

Correlation between Emotional Labour and Job Satisfaction among Physiotherapists: A Cross-sectional Survey in Multispecialty Hospitals of Delhi NCR, India

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ABSTRACT

Introduction: Healthcare delivery has undergone significant changes, making Emotional Labour (EL) a key factor contributing to worker wellbeing and service quality. Physiotherapists often navigate patients' pain, fear and expectations during treatment, leading to emotional strain.

Aim: To quantify the relationship between EL dimensions (surface acting, deep acting, suppression and emotional consonance) and job satisfaction to guide strategies for improving the workplace experience.

Materials and Methods: A cross-sectional design was used to measure the relationships among 400 physiotherapists in direct patient care at public and private multispecialty hospitals in Delhi-NCR, India between January 2023 and January 2024. Data were collected using standardised questionnaires: the Dutch Questionnaire on Emotional Labour (D-QEL), which includes four EL dimensions and the Minnesota Satisfaction Scale, which measures general, intrinsic and extrinsic job satisfaction. Comprehensive statistical analyses determined the strength and direction of these associations.

Results: General satisfaction was negatively correlated with surface acting ($r\text{-value}=-0.917$, $p\text{-value} < 0.001$), deep acting

($r\text{-value}=-0.896$, $p\text{-value} < 0.001$), and suppression ($r\text{-value}=-0.910$, $p\text{-value} < 0.001$), whereas emotional consonance showed a positive correlation ($r\text{-value}=0.870$, $p\text{-value} < 0.001$). Intrinsic satisfaction, reflecting personal fulfilment, also negatively correlated with surface acting ($r\text{-value}=-0.935$, $p\text{-value} < 0.001$), deep acting ($r\text{-value}=-0.918$, $p\text{-value} < 0.001$), and suppression ($r\text{-value}=-0.926$, $p\text{-value} < 0.001$), but was positively correlated with emotional consonance ($r\text{-value}=0.879$, $p\text{-value} < 0.001$). Similarly, extrinsic satisfaction, linked to external job factors, showed strong negative correlations with surface acting ($r\text{-value}=-0.921$, $p\text{-value} < 0.001$), deep acting ($r\text{-value}=-0.903$, $p\text{-value} < 0.001$), and suppression ($r\text{-value}=-0.916$, $p\text{-value} < 0.001$), but a positive correlation with emotional consonance ($r\text{-value}=0.872$, $p\text{-value} < 0.001$).

Conclusion: Higher emotional consonance significantly improves job satisfaction, whereas surface acting and suppression contribute to dissatisfaction. Training in emotional intelligence can enhance physiotherapists' wellbeing and overall job satisfaction, ultimately improving healthcare service quality.

Keywords: Occupational stress, Professional burnout, Psychological adaptation, Psychological wellbeing, Work-life balance

INTRODUCTION

In the post-COVID era, the emotional burden on the healthcare workforce has intensified, affecting job satisfaction and the quality of patient care. EL refers to the regulation of emotions to meet the emotional demands of the job and to display the required affect in the workplace; it has become a valuable consideration in healthcare settings. Recent research has demonstrated links between EL, professional satisfaction and patient outcomes [1,2]. As the healthcare sector has evolved toward more patient-centred treatment models, healthcare workers—especially physiotherapists—are expected to engage more emotionally while maintaining their own wellbeing [3]. This shift has highlighted the relevance of emotional competence in clinical practice, as well as its impact on overall job satisfaction and treatment quality [4].

Numerous studies have analysed EL and its consequences for healthcare professionals' professional functioning, job satisfaction, and wellbeing [5,6]. Studies have shown that high EL demands are associated with higher levels of stress, burnout and dissatisfaction among healthcare professionals, with variable influence on the quality of care provided [7,8]. Since addressing EL and daily emotional burden is challenging for physiotherapists, some propose targeted emotion-regulation strategies as potential solutions [9]. Further

studies have also identified that, particularly in long-term care, economic pressures such as fixed salaries and disparities in patients' socio-economic dimensions worsen emotional burden [10,11].

