# Psychological Factors Influencing Job Satisfaction Among Korean Long-Term Care Hospitals Nurses

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## Abstract

**Aim:** This study aimed to investigate job satisfaction of nurses in long-term care hospitals and examine the factors affecting it.

**Design:** A cross-sectional study at three long-term care hospitals.

**Methods:** Data were collected from 135 voluntary nurses recruited from 3 long-term care hospitals. The survey questions measured job satisfaction, role conflict, communication competence, resilience, and general characteristics. Data were analyzed using descriptive statistics, independent t-test, one-way Pearson correlation coefficient and standard multiple regression with Statistical Package for the Social Sciences 18.0 for Windows.

**Results:** The factors influencing job satisfaction of subjects were the presence of standard instruction for nursing practice and resilience, which explained 12.3% of variance in job satisfaction of them.

**Keywords**: Job Satisfaction, Role, Communication, Resilience, Psychological, Nurses

## Introduction

### 1. Background & Purpose

Korea is an aged society in that the proportion of the elderly population aged 65 and over is 16.3% and it is predicted that the proportion will increase to 25% in 2030, reaching a super-aged society (Korea Statistical Information Service, 2020). This increase in the elderly population geometrically increased the number of long-term care hospitals and nurses working for them, and accordingly, the proportion of nursing hospital nurses among all the nurses also increased significantly (Statistics of Health Insurance Review and Assessment Service, 2020a; Statistics of Health Insurance Review and Assessment Service, 2020b). Since, in Korea, long-term care hospital nurses provide care necessary for daily life of patients with difficulties in movement due to physical aging or disease (Baek, 2018), and are specialized in physical, mental, psychological, and spiritual nursing for critically ill and dying patients (Kim & Kim, 2010), thus provide a high level of nursing (Kim & Gu, 2015), they are important medical personnel who play a key role in caring for patients and their recovery (Park, 2001).

Job satisfaction is a positive and pleasurable emotional state obtained from evaluation results of job experience (Shin, 2005) and is a driving force for nurses to maintain their career in nursing and improve their implementation of nursing treatment for patients (Lee, 2003). In contrast to the recent increase in the nursing work complexity and required professionalism of long-term care hospital nurses, their salary and working conditions are relatively poor compared to those of acute-stage hospital nurses (Korean Nursing Association, 2008), which is leading to aggravation of the nurse shortage in long-term care hospitals where the nurses are in charge of 42 patients in average (Woo, 2008). In addition, shift work and inappropriate salary system, negative social perception on long-term care hospital nurses, and psychological burden due to medical limitations in emergency situations are reducing the job satisfaction of long-term care hospital nurses (Lee, 2010), triggering high turnover and poor implementation of treatment for patients. It is urgent, therefore, to identify the factors affecting the job satisfaction of long-term care hospital nurses and to develop the interventions Nurses, in the performance of various tasks in hospital, a special organizational society, experience role conflict due to difference between role expectation and role performance, and the accumulation of role conflict has negative effect on their job satisfaction (Sullivan & Decker, 1997; Kim & Park, 1995). The role conflict experienced by long-term care hospital nurses in Korea (Kim, 2014) mostly begins with expectations for them to perform the doctor's job, and this role ambiguity affects their job performance (Jo & Sung, 2018). In addition, although the improvement

of work-related communication competence plays an important role in improving job satisfaction through improving work performance (Dawn & Theodore, 2004), this competence was found to be lower in the nursing profession compared to other ones, which became an important issue in nursing community (Lee, Yeo, Jung & Byeon, 2013). Resilience refers to a positive mindset that allows one to overcome chronic stress and difficulties and to adapt successfully (Kim, 2011). For nurses, resilience helps them to overcome job stress, thereby buffering the negative effects of emotional labor and burnout on job satisfaction (Jung & Choi, 2020), which leads to positive effects on job satisfaction (Jung & Choi, 2020).

Although previous studies on job satisfaction of long-term care hospital nurses have presented communication competence (Chu, 2016), nursing activity delegation, professionalism (Yang & Kim, 2013), resilience (Kim & Kim, 2009), emotional labor (Jung, 2018), and empathy, behavior, psychological symptoms, and burden (Lee & Kim, 2020) as influencing factors there were few studies that included role conflict, communication competence, and resilience, which are emerging as more recent field concepts into influencing factors. The purpose of this study was, therefore, to identify the influencing factor of job satisfaction in long-term care hospital nurses that can be used as basic data for the development of job satisfaction improvement program for them.

