs are more vulnerable to resource constraints and heightened job demands, which may significantly intensify their experiences of emotional labor [27]. Within these settings, compensation satisfaction appears to play a particularly pivotal role. Previous studies have suggested that nurses in SMHs are at increased risk for emotional exhaustion due to chronic understaffing and excessive workloads [28]. The findings of this study empirically demonstrate that compensation satisfaction significantly moderates the relationship between job overload and emotional labor, underscoring the critical function of effective reward systems in mitigating the adverse psychological effects of job-related stressors. These results suggest that even in resource-limited environments, the implementation of fair and meaningful compensation structures may serve as a protective factor against emotional burnout among nurses.

These findings align with previous research on job stress and emotional labor [10, 27]. Prior studies have consistently demonstrated that emotional labor adversely impacts emotional exhaustion and job satisfaction, with occupational stressors such as job overload serving as primary antecedents of emotional labor [29]. The significant effect of job overload on emotional labor identified in this study further supports the notion that the daily job stress encountered by nurses in SMHs may exacerbate the intensity of emotional labor. This underscores the need for targeted interventions to address workload management in SMHs as a means of reducing emotional strain among nursing staff.

Job overload has been shown to influence employees' emotional responses, and the present study provides empirical evidence of its detrimental effect on emotional labor [30]. Importantly, the significant moderating role of reward satisfaction in the relationship between job overload and emotional labor is consistent with findings from previous studies [31, 32], which reported that higher levels of reward satisfaction can attenuate the negative impact of job-related stress on emotional labor. Furthermore, earlier research has emphasized that mitigating the adverse consequences of emotional labor

requires a dual approach—reducing job stressors while simultaneously enhancing compensation systems and organizational support structures [33]. The current study reinforces this perspective by empirically demonstrating that reward satisfaction significantly moderates the association between job overload and emotional labor. Specifically, higher levels of reward satisfaction were found to buffer the negative effects of job overload, thereby highlighting the importance of equitable and meaningful compensation practices in emotionally demanding work environments.

These findings underscore the strategic importance of enhancing reward satisfaction as an effective approach to managing job stress and emotional labor among nurses in SMHs. Improving compensation systems and overall job satisfaction may serve as viable interventions to mitigate the negative consequences of job overload and alleviate the emotional strain experienced by nurses in resource-limited settings.

The changes observed in the R^2 values across the regression models provide further evidence for the moderating role of reward satisfaction. Specifically, the R^2 increased from 2.2% in Model 1 to 26.9% in Model 4, indicating a substantial improvement in explanatory power with the inclusion of reward satisfaction and the interaction term. This notable increase suggests that reward satisfaction significantly contributes to explaining the variance in emotional labor related to job overload. These findings offer robust empirical support for the assertion that reward satisfaction operates as a meaningful moderating variable, capable of buffering or intensifying the adverse psychological effects of job overload [33].

The theoretical underpinnings of these results are aligned with the Job Demands-Resources (JD-R) model proposed by Demerouti, et al. [34] and Hobfoll [35] Conservation of Resources (COR) theory [35]. Both frameworks propose that insufficient resources exacerbate the detrimental effects of job stressors and emotional demands, whereas the availability of adequate resources—such as fair compensation—can serve to buffer these negative outcomes. In line with these models, the present study demonstrates that nurses with higher levels of reward satisfaction are better positioned to manage the emotional demands associated with excessive workloads.

Accordingly, interventions targeting the reduction of emotional labor among nurses in SMHs should extend beyond strategies aimed solely at alleviating workload. Emphasis should also be placed on enhancing compensation satisfaction as a crucial organizational resource. The findings of this study underscore the significant role that compensation systems play in buffering the psychological strain associated with job overload. Specifically, this research provides empirical support for the moderating effect of compensation satisfaction, suggesting that equitable and satisfactory reward structures can attenuate the adverse impact of job overload on emotional labor.

An important implication of this study is that the impact of job overload on emotional labor varies according to the level of reward satisfaction. This finding suggests that reward satisfaction functions as a moderating factor, capable of either buffering or exacerbating the negative effects of job overload on emotional labor. Consequently, efforts to reduce the adverse outcomes of emotional labor within organizations should address not only the management of job demands but also the enhancement of reward satisfaction. In conclusion, this study underscores the significance of reward satisfaction as a key moderating variable in the relationship between job overload and emotional labor. The empirical evidence derived from nurses working in SMHs highlights the critical role of effective reward systems in mitigating job stress and emotional burden in healthcare settings.

What differentiates this study is its empirical verification of reward satisfaction's moderating effect in the unique context of SMHs, where structural limitations such as insufficient staffing and constrained resources intensify job overload and emotional strain. The findings of this study indicate that, although reward satisfaction is not directly related to job overload or emotional labor, it modifies the nature of the relationship between these two variables. This supports a more dynamic understanding of reward satisfaction, not as an isolated predictor, but as a contextual moderator. The observed increase in explanatory power across models, from 2.3% in Model 1 to 26.9% in Model 4, further emphasizes this moderating effect. Although this improvement in R^2 should be interpreted with caution to avoid overstating the explanatory scope of control or interaction variables, it still indicates a meaningful shift in model fit when the interaction between job overload and reward satisfaction is considered. These findings align with theoretical models such as the JD-R model [34] and COR theory [35], which posit that the availability of contextual or psychological resources can buffer the adverse effects of high job demands. Although reward satisfaction did not show a direct correlation with other variables, its interaction with job overload revealed a buffering effect, particularly for those with higher levels of perceived compensation fairness.

Despite its contributions, this study has several limitations. First, the sample was limited to five SMHs in the D city and selected through convenience sampling, which restricts the generalizability of the findings. Second, the cross-sectional design limits the ability to draw causal inferences between job overload, emotional labor, and reward satisfaction. Third, the use of self-reported data raises the possibility of social desirability bias, particularly in responses related to emotional experiences and compensation. These limitations suggest the need for caution in interpretation and point to directions for future research.

Future research should aim to clarify causal relationships through longitudinal study designs, include more diverse and representative samples, and employ objective measurement tools to enhance the generalizability and validity of the findings. Such efforts will contribute to a more precise understanding of the mechanisms through which reward satisfaction influences emotional labor, and provide foundational evidence for developing effective intervention strategies to support nursing staff in high-demand clinical environments.

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