Healthcare professionals in Delhi NCR monitor 15-20 patients daily, which is higher than the recommended international benchmarks (8-12 patients daily) [12]. Healthcare professionals operate in novel environments due to rapid healthcare expansion, cultural diversity and patient volume. Systemic issues in public and private healthcare systems compound this acute-burden situation [13,14].

The literature available on EL among healthcare workers is scarce and mostly documented in reference to Western populations; therefore, this study investigates the effects in an Asian population. Additionally, little research exists on EL in India, particularly in urban locations like Delhi NCR [15,16]. The limited studies that explicitly address implications of EL for healthcare professionals' wellbeing in the 21st century have usually framed the issue as the complexity of working as a physiotherapist in rapidly evolving, culturally and economically diverse environments [17].

The current study will fill a significant gap by investigating the relationship between EL and job satisfaction among physiotherapists working in public and private setups in Delhi NCR, given the specific concerns of the region's healthcare system. The findings could also

help shape better human resource management practices and professional development programs in healthcare organisations. This study quantifies the relationship between EL dimensions—surface acting, deep acting, suppression and emotional consonance—and job satisfaction to guide strategies for improving the workplace experience.

In addition, this study contributes to understanding how EL influences not only individual job satisfaction within a high-pressure and multicultural healthcare setting but also has broader implications for patients and healthcare delivery. By offering new perspectives on managing EL in an expanding healthcare sector and exploring the Delhi NCR context, this study helps identify and pave the way for targeted support networks and innovative management practices.

MATERIALS AND METHODS

A cross-sectional research design was used to explore the correlation between EL and job satisfaction among physiotherapists working in multispecialty hospitals in Delhi NCR, India. The study was conducted from January 2023 to January 2024 after obtaining ethical approval from the Departmental Ethical Committee on 10 August 2023 (Reference No.: DEC/FEA/PT/04/23).

Inclusion criteria:

- Physiotherapists working in multispecialty hospitals in Delhi NCR;
- Professionals with a minimum of one year of experience employed in direct patient care;
- Clinical roles that included regular engagement in patient interactions;
- Participants with English fluency.

Exclusion criteria:

- Physiotherapists who primarily work in administrative, research, and teaching roles;
- Clinic-based physiotherapists who are not associated with hospitals;
- Employees who work non traditional shifts, such as part-time or irregular hours.

Sample size: The study targeted physiotherapists involved in direct patient care in multispecialty hospitals in Delhi NCR, and a carefully calculated sample size of 400 participants was used to ensure robust, generalisable findings. G*Power software was used to calculate the study sample size. The required sample size was 384 participants because the estimated medium effect size (Cohen's $d=0.3$) at a 95% confidence level with 0.80 statistical power was needed. This study used snowball (chain) sampling as a non probability sampling approach. The participants provided informed consent following a detailed explanation of the study objectives, as well as their voluntary status and withdrawal rights without penalty.

Study Procedure

Data collection was conducted via standardised questionnaires, capturing detailed insights into EL and its impact on job satisfaction. EL was measured using the D-QEL, a 13-item measurement scale designed by Briët et al., to evaluate service-related professional EL in healthcare settings [18]. This tool specifically measures four dimensions of EL: Surface Acting (5 items), which involves displaying fake emotions or “putting on a mask” instead of genuinely experiencing them; Deep Acting (3 items), referring to efforts to align internal feelings with the emotions required by the job; Suppression (3 items), or the active holding back of negative emotions such as anger or frustration to maintain professionalism; and Emotional Consonance (2 items), which is the natural and easy expression of genuine emotions aligned with one's own feelings and job expectations. The assessment scale consists of a 5-point scale from Never to Always for rating each question. The tool has

demonstrated reliable and valid assessment outcomes in healthcare settings for nursing professionals, based on Näring et al., [19].