## Method

### 1. Design
This association research study is to understand the factors influencing job satisfaction among Korean long-term care hospital nurses.

### 2. Subjects
The subjects of this study were nurses working at three long-term care hospitals located in C city, Gyeongsangnam-do, Korea, and the specific selection criteria were as follows:

1) General knowledge about participation in this study and voluntary consent to participation

2) More than six months of long-term hospital work experience

The required minimum number of samples, for the multiple regression analysis, to achieve the median effect size of .15, significance (α) of .05, power (1-β) of .80, and the number of predictor of 13 was calculated, using the G*power 3.1.9.2 program, to be 135. In consideration of the missing rate of 20%, 169 questionnaires were distributed and, after excluding 34 ones with incomplete responses, data from 135 subjects were used in final analysis.

### 3. Measurement

1) Job Satisfaction
The job satisfaction was measured using a tool developed by Slavitt, Stamps, Piedmont & Hasse (Slavitt, Stamps, Piedmont & Hasse, 1978) and translated, modified, and supplemented by Park & Yoon (Park & Yoon, 1992), after obtaining permission. This tool consists of three items for autonomy, three items for salary, five items for work demands, three items for interaction, eight items for level of professionalism, one item for doctor-nurse relationship, and seven items for administration and is responded using five points Likert scale from one (not at all) to five (strongly agree) points. # 8, 9, 30 items are reversely coded and higher score indicates higher level of job satisfaction. Cronbach's α were .91 from both Park & Yoon (Park & Yoon, 1992) and this study.

2) Role Conflict
The role conflict was measured using a tool developed by Park & Kim (Park & Kim, 1995), for general hospital nurses, after obtaining permission. This tool consists of 15 items for role ambiguity, 11 items for incompetence, six items for environmental disorder, and five items for lack of cooperation and is responded using five points Likert scale from one (not at all) to five (strongly agree) points. Higher score indicates higher level of role conflict. Cronbach's α were .92 from Park & Kim (Park & Kim, 1994) and .94 from this study.

3) Communication Competence
The communication competence was measured using Global Interpersonal Communication Competency Scale (GICC)-45, a comprehensive interpersonal communication competence scale developed by Rubin et al. (Rubin, 1990) using his eight constructs and modified and supplemented by Heo (Heo, 2003) using eight constructs of communication skills, after obtaining permission. This

tool consists of 15 sub-scales such as self-disclosure, empathy, responsiveness, social relaxation, assertiveness, expressiveness, supportiveness, immediacy, conversational coherence, efficiency, interaction management, concentration, social appropriateness, goal detection, and noise control and three items for each subscale are responded using five points Likert scale from one (not at all) to five (strongly agree) points. # 6, 9, 11, 15, 18, 20, 24, 30, 37, 40, and 45 items are reversely coded and higher score indicates higher level of communication competence. Cronbach's α were .86 from Heo (Heo, 2003) and .92 from this study.

4) Resilience

The resilience was measured using Korean version Connor-Davidson Resilience Scale (K-CD-RISC) originally developed by Connor & Davidson (Cornor & Davidson, 2003) and modified and supplemented by Baek (Baek, 2010), after obtaining permission. This tool consists of eight items for persistence, nine items for tenacity, two items for supportive power, two items for spirituality, and four items for optimism and is responded using five points Likert scale from one (not at all) to five (strongly agree) points. Higher score indicates higher level of resilience. Cronbach's α were .93 from Baek (Baek, 2010) and .95 from this study.

5) General Characteristics

The general characteristics information were collected using a questionnaire consisting of ten items asking about age, gender, marital status, religion, current position, total clinical career, total long-term care hospitals work career, general hospital work career, general hospital work career, work type, and nursing work standard guidelines.

### 4. Data Collection & Analysis

Data for this study were collected from June 10 to July 20, 2020.The researcher visited three participating long-term care hospitals, explained the purpose, method, confidentiality, anonymity, and autonomy of participation or withdrawal to the head of the nursing department before obtaining permission. The head nurses in each ward, based on the explanation they heard from department head, obtained consent from nurses consenting to voluntary participation and administered questionnaire survey. To ensure anonymity, the subjects sealed the questionnaires filled out into envelop before submission. A total of 60 questionnaires were distributed and, after excluding 25 ones with incomplete or poor responses, data from 135 subjects were analyzed using SPSS/WIN 18.0 program as follows:

1) General characteristics were expressed using frequency and percentage.

