JAPAN JOURNAL OF NURSING SCIENCE

Japan Journal of Nursing Science (2019) **16**, 263–273 doi:10.1111/jjns.12235

ORIGINAL ARTICLE

Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness: A cross-sectional study of the long-term care hospitals of South Korea

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Abstract

Aim: It was aimed to explore the effects of the long-term-care (LTC) hospital–nurse organizational culture type, job satisfaction, and job stress on nurses' happiness.

Methods: Included were 226 participants who were randomly selected among the nurses who were working in 17 LTC hospitals with ≥100 beds, located in five cities in South Korea. A multiple regression analysis was carried out in order to examine the factors affecting the happiness of the nurses.

Results: The happiness of the LTC hospital nurses was not high. Regarding the factors affecting their happiness, a higher feeling of happiness was evident when the estimation of their subjective health status was healthier, when they were in an organization with hierarchy-oriented culture properties, when they expressed a higher job satisfaction regarding autonomy, and when the number of task requests was lower. Among these factors, autonomy-based job satisfaction exerts the greatest effect.

Conclusion: Based on these results, the development of personal health improvement programs for nurses' happiness should be required. In addition, hospitals need to be stably operated and managed to ensure organizational safety and the nurse managers should encourage the nurses to carry out their tasks with autonomy.

Key words: happiness, job satisfaction, job stress, long-term care hospital, organizational culture.

INTRODUCTION

With the improved living standards and the development of medical technologies, the average life span of persons continues to increase, while the desire for a healthy, happy life has becomes a major concern. Happiness is an important precursor and determinant of career success (Boehm & Lyubomirsky, 2008). It has been reported that happy persons achieve better results, thereby guaranteeing increased job stability, less sick days, and less likelihood of changing jobs; moreover, the risk that persons are completely exhausted by intensive job stress is remarkably reduced in these persons (Achor, 2010). Happiness is influenced by the stable attributes of the individual, such as the personality, as well as the fit between what the job or organization provides and the individual's expectations, needs, and preferences (Fisher, 2010). An understanding of these contributors provides substantial ways of improving work-based happiness.

In this context, a growing interest is emerging regarding the happiness of the nurses in South Korea. A number of studies revealed that the happiness index of hospital nurses is actually a crucial factor affecting turnover intention (Kim, 2014; Nam & Kwon, 2012) and is associated with the vocational calling, job autonomy, and nursing professional values (Kang, 2015; Nam & Kwon, 2013); additionally, occupational satisfaction affects the happiness of nurses in small- and medium-sized hospitals (Park & Kim, 2015). Indeed, nurses

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Received 3 April 2018; accepted 30 July 2018.

work under onerous circumstances, such as their work overload, nursing shortages, shift work, and inefficient organizational and administrative characteristics; these factors influence their happiness and the patient care.

The nursing organizational culture is composed of the common values and beliefs of the organizational members and is shaped by the behavioral patterns, norms, and expectations that affect their thoughts and behaviors. The research shows that the happiness index indicates a significantly positive correlation with the nursing organizational culture and the nursing organizational culture exerts an influence on the subjective happiness index of the nurses (Kim, 2014; Kim *et al.*, 1999). That is, the happiness at work matters to not only the employees but also to the organization (Fisher, 2010).

Happy persons are more satisfied with their job, compared with unhappy persons (Mignonac & Herrbach, 2004). Nurses' job satisfaction contributes to job immersion and promotes patient satisfaction by improving nursing performance and quality and it also exerts an important effect on the hospital's organizational performance (Park, Park, Yom, & Kim, 2006; Tang, Kim, & Tang, 2000). Job stress is characterized by the personal stress related to the nursing tasks and it causes a sufficiently immense burden, such that the nurses suffer physiological, psychological, and social disorders. If the nurses feel overwhelmed by the stress and suffer it repeatedly, it damages their physical and mental health and leads to work efficiency loss, negligence, delinquency of duties, absence, and exhaustion (Rahighee, 2015; Satoh, Watanabe, & Asakura, 2017).

With the growth of the elderly population in South Korea, the number of long-term-care (LTC) hospitals has increased sharply over a brief time period. The total amount of LTC hospitals, which was only 591 in 2007, increased to 1535 in 2018, representing a 160+% increase over 10 years (Statistics Korea, 2018). But, the elderly who are the main users of the LTC hospitals tend to depend on the nurses or the caregivers because it is difficult for them to stay in the hospital by themselves. For this reason, the nurses suffer from great stress and are routinely exhausted (Byun, Kim, & Jang, 2013). Therefore, based on a study's result that showed that the job satisfaction of LTC hospital nurses is lower than that of hospital nurses (Sung, 2012), it is necessary to investigate the LTC hospital nurses in a different way.

In this regard, the present study tries to explore the effects of the LTC hospital–nurse job satisfaction, stress, and organizational culture type on their happiness. The detailed study purposes are listed, as follows. To: (i) investigate the participants' happiness, organizational culture type, job satisfaction, and job stress; (ii) investigate the difference between the level of happiness by the participants' general characteristics; (iii) investigate the intervariable correlation; and (iv) investigate the effect of the variables on happiness.