Job Satisfaction was evaluated using the Minnesota Satisfaction Questionnaire (MSQ), a 20-item questionnaire developed to evaluate job satisfaction across three subdimensions: General Satisfaction (4 items), reflecting the overall sense of satisfaction or dissatisfaction a professional has with their job; Internal Satisfaction (10 items), addressing intrinsic job aspects such as achievements, responsibilities, recognition and opportunities for advancement; and External Satisfaction (6 items), relating to extrinsic factors, including institutional policies, management style, colleague relationships, working conditions and compensation. Physiotherapists rating their job satisfaction on a 5-point Likert scale with options ranging from Never to Always, which examines their satisfaction with their job duties, as per Tong J et al., who concluded that frequency-based measurements of job burnout outperform agreement-based counterparts in predicting most criteria [20]. The MSQ is a validated tool that performs well in healthcare research and serves as a preferred approach for examining the diverse elements affecting job satisfaction among physiotherapy professionals [21] [Questionnaire].

STATISTICAL ANALYSIS

Comprehensive statistical analyses were applied to explore and interpret these relationships in depth using Statistical Package for the Social Sciences (SPSS) version 25.0. Descriptive statistics, including mean, median, standard deviation and interquartile range, were calculated to summarise participant demographics and scores across the domains of EL, work engagement, job satisfaction and turnover intention. Pearson correlation analyses were conducted to explore the relationships between EL subdomains and job satisfaction. Multiple regression analyses assessed the predictive effects of EL strategies on job satisfaction, accounting for potential confounders.

RESULTS

Data from the demographic analysis showed that male and female physiotherapists in this sample did not differ significantly with respect to age, Body Mass Index (BMI), or length of experience. An independent-samples t-test for age yielded $t=0.164$ ($p=0.870$), indicating no significant gender difference. There were also no statistically significant differences in BMI between genders ($t=0.914$, $p=0.361$). Similarly, years of experience did not differ significantly by gender ($t=0.330$, $p=0.741$) [Table/Fig-1].

Parameters	Males	Females	p-value
Average age (years)	34.31±6.897	34.20±7.128	0.870
Average BMI (kg/m ²)	28.73±4.879	28.29±4.758	0.361
Years of experience	4.46±2.894	4.37 years±2.559	0.741

[Table/Fig-1]: Demographic details.

Results showed that physiotherapists exhibited a moderate level of surface acting with a mean score of 15.99 ± 5.96 and a median of 19; Deep acting had a mean score of 9.84 ± 3.51 with a median of 11; Suppression had a mean of 9.57 ± 3.80 with a median of 11; whereas emotional consonance averaged 5.13 ± 2.44 with a median=4 [Table/Fig-2]. Overall, physiotherapists demonstrated moderate use of surface acting and deep acting, with suppression used intermittently and emotional consonance used to a lesser extent [Table/Fig-2].

The Emotional Labour (EL) subdomain	Mean±SD	Median	Min	Max	25 th percentile	75 th percentile
Surface acting	15.99±5.96	19.0	5	24	9.0	20.0
Deep acting	9.84±3.51	11.0	3	15	6.0	12.0

Suppression	9.57±3.80	11.0	3	15	5.0	13.0
Emotional consonance	5.13±2.44	4.0	2	10	3.0	7.0

[Table/Fig-2]: Descriptive statistics of the Emotional Labour (EL) subdomains among physiotherapists.

The General Satisfaction score was 10.04±5.07 (median=8); Internal (intrinsic) Satisfaction, among physiotherapists, scored 27.90±12.44 (median=21), whereas External (Extrinsic) Satisfaction had a mean score of 20.71±8.98 (median=17) [Table/Fig-3].

Job satisfaction subdomain	Mean±SD	Median	Min	Max	25 th percentile	75 th percentile
General satisfaction	10.04±5.07	8.0	4	20	6.0	16.0
Intrinsic satisfaction	27.90±12.44	21.0	11	50	18.0	44.0
Extrinsic satisfaction	20.71±8.98	17.0	9	30	14.0	31.0

[Table/Fig-3]: Descriptive statistics for job satisfaction subdomains in physiotherapists.