2) Role conflict, communication competence, resilience, and job satisfaction were expressed using the mean and standard deviation.

3) Differences in role conflict, communication competence, resilience, and job satisfaction according to general characteristics were analyzed using the independent t-test and one-way ANOVA, and were post-hoc-tested using the Scheffés test.

4) The correlation among role conflict, communication competence, resilience, and job satisfaction was analyzed using simple correlation (Pearson's correlation coefficients).

5) Influencing factors of job satisfaction were analyzed using multiple regression analysis.

### 5. Ethical Considerations

This study was approved by the Institutional Review Board (IRB) of [blinded for review]. The purpose and method of this study were explained to candidates who met the subject selection criteria, in consideration of the ethical aspects related to study, and a questionnaire survey was conducted after they submitted informed consent voluntarily. The informed consents that state that the subjects' rights are protected, that the survey results are not used for any purpose other than that of this study, that the anonymity and personal information of the subjects are protected, and no material or financial damage are caused by research participation were obtained. In addition, it was informed that the subjects are allowed to withdraw at any time without any penalty. The documents were kept safely using locking device.

### Results

### 1. Subjects' General Characteristics

Table 1 shows the subjects' general characteristics. The subjects were 135 nurses including 131(97%) female and four (3%) male ones. The most common age group was those under 30 (n=37, 27.4%) and most of them were single (n=82, 60.7%) and no religion

(n=83, 61.5%). 112 subjects (83.0%) were general nurses and those with more than 10 years of clinical experience accounted for more than half (n=72, 53.3%). 87 subjects (64.4%) had less than five years of work experience at a long-term care hospitals and many of them (n=109, 80.7%) had work experience at general hospitals (300 beds or more) For the type of work, 85 subjects (63.0%) were in shift work almost all of them (n=124, 91.9%) had standard guidelines for nursing work at their hospitals (Table **1**).

**Table 1. General Characteristics (N=135)**

| Variable | Categories | n(%) |
|---|---|---|
| Age | Under 30 | 37(27.4) |
| | 30-35 years old | 17(12.6) |
| | 35-40 years old | 15(11.1) |
| | 40-45 years old | 23(17.0) |
| | 45-50 years old | 15(11.1) |
| | Over 50 | 28(20.7) |
| Gender | Male | 4(3) |
| | Female | 131(97) |
| Marital Status | Single | 82(60.7) |
| | Married | 53(39.3) |
| Religion | No | 83(61.5) |
| | Yes | 52(38.5) |
| Current Position | General Nurse | 112(83.0) |
| | Over Head Nurse | 23(17.0) |
| Total Clinical Career | Less than 5 Years | 41(30.4) |
| | 5-10 Years | 22(16.3) |
| | More than 10 Years | 72(53.3) |
| Total Long-term Care Hospitals Work Career | Less than 5 Years | 87(64.4) |
| | 5-10 Years | 27(20.0) |
| | More than 10 Years | 21(15.6) |
| General Hospital Work Career | No | 26(19.3) |
| | Yes | 109(80.7) |
| Work Type | Fixed work | 50(37.0) |
| | Shift work | 85(63.0) |
| Nursing Work Standard Guidelines | No | 11(8.1) |
| | Yes | 124(91.9) |

### 2. Role Conflict, Communication Competence, Resilience, & Job Satisfaction

Table 2 shows role conflict, communication competence, resilience, & job satisfaction of subjects. Their average role conflict, communication competence, and resilience level were found to be 137.70 (range: 37-185), 155.37 (45-225), and 85.07 (25-125), respectively (Table **2**).