METHODS

Design

A cross-sectional design was conducted.

Participants

In total, 226 participants were randomly selected among nurses who were working in 17 LTC hospitals with ≥100 beds and that were located in five cities. The number of participants was estimated by using G Power program 3.1.9.2 (University of Kiel, Germany) and a total of 153 participants was required to maintain a significance level of 0.05, a medium effect size of 0.15, a statistical power of 0.95, and seven predictor variables in the multiple regression analysis. Thus, sufficient participants were recruited in order to conduct this study. It took ~10–15 min to fill out the questionnaire.

Measures

Happiness

Happiness was measured by using the Oxford Happiness Questionnaire, which was developed by Hills and Argyle (2002) and translated by Choi and Lee (2004) as a tool that measures positive emotion, life satisfaction, and the absence of negative feelings. This tool is composed of a total of 28 questions, which include the following based on a 6-point Likert scale:"I disagree very much" (1 point) to "I agree very much" (6 points). Accordingly, from a minimum of 28 to a maximum of 168 points, the higher the number of points, the higher the feeling of happiness. The Cronbach's alpha was 0.91 and 0.92 in Choi and Lee and this study, respectively.

Organizational culture types

To measure how nurses recognize the hospital organizational culture, a questionnaire with 20 questions that had been developed by Han (2001) was used as a survey tool. This tool was composed of four subgroups, each with five questions, and based on a 5-point Likert scale, including relationship-, innovation-, hierarchy-,

and task-oriented culture. Higher points indicate a higher recognition of the different types of culture. The Cronbach's alpha was 0.79 and 0.83 in Han and this study, respectively.

Job satisfaction

Job satisfaction was measured by using a tool that had been developed by Slavitt, Stamps, Piedmont, and Hasse (1978), but afterwards, was amended and corrected by Koo (2000). This tool was composed of a total of 29 questions and six subgroups and based on a 5-point Likert scale, including seven questions for professional position, three for administrational support, five for job autonomy, three for job characteristics, four for job corresponding, and seven for pay. The total score varies from 29 to 145 points; thus, higher points indicate higher job satisfaction. The Cronbach's alpha was 0.85 and 0.85 in Koo and this study, respectively.

Job stress

Job stress was measured by using a tool that had been developed by Kim and Gu (1984) and its construct validity was verified by Ju (2009). This tool consists of a total of 43 questions and nine subgroups that are based on a 5-point Likert scale, such as six questions related to nursing work, five for conflict regarding the professional role, four for a shortage of professional knowledge and skill, three for conflict between the physicians and the nurses, three for a psychological burden because of the limit of medical technology, six for interpersonal problems related to other staff, five for treatment of the nurses, seven related to the work schedule, and four that were related to the patients and the caregivers. The total score varies from 43 to 215 points; thus, higher points indicate a higher level of job stress. The Cronbach's alpha was 0.92 and 0.95 in Ju and this study, respectively.

Data analysis

The collected data were analyzed by using the IBM SPSS/WIN v. 23.0 program (IBM Corporation, Armonk, NY, USA). Regarding the participants' demographic characteristics, the frequency, percentage, mean, and standard deviation (SD) were calculated. The mean and SD values of happiness, organizational culture type, job satisfaction, and job stress were calculated. The mean-value comparisons were undertaken by using the *t*-test, one-way ANOVA, and Tukey's post-hoc test. For the variables of happiness, organizational culture type, job satisfaction, and job stress, the correlation coefficients with the mean score were calculated.

To explore the factors that affect the happiness feeling, a multiple regression analysis was conducted after the setting of the items that showed significant differences among the general characteristics, such as the education level, salary, subjective health status, regular exercise, organizational culture type, and job satisfaction, to the independent variables, and happiness to the dependent variables. Then, the items such as the educational level, salary, subjective health status, and regular exercise and the subgroups of job satisfaction and the organizational culture type were set to the dummy variables. As a result of verifying the assumptions of the regression analysis for the independent variables, the calculated Durbin–Watson statistic, conducted to detect the error autocorrelation regarding the variables included in all the models, was close to 2, and therefore the autocorrelation was considered to be absent. Furthermore, the determined variation inflation factor was <10; thus, the multicollinearity problems were also absent. A *P*-value of <0.05 was regarded as statistically significant.

Ethical considerations

To comply with the ethical considerations for the participants, this study was conducted after obtaining approval from the institutional review board (WKIRB-201708-SB-059) of the university where the investigator was affiliated. Above all, permission was granted to conduct a study after explaining the study's purposes and questionnaire methods to the administrators of each institution in order to collect data and then the study's purposes, anonymity, and confidentiality of the participants were explained to them and a survey was conducted after distributing questionnaires only to the nurses who decided to participate in this study, using informed consent forms.