General satisfaction was strongly and negatively correlated with surface acting (r-value=-0.917, p-value <0.001), deep acting (r-value=-0.896, p-value <0.001), and suppression (r-value=-0.910, p-value <0.001). However, emotional consonance showed a positive correlation with general satisfaction (r-value=0.870, p-value <0.001). Intrinsic satisfaction was negatively correlated with surface acting (r-value=-0.935, p-value <0.001), deep acting (r-value=-0.918, p-value <0.001), and suppression (r-value=-0.926, p-value <0.001). Conversely, emotional consonance was positively correlated with intrinsic satisfaction (r-value=0.879, p-value <0.001) [Table/Fig-4].

Emotional Labour (EL) subdomain	General satisfaction	Intrinsic satisfaction	Extrinsic satisfaction
Surface acting	-0.917 (p<0.001)	-0.935 (p<0.001)	-0.921 (p<0.001)
Deep acting	-0.896 (p<0.001)	-0.918 (p<0.001)	-0.903 (p<0.001)
Suppression	-0.910 (p<0.001)	-0.926 (p<0.001)	-0.916 (p<0.001)
Emotional consonance	0.870 (p<0.001)	0.879 (p<0.001)	0.872 (p<0.001)

[Table/Fig-4]: Correlation between Emotional Labour (EL) and job satisfaction.

For general satisfaction, surface acting had a B value of -0.29 (standardised beta=-0.34, p-value <0.001), suggesting that employees who engage in surface acting are less likely to be satisfied with their job. Deep acting (B=-0.28, standardised beta=-0.22, p-value <0.001) and suppression (B=-0.42, standardised beta=-0.35, p-value <0.001) also negatively affected general satisfaction. Surface acting had a B value of -0.73 (standardised beta=-0.38, p-value <0.001), indicating a substantial decrease in satisfaction derived from the work itself. Deep acting (B=-0.86, standardised beta=-0.26, p-value <0.001) and suppression (B=-0.99, standardised beta=-0.29, p-value <0.001) were also negatively associated with intrinsic satisfaction. Emotional consonance had a positive association with intrinsic satisfaction, with a B value of 0.30 (standardised beta=0.14, p-value <0.001). This model yielded a high R-squared value of 0.93. Emotional consonance had a significant positive effect on extrinsic satisfaction, with a B value of 0.49 (standardised beta=0.18, p-value <0.001) [Table/Fig-5].

Job satisfaction subdomain	Predictor	B value	Standard Error (SE)	Standardised Beta	p-value
General satisfaction	Surface acting	-0.29	0.04	-0.34	<0.001
	Deep acting	-0.28	0.06	-0.22	<0.001
	Suppression	-0.42	0.06	-0.35	<0.001
	Emotional consonance	0.30	0.08	0.16	<0.001
	Intercept	19.80	0.88		<0.001
	R-squared	0.89			

Intrinsic satisfaction	Surface acting	-0.73	0.08	-0.38	<0.001
	Deep acting	-0.86	0.12	-0.26	<0.001
	Suppression	-0.99	0.12	-0.29	<0.001
	Emotional consonance	0.55	0.15	0.14	<0.001
	Intercept	54.71	1.79		<0.001
	R-squared	0.93			
Extrinsic satisfaction	Surface acting	-0.48	0.07	-0.32	<0.001
	Deep acting	-0.55	0.10	-0.24	<0.001
	Suppression	-0.76	0.10	-0.31	<0.001
	Emotional consonance	0.49	0.13	0.18	<0.001
	Intercept	38.69	1.49		<0.001
	R-squared	0.90			

[Table/Fig-5]: Effects of Emotional Labour (EL) strategies on job satisfaction subdomains (general, intrinsic, extrinsic), based on regression analysis.

DISCUSSION

The demographic analysis of this study revealed no statistically significant differences in age, BMI, or years of experience between male and female physiotherapists, ensuring a demographically representative and balanced sample to avoid biases in the study design. Participants were typically in their third decade of life, an age associated with marked personal and professional growth [22]. Both genders were, on average, within the preobese BMI range. Physiotherapists are particularly susceptible to obesity, which is of concern not only with respect to musculoskeletal and mental health but also with rising sickness absence [23]. Furthermore, professional experience in physiotherapy was similar for women and men, which is most likely due to standardised career pathways and equal chances for professional development [24,25].