**Table 2.** Role Conflict, Communication Competence, Resilience and Job Satisfaction **(N=135)**

| Variable (Items) | Mean±SD | Mean±SD per Item | Min~Max |
|---|---|---|---|
| Role Conflict (37) | 137.70±17.27 | 3.72±0.47 | 2.38~4.68 |
| Role Ambiguity (15) | 57.56±8.11 | 3.84±0.54 | 2.13~4.93 |

| | | | |
|---|---|---|---|
| Incompetence (11) | 39.20±5.76 | 3.56±0.52 | 2.18~4.64 |
| Environmental Disorder (6) | 23.67±3.83 | 3.95±0.64 | 2.00~5.00 |
| Lack of Cooperation (5) | 17.27±3.09 | 3.45±0.62 | 1.80~4.60 |
| Communication Competence (45) | 155.37±16.22 | 3.47±0.57 | 2.71~4.53 |
| Self-disclosure (3) | 9.62±2.12 | 3.21±0.71 | 1.33~5.00 |
| Empathy (3) | 9.21±1.98 | 3.07±0.66 | 1.67~4.00 |
| Social Relaxation (3) | 11.49±1.78 | 3.83±0.59 | 2.33~5.00 |
| Assertiveness (3) | 10.19±1.68 | 3.40±0.56 | 2.00~5.00 |
| Interaction Management (3) | 10.35±2.00 | 3.45±0.67 | 2.00~5.00 |
| Expressiveness (3) | 11.44±1.80 | 3.81±0.60 | 2.67~5.00 |
| Supportiveness (3) | 10.33±1.41 | 3.44±0.47 | 2.33~5.00 |
| Immediacy (3) | 9.71±1.82 | 3.24±0.61 | 1.00~5.00 |
| Efficiency (3) | 9.73±1.85 | 3.24±0.62 | 1.33~5.00 |
| Concentration (3) | 10.09±1.53 | 3.36±0.51 | 2.00~4.67 |
| Social Appropriateness (3) | 9.87±1.48 | 3.29±0.49 | 2.00~4.67 |
| Conversational Coherence (3) | 10.98±1.55 | 3.66±0.52 | 2.33~5.00 |
| Goal Detection (3) | 10.53±1.71 | 3.51±0.57 | 2.00~5.00 |
| Responsiveness (3) | 11.29±1.66 | 3.76±0.55 | 2.00~5.00 |
| Noise Control (3) | 10.55±1.43 | 3.52±0.48 | 2.33~4.67 |
| Resilience (25) | 85.07±14.96 | 3.40±0.60 | 1.44~5.00 |
| Tenacity (9) | 30.99±5.61 | 3.44±0.62 | 1.56~5.00 |
| Persistence (8) | 27.04±5.33 | 3.38±0.67 | 1.38~5.00 |
| Optimism (4) | 13.42±2.59 | 3.36±0.65 | 1.00~5.00 |
| Supportiveness (2) | 6.53±1.64 | 3.27±0.82 | 1.00~5.00 |
| Spirituality (2) | 7.09±1.49 | 3.55±0.75 | 1.50~5.00 |
| Job Satisfaction (30) | 88.36±13.91 | 2.95±0.46 | 1.53~4.33 |
| Salary (3) | 6.84±2.53 | 2.28±0.84 | 1.00~4.33 |
| Autonomy (3) | 8.12±2.19 | 2.71±0.73 | 1.00~4.67 |
| Professionalism (8) | 25.32±4.02 | 3.17±0.50 | 1.13~4.63 |
| Work Demands (5) | 15.46±3.17 | 3.09±0.63 | 1.25~4.25 |
| Interaction (3) | 10.93±2.50 | 3.64±0.83 | 1.00~4.33 |
| Doctor-Nurse Relationship (1) | 2.73±0.83 | 2.73±0.83 | 1.00~5.00 |
| Administration (7) | 21.85±4.14 | 3.12±0.59 | 1.43~5.00 |

### 3. Difference in Role Conflict, Communication Competence, Resilience, & Job Satisfaction according to General Characteristics

Table 3 shows the difference in role conflict, communication competence, resilience, and job satisfaction according to general characteristics. The job satisfaction differed significantly according to gender (t=-2.50, $p$=.014), religion (t=-2.60, $p$=.010), and nursing standard guideline (t=-3.19, $p$=.002); role conflict according to marital status (t=-2.14, $p$=.034), general hospital career (t=-2.59 $p$=.011), clinical career, (F=3.11, $p$=.048), and work type (t=2.45, $p$=.016); communication competence according to nursing standard guideline (t=-2.29, $p$=.024); and resilience according to religion (t=-2.52, $p$=.013), current position (t=-2.88, $p$=.005), and nursing standard guideline (t=-2.19, $p$=.030). The Scheffés test was performed for post-hoc test and there was no significant difference among group (Table 3).