RESULTS

General characteristics of the participants

The general characteristics of the participants in this study are shown in Table 1. A total of 244 out of the distributed 262 copies was returned. Finally, 226 copies, except 18 ones with poor responses, were allowed for the data analysis. Specifically, they were composed of 215 (95.1%) women and 11 (4.9%) men, whose mean age was 43.00 ± 11.17 years. The participants were

Table 1 Demographic characteristics of the participants (n = 226)

Variable	Mean ± SD	N (%)
Sex	—	—
Female	—	215 (95.1)
Male	—	11 (4.9)
Age (years old)	43.00 ± 11.17	—
20–29	—	35 (15.5)
30–39	—	70 (31.0)
40–49	—	58 (25.7)
50–59	—	48 (21.2)
≥60	—	15 (6.6)
Marital status	—	—
Unmarried	—	52 (23.0)
Married	—	174 (77.0)
Education	—	—
Associate	—	144 (63.7)
Bachelor	—	71 (31.4)
≥Master's	—	11 (4.9)
Clinical career (years) (n = 219)	146.86 ± 103.72 (months)	—
<5	—	46 (21.0)
5~10	—	74 (33.8)
>10	—	99 (45.2)
Salary (10,000 won)	—	—
151~200	—	46 (20.4)
201~250	—	132 (58.4)
251~300	—	41 (18.1)
≥301	—	7 (3.1)
Current position	—	—
Staff nurse	—	164 (72.6)
Charge nurse	—	18 (8.0)
≥Head nurse	—	44 (19.5)
Type of work	—	—
Three shifts	—	90 (39.8)
Two shifts	—	12 (5.3)
Full-time	—	95 (42.0)
Others	—	29 (12.8)
Subjective health status	—	—
Very good	—	15 (6.6)
Good	—	110 (48.7)
Moderate	—	80 (35.4)
Not good	—	21 (9.3)
Regular exercise	—	—
Yes	—	66 (29.2)
No	—	160 (70.8)

SD, standard deviation.

mostly in their 30s (70, 31.0%) and 40s (58, 25.7%). For their marital status, 174 (77.0%) of the participants were married and for their educational level, they were mostly (144, 63.7%) 3 year university graduates. The mean clinical career of the participants was 146.86 months and the participants mostly (99, 45.2%) had a career of >10 years. For the pay level, the participants mostly (132, 58.4%) had a salary of 201–250 million won and were composed of 164 (72.6%) staff nurses and 44 (19.5%) charge nurses. For working patterns, there were 95 (42%) full-time and 90 (39.8%) three-shift nurses . In the question for subjective health status, the participants mostly (110, 48.7%) responded that it was "good," followed by 80 (35.4%) participants who responded that it was "not so good." In addition, only 66 (29.2%) of the participants exercised regularly.

Participants' happiness, organizational culture types, job satisfaction, and job stress

With regard to the items such as happiness, organizational culture types, job satisfaction, and job stress, the participants scored 113.78 ± 15.77 (out of 168), 3.24 ± 0.42 (out of 5), 86.82 ± 11.54 (out of 145), and 157.37 ± 21.69 (out of 215) points on average, respectively, as shown in Table 2.

For the organizational culture subgroup types, the participants scored the highest on the relationship-oriented culture (3.63 ± 0.67), followed by the hierarchy-oriented culture (3.43 ± 0.46), and scored the lowest on the task-oriented culture (2.83 ± 0.54). In the subgroups of job satisfaction, the participants scored the highest on the job corresponding (3.70 ± 0.60), followed by the administrational support (3.37 ± 0.75), and scored the lowest on the salary (2.42 ± 0.62). Concerning the subgroups of job stress, the participants scored the highest on the conflict between the physicians and the nurses (4.11 ± 0.75), followed by the patients and the caregivers (4.04 ± 0.68), and the interpersonal problems related to other staff (3.77 ± 0.76).

Differences in happiness by the general characteristics of the participants

There were significant differences in happiness, depending on the educational level, salary, subjective health status, and regular exercise. Specifically, the participants with a postgraduate degree had a higher feeling of happiness, compared to those who graduated from 3 and 4 year universities (F = 5.563, P = 0.004), and the participants with a salary of ≥301 million won had a higher feeling of happiness than those with a salary of 151–200 and 201–250 million won (F = 3.746, P = 0.006). For the subjective health status, the

Table 2 Descriptive statistics of happiness, organizational culture type, job satisfaction, and job stress (n = 226)

Variable	Minimum	Maximum	Mean ± SD
Happiness	78.00	162.00	113.78 ± 15.77
Job satisfaction	60.00	131.00	86.82 ± 11.54
Professional position	1.00	4.86	2.71 ± 0.59
Administrational support	1.67	5.00	3.37 ± 0.75
Job autonomy	1.00	5.00	3.23 ± 0.68
Job characteristics	2.00	5.00	3.29 ± 0.63
Job corresponding	2.25	5.00	3.70 ± 0.60
Pay	1.00	4.14	2.42 ± 0.62
Job stress	71.00	207.00	157.37 ± 21.69
Related to nursing work	1.67	5.00	3.71 ± 0.57
Conflict of professional role	2.00	5.00	3.58 ± 0.63
Shortage of professional knowledge and skills	1.00	5.00	3.55 ± 0.73
Conflict between the physicians and the nurses	1.67	5.00	4.11 ± 0.75
Psychological burden due to the limit of medical technology	1.00	5.00	3.70 ± 0.66
Interpersonal problem related to other staff	1.00	5.00	3.77 ± 0.76
Treatment of the nurses	1.00	4.80	3.23 ± 0.76
Related to work schedule	1.00	5.00	3.53 ± 0.82
Related to the patients and the caregivers	1.25	5.00	4.04 ± 0.68
Organizational culture types	2.10	4.50	3.24 ± 0.42
Relationship-oriented	2.00	5.00	3.63 ± 0.67
Innovation-oriented	1.17	4.83	3.03 ± 0.65
Hierarchy-oriented	2.20	4.60	3.43 ± 0.46
Task-oriented	1.25	4.75	2.83 ± 0.54