As reported by the physiotherapists in this study, job satisfaction was moderate, with intrinsic satisfaction being higher than extrinsic satisfaction. This was consistent with prior literature, which suggests that healthcare professionals tend to prioritise intrinsic rewards for work over external factors [26]. In physiotherapy practice, high scores for deep acting compared with surface acting are also associated with greater patient satisfaction [27], possibly increasing the efficacy of deep acting. Interpersonal skills, good communication and a high level of quality of care are key determinants of patient satisfaction and are closely related to employee job satisfaction [28]. In line with findings from Sri Lanka, this study also showed that surface acting negatively correlates with job satisfaction among physiotherapists, suggesting the universal emotional cost of faking affect at work [29]. Nevertheless, evidence exists that treatment outcomes do not invariably correlate well with overall patient satisfaction [30].

Factors such as leadership, interpersonal workplace relationships, opportunities for advancement and salary contribute to physiotherapists' overall contentment with their job [31]. Emotional consonance is especially important for improving job satisfaction by fostering authentic professional relationships. Emotional consonance reduces emotional dissonance and related stress [32]. The current study found that employees who experience consonance may face less internal conflict, cultivate more meaningful relationships and exhibit higher engagement, resulting in improved overall satisfaction. Although the standardised beta coefficients for emotional consonance were modest ($\beta=0.14-0.18$), their impact remained consistent and statistically significant, indicating their potential role as a protective factor in emotionally taxing positions [33]. Part of the findings in this study agree with Kaur S and Malodia L, who reported a positive link between deep acting and job satisfaction [34].

In line with existing research, surface acting and the suppression of emotions consistently appear as strong negative predictors of job satisfaction across various domains [35]. Surface acting results in emotional dissonance and burnout, diminishing overall satisfaction

[36]. Emotion suppression demonstrated the most significant negative impact, especially on intrinsic satisfaction ($B=-0.99$, $\beta=-0.29$). This indicates that suppressing emotions can negatively affect employees' inner sense of happiness and sense of purpose at their jobs [37]. Deep acting is negatively correlated with job satisfaction across the board, contrary to expectations. The results indicate that the psychological and emotional resources required for deep acting may still be harmful to employees even though deep acting is frequently seen as a more adaptive style than surface acting [38]. This approach could be especially helpful in circumstances when even genuine emotional regulation can feel limited or difficult to maintain, such as when there are high emotional demands or minimal perceived autonomy [39].

In contrast to the more standardised and possibly less corporatised state of Kerala's public healthcare environment, physiotherapists in Delhi NCR multispecialty hospitals can be subjected to more performance-related demands, which may increase the pressure to engage in surface acting [40]. However, when congruent with organisational objectives and personal desires, these measures contribute to a motivated, satisfied and loyal workforce, creating better-performing individual and organisational responses in a changing healthcare context [41].

Limitation(s)

The study did not focus on a more diverse demographic and geographical sample. Another area that was not examined was the role of organisational interventions, such as emotional intelligence training and leadership support, to determine how they can create actionable strategies to increase engagement, satisfaction and retention among healthcare professionals.

CONCLUSION(S)

The results of the current study demonstrated that intrinsic job satisfaction was moderate to high, whereas extrinsic satisfaction was relatively lower, which could be attributed to a typical pattern among healthcare professionals, whose sources of meaning are mostly concentrated around the therapeutic relationship and professional development rather than extrinsic satisfaction. Surface acting and emotion suppression, two dimensions of emotional labour, negatively correlated with job satisfaction, particularly intrinsic satisfaction, underscoring the emotional price of inauthentic affective regulation. Emotional consonance, in turn, proved to have a positive relationship with job satisfaction, indicating that authenticity of emotional expression and the congruence between experienced and expressed emotions may have an important protective value in emotionally challenging work settings. Although deep acting is conventionally regarded as a more adaptive mechanism, its surprising negative correlation with job satisfaction in the current research indicates the mental cost it may still incur in intense, corporatised medical contexts such as those found in Delhi NCR.

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