**Table 3: Difference in Role Conflict, Communication Competence, Resilience and Job Satisfaction according to General Characteristics (N=135)**

| Variable | Categories | Role Conflict | | Comm. Competence | | Resilience | | Job Satisfaction | |
|---|---|---|---|---|---|---|---|---|---|
| | | Mean±SD | t/F(*p*) | Mean±SD | t/F(*p*) | Mean±SD | t/F(*p*) | Mean±SD | t/F(*p*) |
| Age | Under 30 | 3.53±0.46 | 2.46 (.057) | 3.34±0.36 | 1.29 (.273) | 3.24±0.63 | 1.65 (.153) | 3.04±0.43 | 1.84 (.152) |
| | 30-35 | 3.82±0.45 | | 3.48±0.33 | | 3.26±0.64 | | 2.68±0.55 | |
| | 35-40 | 3.75±0.42 | | 3.54±0.40 | | 3.46±0.55 | | 3.03±0.61 | |
| | 40-45 | 3.93±0.43 | | 3.44±0.40 | | 3.44±0.55 | | 2.94±0.46 | |
| | 45-50 | 3.75±0.54 | | 3.48±0.30 | | 3.49±0.42 | | 2.86±0.41 | |
| | Over 50 | 3.72±0.44 | | 3.54±0.35 | | 3.63±0.63 | | 2.94±0.36 | |
| Gender | Male | 3.57±0.45 | -0.67 (.504) | 3.29±0.26 | -0.89 (.375) | 3.42±0.43 | .06 (.953) | 2.38±0.55 | -2.50* (.014) |
| | Female | 3.73±0.47 | | 3.46±0.36 | | 3.40±0.60 | | 2.95±0.45 | |
| Marital Status | Single | 3.62±0.47 | -2.14* (.034) | 3.40±0.35 | -1.36 (.177) | 3.34±0.62 | -1.06 (.293) | 2.95±0.51 | 0.31 (.758) |
| | Married | 3.79±0.46 | | 3.49±0.37 | | 3.45±0.58 | | 2.92±0.43 | |
| Religion | No | 3.74±0.47 | 0.63 (.530) | 3.41±0.35 | -1.57 (.120) | 3.30±0.62 | -2.52* (.013) | 2.85±0.48 | -2.60** (.010) |
| | Yes | 3.69±0.47 | | 3.51±0.37 | | 3.56±0.53 | | 3.06±0.41 | |
| Current Position | General Nurse | 3.71±0.46 | -0.90 (.371) | 3.44±0.35 | -1.18 (.240) | 3.34±0.58 | -2.88* (.005) | 2.93±0.45 | -0.14 (.892) |
| | > Head Nurse | 3.80±0.48 | | 3.53±0.43 | | 3.72±0.62 | | 2.95±0.54 | |
| Total Clinical Career | Less than 5 | 3.58±0.45 | 3.11* (.048) | 3.38±0.33 | 2.73 (.069) | 3.28±0.64 | 2.96 (.055) | 3.01±0.46 | 1.72 (.182) |
| | 5-10 Years | 3.75±0.50 | | 3.38±0.36 | | 3.27±0.57 | | 2.79±0.49 | |
| | More than 10 | 3.80±0.45 | | 3.52±0.37 | | 3.52±0.57 | | 2.94±0.45 | |
| Care Hospitals Career | Less than 5 | 3.66±0.48 | 3.03 (.052) | 3.41±0.36 | 1.47 (.233) | 3.36±0.57 | 2.74 (.069) | 2.92±0.47 | 0.19 (.822) |
| | 5-10 Years | 3.91±0.40 | | 3.53±0.35 | | 3.33±0.63 | | 2.94±0.48 | |
| | More than 10 | 3.75±0.45 | | 3.52±0.36 | | 3.68±0.63 | | 2.99±0.46 | |
| General Hospital | No | 3.51±0.43 | -2.59* (.011) | 3.43±0.36 | -0.40 (.692) | 3.37±0.55 | -0.33 (.741) | 2.99±0.46 | 0.71 (.480) |
| | Yes | 3.77±0.46 | | 3.46±0.36 | | 3.41±0.61 | | 2.92±0.47 | |
| Work Type | Fixed work | 3.85±0.45 | 2.45* (.016) | 3.51±0.34 | 1.29 (.198) | 3.51±0.53 | 1.68 (.096) | 2.89±0.49 | -0.79 (.433) |
| | Shift work | 3.65±0.46 | | 3.42±0.37 | | 3.34±0.63 | | 2.96±0.45 | |
| Standard Guidelines | No | 3.80±0.56 | 0.55 (.583) | 3.22±0.31 | -2.29* (.024) | 3.03±0.64 | -2.19* (.030) | 2.52±0.45 | -3.19* (.002) |
| | Yes | 3.72±0.46 | | 3.47±0.36 | | 3.44±0.59 | | 2.97±0.45 | |