SD, standard deviation.

participants who responded that it was "very good" had a higher feeling of happiness than those who responded that it was "not good" (F = 14.341, P < 0.001). In addition, the participants who were exercising regularly had a higher feeling of happiness, compared to those without regular exercise habits (t = 2.348, P = 0.020) (Table 3).

Correlation between happiness, organizational culture types, job satisfaction, and job stress

Happiness was found to be positively correlated with job satisfaction (r = 0.445, P < 0.001) and all types of organizational culture (r = 0.359, P < 0.001). On the contrary, happiness was not correlated with job stress (r = −0.063, P = 0.344) (Table 4).

Factors affecting a feeling of happiness

Table 5 presents the results of the stepwise multiple regressions. In model 1, the effects of the general characteristics on happiness were analyzed. As a result, the F-statistic in the regression model was significant, at 7.235, P < 0.001, and the R^2-value was found to be 0.200 and explained 20% of happiness. It was found that, in the general characteristics, recognizing that subjective health status is very good (β = 0.381, P < 0.001) or good (β = 0.357, P = 0.001) had an effect on happiness.

In model 2, the organizational culture types were added to the one-stage model and then the effects were analyzed in the same way. Consequently, the F-statistic in the regression model was significant, at 7.557, P < 0.001, and the R^2-value was found to be 0.275 and explained 27.5% of happiness. Thus, the explanation power in the two-stage model, compared to the one-stage model, was higher by 7.5%. It was found that, in the general characteristics, recognizing that the subjective health status is very good (β = 0.346, P < 0.001) or good (β = 0.348, P = 0.001) and there is a relationship-oriented culture type (β = 0.184, P = 0.018) had an effect on happiness.

In model 3, job satisfaction was added to the two-stage model and then the effects were analyzed. As a result, the F-statistic in the regression model was significant, at 8.164, P < 0.001, and the R^2-value was found to be

Table 3 Differences in the mean values of happiness according to the demographic characteristics (n = 226)

Variable	Mean ± SD	t- or F-value	P-value
Sex		0.285	0.776
Female	113.85 ± 15.57		
Male	112.45 ± 20.16		
Age (years old)		0.724	0.576
20–29	113.91 ± 17.40		
30–39	111.23 ± 14.34		
40–49	114.81 ± 17.21		
50–59	115.54 ± 4.84		
≥60	115.73 ± 15.81		
Marital status		−0.636	0.526
Unmarried	112.56 ± 17.35		
Married	114.14 ± 15.30		
Education		5.563	0.004a,b < c
Associate[a]	112.19 ± 14.88		
Bachelor[b]	114.79 ± 14.82		
≥Master's[c]	128.00 ± 24.99		
Clinical career (years) (n = 219)		0.807	0.448
<5	111.48 ± 16.56		
5~10	115.23 ± 14.09		
>10	113.49 ± 16.67		
Salary (10,000 won)		5.007	0.002a,b < d
151~200[a]	114.24 ± 17.46		
201~250[b]	111.58 ± 14.41		
251~300[c]	117.15 ± 14.94		
≥301[d]	132.43 ± 20.60		
Current position		0.151	0.860
Staff nurse	113.80 ± 16.05		
Charge nurse	112.00 ± 2.21		
≥Head nurse	114.43 ± 16.56		
Type of work		0.178	0.911
Three shifts	113.51 ± 5.70		
Two shifts	112.92 ± 12.26		
Full-time	113.54 ± 16.18		
Others	115.76 ± 16.49		
Subjective health status		14.341	<0.001a > b,c,d, b > c,d
Very good[a]	132.07 ± 20.25		
Good[b]	116.43 ± 14.93		
Moderate[c]	108.75 ± 12.64		
Not good[d]	106.00 ± 14.52		
Regular exercise		2.348	0.020
Yes	117.58 ± 17.06		
No	112.21 ± 14.98		

SD, standard deviation. a,b,c,d, subgroups classified based on the mean values of happiness.

0.377 and explained 37.7% of happiness. Thus, the explanation power in the three-stage model, compared to the two-stage model, was higher by 10.2%. It was found that, in the general characteristics, recognizing that the subjective health status is very good (β = 0.346, P < 0.001) or good (β = 0.348, P = 0.001) and that there are a hierarchy-oriented culture type (β = 0.138, P = 0.025), autonomy (β = 0.314, P < 0.001), and job characteristics (β = −0.178, P = 0.008) had an effect on happiness.

Therefore, it was shown that the participants had a higher feeling of happiness when estimating that their subjective health status was healthier in an organization with a hierarchy-oriented culture and with higher job satisfaction because of autonomy and lower job characteristics.

Table 4 Correlation coefficients between happiness, organizational culture type, job satisfaction, and job stress (n = 226)

Variable	Organizational culture type					Job satisfaction	Job stress
	Total	Relationship-oriented	Innovation-oriented	Hierarchy-oriented	Task-oriented		
Happiness	0.359	0.352	0.323	0.132	0.131	0.445	−0.063
	<0.001	<0.001	<0.001	0.048	0.049	<0.001	0.344
Organizational culture type	—	—	—	—	—	0.503	−0.140
	—	—	—	—	—	<0.001	0.035
Relationship-oriented	—	—	—	—	—	0.460	−0.177
	—	—	—	—	—	<0.001	0.008
Innovation-oriented	—	—	—	—	—	0.542	−0.195
	—	—	—	—	—	<0.001	0.003
Hierarchy-oriented	—	—	—	—	—	−0.010	0.004
	—	—	—	—	—	0.886	0.947
Task-oriented	—	—	—	—	—	0.280	−0.036
	—	—	—	—	—	<0.001	0.593
Job satisfaction	—	—	—	—	—	—	−0.219
	—	—	—	—	—	—	0.001

Table 5 Multiple regression analysis of happiness with the other variables (n = 226)

Variable	Model 1			Model 2			Model 3		
	β	t	P	β	t	P	β	t	P
Demographic characteristic	—	—	—	—	—	—	—	—	—
(Constant)	—	30.019	<0.001	—	7.395	<0.001	—	5.091	<0.001
Education	—	—	—	—	—	—	—	—	—
Bachelor	0.071	1.157	0.250	0.077	1.302	0.194	0.081	1.443	0.150
≥Master's	0.112	1.706	0.089	0.102	1.626	0.105	0.082	1.399	0.163
Salary (won)	—	—	—	—	—	—	—	—	—
(201–250)	−0.144	−1.867	0.063	−0.124	−1.669	0.097	−0.114	−1.634	0.104
(251–300)	0.020	0.269	0.789	0.014	0.187	0.852	−0.024	−0.342	0.733
(≥301)	0.109	1.628	0.105	0.100	1.553	0.122	0.031	0.511	0.610
Subjective health status	—	—	—	—	—	—	—	—	—
Very good	0.381	4.849	<0.001	0.346	4.566	<0.001	0.269	3.682	<0.001
Good	0.357	3.235	0.001	0.348	3.273	0.001	0.289	2.903	0.004
Moderate	0.097	0.902	0.368	0.147	1.412	0.159	0.118	1.219	0.224
Regular exercise (Yes)	0.018	0.294	0.769	0.067	1.084	0.280	0.097	1.626	0.105
Organizational culture type	—	—	—	—	—	—	—	—	—
Relationship-oriented	—	—	—	0.184	2.392	0.018	0.073	0.938	0.349
Innovation-oriented	—	—	—	0.106	1.262	0.208	0.124	1.457	0.147
Hierarchy-oriented	—	—	—	0.124	1.950	0.052	0.138	2.255	0.025
Task-oriented	—	—	—	−0.045	−0.662	0.509	−0.066	−1.023	0.308
Job satisfaction	—	—	—	—	—	—	—	—	—
Professional position	—	—	—	—	—	—	−0.066	−1.023	0.308
Administrational support	—	—	—	—	—	—	0.169	2.593	0.101
Job autonomy	—	—	—	—	—	—	0.314	4.591	<0.001
Job characteristics	—	—	—	—	—	—	−0.178	−2.674	0.008
Job corresponding	—	—	—	—	—	—	0.116	1.664	0.098
Pay	—	—	—	—	—	—	−0.011	−0.185	0.854
	Adjusted R^2 = 0.200, F = 7.235, P < 0.001			Adjusted R^2 = 0.275, F = 7.557, P < 0.001			Adjusted R^2 = .377, F = 8.164, P < 0.001		

DISCUSSION

In the present study, the measurement of the participants' happiness shows that they earned 113.78 out of 168 points on average, while they actually scored 67.73 out of a maximum of 100 points. The average happiness score is less than that of the nurses of Iran (121.57 out of 174 points, 69.87 from the maximum of 100 points), which were measured by using the same tool (Abdollahi, Talib, Yaacob, & Ismail, 2014). In addition, the happiness score of the Korean nurses working in the medical institutions that are more advanced than the hospital grade was measured to be 60.6 points (3.03 out of 5 points) by using another tool (Nam & Kwon, 2013), while that of the nurses working in the high-level general hospital was found to be 59.22 points (5.33 out of 9 points), as shown by Ko (2013), thereby indicating the lower feeling of happiness of the Korean nurses. These results show that the South Korean employment portion was poorly evaluated in a study of the quality of life in the Organization for Economic Co-operation and Development countries (Lee, 2012) and especially the nurses are working under poor conditions and are highly stressed, owing to the unbalanced distribution of nursing resources.