*p<.05, **p<.01

### 4. Association among Role Conflict, Communication Competence, Resilience, & Job Satisfaction

There were significant association between role conflict & communication competence (r=-.22, $p$=.012), resilience & communication competence (r=.59, $p$<.001), and job satisfaction & resilience (r=.23, $p$=.007) (Table 4).

**Table 4: Association among Role Conflict, Communication Competence, Resilience, & Job Satisfaction (N=135)**

| Variable | Job Satisfaction | Role Conflict | Comm. Competence | Resilience |
|---|---|---|---|---|
| | r | | | |
| Job Satisfaction | 1 | | | |
| Role Conflict | -.17 | 1 | | |
| Comm. Competence | .17 | **-.22***  | 1 | |
| Resilience | **.23**** | -.02 | **.59**** | 1 |

$^*$ $p$<.05, $^{**}$ $p$<.01

### 5. Influencing Factors of Job Satisfaction

The results of multiple regression analysis performed to identify the factors affecting the job satisfaction satisfied all conditions (see Table 5). Autocorrelation analysis of the independent variable showed that the Durbin-Watson statistic was 1.56, which is closer to 2, indicating that they are independent without autocorrelation of errors. It was confirmed that there was no multicollinearity problem, evidences of which were tolerance among independent variable less than .1 (.89-.93) and variance inflation factor (VIF) less than 10 (1.07-1.12). The results of the residual analysis found in the regular P-P chart of the regression standardized residuals for job satisfaction clearly showed linearity, and the scatter-plot with the residuals evenly spread around zero indicated normality and equal variance of the error term. The influencing factors of long-term care hospital nurses' job satisfaction (β=.18, p=.045) were found to be nursing standard guideline (β=.18, p=.040) and resiliency (β=.17 p=.045), which accounted for 12.3% of variability (Table **5**).

**Table 5> Influencing Factors of Job Satisfaction (N=135)**

| Variable | B | SE | β | t | $p$ | T | VIF |
|---|---|---|---|---|---|---|---|
| (Constant) | 28.27 | 14.98 | | 1.89 | .061 | | |
| **Gender** * | 11.87 | 6.93 | .15 | 1.71 | .089 | .91 | 1.10 |
| Religion * | 4.03 | 2.39 | .14 | 1.69 | .094 | .93 | 1.07 |
| **Nursing Standard Guideline** * | 9.02 | 4.35 | .18 | 2.08 | .040 | .89 | 1.12 |
| **Resilience** | 0.16 | 0.08 | .17 | 2.02 | .045 | .92 | 1.08 |
| R²=.15, Adjusted R²=.12, F=5.68, $p$<.001 | | | | | | | |

* =dummy variable; Gender * =24-35 yrs old =0, otherwise 1; Religion * : No=0, Yes=1; Guideline * : No=0, Yes=1; T=Tolerance; VIF=Variance Inflation Factor

### Discussion

The purpose of this study was, to identify the influencing factor of job satisfaction in Korean long-term care hospital nurses. In this study, job satisfaction score was found to be 2.95 (full marks: 5), which is similar to 3.12 from Lee (Lee, 2010) that measured the job satisfaction of the long-term care hospital nurses using same instrument with this study. Among subarea scores, interaction (3.64) and professionalism (3.17) were higher than average, and salary (2.28) was less than average. The interaction, among sub area of job satisfaction, was also found to be high from Park & Choi (Park & Choi, 2015), which suggested that long-term care hospital nurses

learned through experience that efficient nursing work is possible when they interact effectively with members of various professions. The reason that the lowest score among sub area was found in salary was that long-term care hospitals require high work intensity from routine nursing to acute-stage specialized nursing services, whereas the salary is relatively low (Kim, Lee, Jeon & Kim, 2019).