In this study, with respect to the participants' job stress, the conflict with the doctors scored the highest, followed by those with the patients and the guardians. The well-being factors of the workplace of the older nurses who were aged ≥45 years might include collaboration, cooperation, and togetherness (Utriainen, Kyngas, & Nikkila, 2011), thus showing the importance of the development of harmonious relations with the task targets. As the number of elderly persons and the nursing care needs are increasing, the South Korean Government has relaxed the standards of the LTC hospital establishments; therefore, the number of LTC hospitals has exploded (Sunwoo, Choi, Yoo, Jang, & Kim, 2013). The LTC hospital is located between the acute care hospital and the LTC facility in the Korean elderly medical system and there is no clear regulation of the roles of the nurses who are working at the LTC hospitals. As a result of the study on the role conflict among the LTC hospital nurses, the following five categories have been revealed: "heavy workload," "nursing job delegation of unclear regulations," "unprotected doctor's job performance," "non-systematic nursing assistant management," and "limit of competency" (Park & Yeom, 2016). In particular, the conflicts and the obscurities contribute to the exhaustion of the nurses, thereby leading to a decrease in nursing quality (Meyers & van Woerkom, 2017; Poghosyan, Clarke, Finlayson, & Aiken, 2010). Accordingly, it is crucial to clearly delineate the roles of the medical teams in terms of the conducting of their own tasks, which might contribute to a decrease in nurses' job stress and exhaustion.

The regression analysis of the factors that affected the participants'happiness revealed a higher feeling of happiness when the estimated subjective health status is healthier, when the job satisfaction regarding autonomy is higher, when the number of the task requests is lower, and in the organizations with a hierarchy-oriented culture. Among these factors, the autonomy-based job satisfaction exerts the largest effect. The *Yangsaeng*, a traditional healthcare method of the Orient that is designed to prevent diseases, is also one of the factors that is involved in nurses' happiness (Park & Kim, 2015). Shiftwork is a nursing characteristic. Especially, the South Korean LTC hospital nurses experienced sleep problems, depression, and fatigue, as they care mainly for elderly patients with chronic diseases and they have less options to improve their health (Hwang, 2015); therefore, their degree of happiness might be decreased. Veenhoven (2008) highlighted the effect of psychological well-being on physical conditions by using the term "healthy happiness." The meaning of this term is as follows: happiness is correlated with physical conditions from a causal viewpoint, suggesting that persons should improve their feeling of happiness through both psychological and physical health. Therefore, it is vital to develop and manage the health improvement programs at the hospital level to ameliorate the physical conditions of the LTC hospital nurses. These actions will ultimately contribute to an increase of the nursing quality, leading to positive outcomes for the patients.

The nursing organizational culture comprises the common beliefs, thoughts, and behavioral patterns that are established as a result of the diverse experiences that are suffered in the process of task performance in the organization and are derived from nursing interactions (Kim *et al.*, 1999). Specifically, the hierarchy-oriented culture places emphasis on the maintenance and unification of the inside organization, along with safety and control needs. If applied to the hospital nursing organization, nurse satisfaction becomes more important than that of the patients on the vertical side and the safety, rather than the flexibility, assumes the central place in the organizational culture on the horizontal side. Accordingly, this type of organizational culture places stress on the organizational efficiency and the existing procedures and regulations (Han, 2001). The hierarchy-oriented culture can be the type of nursing

organizational culture that is essential for the survival of the LTC hospitals under the circumstances of a gradual increase in the enterprise-class large hospitals and nursing homes, as well as in a variety of medical systems, as the aging population changes, especially in South Korea. In the case of the general hospital nurses, the hierarchy-oriented culture has affected their turnover intention (Kim, 2014); on the contrary, for the nurses working in the nursing homes, a positive effect was identified regarding the construction of the empowerment of nursing resources (Im, Yoon, Son, Nam, & Jang, 2014). These results indicate, regarding the LTC hospitals with relatively poor conditions, the properties of the hierarchy-oriented culture need to be highlighted in order to maximize the organizational safety, thereby contributing to the increase in the feeling of happiness of the LTC hospital nurses.

Happy persons are more satisfied with their job, compared with unhappy persons (Mignonac & Herrbach, 2004). Lee and Suh (2014) drew six meanings from a study on the happiness that is experienced by career nurses, with one of them being job satisfaction. Liu, Aungsuroch, and Yunibhand (2016) showed that job happiness is included in the three results of a concept analysis for job satisfaction. That is, it is believed that nurses' happiness originates from the satisfaction of successful task performance. In this study, autonomy-based job satisfaction exerts the greatest influence on the happiness of the LTC hospital nurses. Happy persons have a higher degree of autonomy in their job and such an increased control of the environment could buffer against burnout (Van Katwyk, Fox, Spector, & Kelloway, 2000). Thus, considering nurse professional properties, the facilitation of autonomy is a worthwhile investment. In addition, the heavy task requests exert a negative effect on happiness, also suggesting that job autonomy is crucial to the nurses. According to the Korean Medical Treatment law, the nurse quota of the LTC hospitals is one nurse per six inpatients, but the nurse can be replaced by a nursing assistant regarding two-thirds of the nurse's capacity; this leads to an increase in the number of nursing assistants, rather than nurses, and the workload and task requests are inevitably increased. This factor is among those that reduce the job autonomy and job satisfaction and lower the happiness of the LTC hospital nurses. Accordingly, considerations need to be made regarding the hospital organization and the flexibility of the hospital administrators to enable the LTC hospital nurses to exhibit autonomy in the performance of their tasks, as this will be important for nurses' happiness.

This study contains a number of limitations. First, the focus of the collected data is the nurses who are working in the LTC hospitals that are located in only some of the regions of Korea; accordingly, further studies should be repeatedly conducted, with an expansion of the participants and regions. Second, the differences in the patients of each hospital, nursing management types, and nurse job characteristics were not considered in the evaluation of their organizational properties, tasks, and happiness. Third, happiness is a variable that is affected by a diversity of factors, such as demographical, psychological, physical, and professional characteristics. In this study, however, their influence was only evaluated for a number of factors by each characteristic, thereby showing a limitation in the formation of a holistic and multifaceted approach regarding nurse happiness.

Nevertheless, a comprehensive list of the affecting factors of nurse happiness in the LTC hospitals has been identified. This study is the starting point for the promotion of happiness according to the maintenance of the work–life balance of the LTC hospital nurses in South Korea, where the LTC hospitals' quantitative expansion is prominent, making this study very significant.

CONCLUSION

To sum up the results, the happiness of the LTC hospital nurses is not high. For the factors affecting their happiness, a higher feeling of happiness was found when their estimated subjective health status is healthier, they work in organizations with a hierarchy-oriented culture, when the job satisfaction is higher regarding autonomy, and when the number of task requests is lower. Among these factors, autonomy-based job satisfaction exerts the greatest effect.

Based on the results of this study, the proper development of personal health improvement programs for nurse happiness should be a requirement. In addition, it is necessary to ensure the stable operation and management of the hospitals for organizational safety, as well as the development of roles that support the nurse managers to encourage the performance of nursing tasks with autonomy.

ACKNOWLEDGMENTS

This work was supported by Wonkwang University's Research Fund in 2017.

DISCLOSURE

The author declares no conflict of interest.

AUTHOR CONTRIBUTIONS

E. H. H. conceived and designed the study, acquired and analyzed the data, drafted and revised the manuscript, and approved the final version of the manuscript.

REFERENCES

Abdollahi, A., Talib, M. A., Yaacob, S. N. & Ismail, Z. (2014). Hardiness as a mediator between perceived stress and happiness in nurses. *Journal of Psychiatric and Mental Health Nursing*, *21*, 789–796.

Achor, S. (2010). *The happiness advantage*. Seoul: Chung Rim Publishing Company.

Boehm, J. K. & Lyubomirsky, S. (2008). Does happiness promote career success? *Journal of Career Assessment*, *16*, 101–116.

Byun, B. J., Kim, S. H. & Jang, C. H. (2013). Factors affecting the exhaustion of the nurse in the senior hospital. *Journal of the Korean Academy of Health and Welfare for Elderly*, *5*, 105–119.

Choi, Y. W. & Lee, S. J. (2004). The influence of individual differences in emotional awareness on mental health of college students. *Korean Journal of Health Psychology*, *9*, 887–901 (in Korean with English abstract).

Fisher, C. D. (2010). Happiness at work. *International Journal of Management Reviews*, *12*, 384–412.

Han, S. J. (2001). A study on the relationship between nursing organizational culture and organizational performance. Unpublished doctoral thesis, Ewha Womans University, Seoul (in Korean).

Hills, P. & Argyle, M. (2002). The Oxford Happiness Questionnaire: A compact scale for the measurement of psychological well-being. *Personality and Individual Differences*, *33*, 1073–1082.

Hwang, E. H. (2015). Influence of sleep quality, depression and fatigue on job stress of geriatric hospital workers. *Journal of the Korea Academia–Industrial Cooperation Society*, *16*, 5413–5421 (in Korean).

Im, G. H., Yoon, J. S., Son, S. Y., Nam, G. Y. & Jang, M. J. (2014). Effect of organizational culture of nursing staff of elderly care facilities to empowerment. *Korean Journal of Local Government & Administration Studies*, *28*, 265–284 (in Korean).

Ju, J. H. (2009). ER nurses` job stress main factors influencing on the organizational effectiveness. Unpublished Master's thesis, Kyung Hee University, Seoul (in Korean).

Kang, J. E. (2015). Factors related to the happiness of clinical nurses. Unpublished Master's thesis, Catholic University of Daegu, Daegu (in Korean).

Kim, K. N. (2014). The effect nursing organizational culture and happiness index on turnover intention among nurses. *Korean Journal of Health Service Management*, *8*, 61–72 (in Korean with English abstract).

Kim, M. J. & Gu, M. O. (1984). The development of the stresses measurement tool for staff nurses working in the hospital. *Journal of Korean Academy of Nursing*, *14*, 227–236 (in Korean with English abstract).