The role conflict score in this study was recorded as 3.72 (full mark: 5), and the high score among sub areas was fund in environmental disorder, and followed by role ambiguity and lack of cooperation. Kim (Kim, 2017) on the role conflict factor in long-term care hospital nurses reported 3.38 for the role conflict, which was less than that in this study, although the order of sub areas were same with this study. The reason for the high level of environmental obstacles and role ambiguity is that nurses have to bear various tasks due to poor support in terms of administration and facilities and lack of staffs in the process of performing nursing tasks, which leads to confusion in role identity.

In this study, communication competence score was 3.47 (full mark: 5), which was lower than 3.58, a score recorded by Kang, Kwon, & Kim (Kang, Kwon, & Kim, 2018), which measured the relationship among communication competence, job stress, and turnover intention for long-term care hospital nurses. low level. This is because subjects in Kang (Kang, 2018) were long-term care hospital nurses with more than 10 years of clinical experience, who were likely to have stable job skills and effective interpersonal skills according to their careers. Since proper communication among nurses increase work efficiency by reducing the possibility of conflict among them in performing nursing work (Im, Park & Kim, 2012), various measures to improve the nursing environment should be devised to improve this competence. The resilience score in this study was 3.40, which was higher than 2.64, an average resilience score reported by Lee (Lee, 2019) who studied emotional labor, resilience, and exhaustion for long-term care hospital nurses. Among the sub-areas of resilience, spirituality and tenacity scored high and optimism and supportiveness scored low, indicating that the long-term care hospital nurses' static emotions and patience are important factors enabling them to overcome difficulties.

In this study, the general characteristics affecting job satisfaction included gender, religion, and nursing standard guidelines, while the influencing factors identified in this study were age, marital status, total work experience, religion, average monthly salary, working hours, number of patients in charge, number of ward patients, number of ward nurses, number of ward assistants (Lee, 2019; Park, 2018; Ahn, 2013). The result of correlation analysis among role conflict, communication competence, resilience, and job satisfaction of the subjects of this study showed negative correlation between role conflict and communication competence, positive correlation between communication competence and resilience, and significant positive correlation between job satisfaction and resilience.

Since high resilience leads to a positive attitude toward oneself, confident behavior, and a worthwhile life (Wilson & Krane, 1980), nurses with such a tendency have high self-esteem and confidence in the nursing profession, which has a positive effect on job satisfaction. The result of multiple regression analysis showed that nursing standard guideline, and resiliency accounted for 12.3% of variability in job satisfaction, indicating that Securing work direction through nursing standard guidelines and confidence through resilience increases job satisfaction.

Although long-term care hospital nurses require standard guidelines in terms of work distribution, as shown by Jang (Jang, 2019) and Lim (Lim, 2018), the standard guidelines for nursing work included in Korea Institute for Healthcare Accreditation (Jang, & Lee, 2021) presents standards just for specific manual tasks in nursing. Nursing standard guidelines for nursing hospitals to be developed in the future should include the boundaries of nurses' work distribution, and to promote compliance with these standard guidelines, evaluation of the implementation of the standard guidelines should also be included in the evaluation and certification of medical institutions.

The discovery of a new standard guideline reflecting the voices of nurses, its active use, and the discovery of various interventions to improve resilience are expected to improve the job satisfaction of long-term care hospital nurses. In addition, intervention studies that apply standard guidelines for nursing work and resilience improvement should be conducted to test their effectiveness.

## Conclusion & Recommendation

The result of this study showed that nursing standard guideline and resiliency are influencing factors of job satisfaction in long-term care hospital nurses. It is necessary, therefore, to develop and implement standard guidelines for nursing work that reflect the opinions of nurses, and to develop organizational measures to increase the resilience of nursing hospital nurses. In addition, the creation of active and diverse work environment that can enhance job satisfaction is recommended.

Since the research sites of this study was just three long-term care hospitals located in C city, Gyeongsangnam-do, Korea, the generalization of the results should be restricted. As a response to the problem, repeated research, development of a program to

improve job satisfaction of long-term care hospital nurses, and a test on its effectiveness are recommended.

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