Kim, M. S., Chun, M. S., Bang, H. S., Moon, S. Y., Lee, S. H., Han, S. J. *et al.* (1999). The concept analysis of the organizational culture of nursing service in hospital setting. *Journal of Korean Nursing Administration Academic Society*, *5*, 87–97 (in Korean).

Ko, J. O. (2013). Influence of clinical nurses' emotional labor on happiness in workplace. *Journal of the Korea Contents Association*, *13*, 250–261 (in Korean).

Koo, O. H. (2000). Clinical nurses' perception of empowerment structural model in nursing organization. Unpublished doctoral thesis, Chungnam National University, Daejeon (in Korean).

Lee, N. C. (2012). A study on the structure of quality of life in OECD member countries. *Health and Social Welfare Review*, *32*, 5–40 (in Korean with English abstract).

Liu, Y., Aungsuroch, Y. & Yunibhand, J. (2016). Job satisfaction in nursing: A concept analysis study. *International Nursing Review*, *63*, 84–91.

Meyers, M. C. & van Woerkom, M. (2017). Effects of a strengths intervention on general and work-related well-being: The mediating role of positive affect. *Journal of Happiness Studies*, *18*, 671–689.

Mignonac, K. & Herrbach, O. (2004). Linking work events, affective states, and attitudes: An empirical study of managers' emotions. *Journal of Business and Psychology*, *19*, 221–240.

Nam, M. H. & Kwon, Y. C. (2012). The relationship between better life index, nursing performance and intents to leave among hospital nurses. *Journal of Digital Convergence*, *10*, 417–427 (in Korean).

Nam, M. H. & Kwon, Y. C. (2013). Factors influencing happiness index of hospital nurses. *Journal of Korean Nursing Administration Academic Society*, *19*, 329–339 (in Korean).

Park, H. H., Park, K. S., Yom, Y. H. & Kim, K. H. (2006). Impact of clinical nurses' power and empowerment on job satisfaction and organizational commitment. *Journal of Korean Academy of Nursing*, *36*, 244–254.

Park, H. S. & Kim, A. J. (2015). The relationship between Yangsaeng and happiness among nurses in the small and medium-sized hospitals. *Journal of East–West Nursing Research*, *21*, 85–93 (in Korean).

Park, S. E. & Yeom, E. Y. (2016). Experience of the role conflict of nurses in long-term care hospitals. *The Journal of the Korea Contents Association*, *16*, 368–381 (in Korean).

Poghosyan, L., Clarke, S. P., Finlayson, M. & Aiken, L. H. (2010). Nurse burnout and quality of care: Cross-national investigation in six countries. *Research in Nursing & Health*, *33*, 288–298.

Rahighee, F. (2015). A descriptive study of nurses' happiness at Shahid Sadoughi hospital, Iran. *Journal of Mental Disorders and Treatment*, *1*, 1–3.

Satoh, M., Watanabe, I. & Asakura, K. (2017). Occupational commitment and job satisfaction mediate effort–reward imbalance and the intention to continue nursing. *Japan Journal of Nursing Science*, *14*, 49–60.

Slavitt, D. B., Stamps, P. L., Piedmont, E. B. & Hasse, A. M. B. (1978). Nurses' satisfaction with their work situation. *Nursing Research*, *27*, 114–120.

Statistics Korea. (2018). *Current status of medical institution*. [Cited 9 Jun 2018.] Available from URL: http://kosis.kr/statisticsList/statisticsListIndex.do?menuId=M_01_01&vwcd=MT_ZTITLE&parmTabId=M_01_01&statId=1996019&themaId=D#SelectStatsBoxDiv (in Korean).

Sung, K. W. (2012). Comparison between nursing home nurses and hospital nurses for emotional labor and job satisfaction. *Journal of Korean Gerontological Nursing*, *14*, 40–49 (in Korean with English abstract).

Sunwoo, D., Choi, J. S., Yoo, G. C., Jang, S. N. and Kim, S. J. (2013). *Improvement in evaluation and management system of long-term care quality in Korea*. [Cited 9 Jun 2018.] Available from URL: https://www.kihasa.re.kr/web/publication/research/view.do?menuId=44&tid=71&bid=12&division=001&keyField=title&searchStat=2018&key=%EB%85%B8%EC%9D%B8%EC%9E%A5%EA%B8%B0%EC%9A%94%EC%96%91&ano=1606 (in Korean).

Tang, T. L. P., Kim, J. W. & Tang, D. S. H. (2000). Does attitude toward money moderate the relationship between intrinsic job satisfaction and voluntary turnover? *Human Relations*, *53*, 213–245.

Utriainen, K., Kyngas, H. & Nikkila, J. (2011). A theoretical model of ageing hospital nurses' well-being at work. *Journal of Nursing Management*, *19*, 1037–1046.

Van Katwyk, P. T., Fox, S., Spector, P. E. & Kelloway, E. K. (2000). Using the Job-related Affective Well-being Scale (JAWS) to investigate affective responses to work stressors. *Journal of Occupational Health Psychology*, *52*, 219–230.

Veenhoven, R. (2008). Healthy happiness: Effects of happiness on physical health and the consequences for preventive health care. *Journal of Happiness Studies*, *9*, 449–469.

