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Factors of feelings of happiness at work among staff in geriatric care facilities

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Aim: To examine the factors influencing feelings of happiness at work among caregivers in geriatric care facilities.

Methods: Self-reported questionnaires were distributed to caregivers ($n = 1396$) at 26 geriatric care facilities. The response rate was 68%. The questionnaire had items regarding feelings of happiness at work, professionalism in dementia care (i.e. intrinsic motivation), wage adequacy, and subscales of The Social Capital and Ethical Climate in the Workplace scale (extrinsic motivations), basic attributes, and work and organizational characteristics. Data pertaining to 632 staff members were used in the multivariable logistic regression for the group with high scores on feelings of happiness at work, by sex and occupation.

Results: Higher professionalism in dementia caregiving was more likely to occur in the high-score groups among all staff (OR 1.21–1.55, $P < 0.01$). Female nurses and male professional caregivers with higher scores for social capital in the workplace (OR 3.11, $P < 0.01$; OR = 2.33, $P < 0.05$) and female professional caregivers with higher scores for ethical leadership (OR 1.78, $P < 0.01$) were more likely to be in the high-score group for feelings of happiness at work, whereas male professional caregivers with perceived inadequacy of wages (OR 0.33, $P < 0.05$) were less likely to be in the high-score group for feelings of happiness at work.

Conclusions: The findings underlined the important contributory factors of feelings of happiness at work, which could motivate stakeholders to enhance social capital, ethical leadership, and remuneration and other extrinsic rewards to improve staff well-being. *Geriatr Gerontol Int* 2021; 21: 818–824.

Keywords: dementia, happiness, professionalism, work environment, workplace.

Introduction

The demand for professional caregivers for people with dementia is increasing worldwide. In advanced countries (e.g. the USA and Japan), high staff turnover in facilities for older adults is a critical issue.^{1,2} The number of people with dementia in Japan is estimated to reach approximately 7 million by 2025.³ Additionally, the demand for professional caregivers is to reach 2 450 000 in 2025.² Having an adequate care workforce is critical to ensuring care delivery for older adults, particularly for people with dementia.

Supporting employees' well-being has become an important competitive advantage for organizations in the labor market.⁴ In 2019, while 89% of employers in geriatric care facilities in Japan reported that the primary reason for caregiver shortage was hiring difficulties, half of the caregivers answered that they chose their current jobs because "it's a meaningful job."⁵ Furthermore, the answer regarding caregivers' view of work was: "it may assist and support residents and users, and improve their life." Additionally, long-term care facility caregivers who reported being unhappy had the highest turnover intention.⁶

In this backdrop, examining the factors that influence feelings of happiness at work for caregivers might provide meaningful insights for stakeholders in dementia care. Regarding the happiness

of the Japanese people, a government report showed that employment status (e.g. regular employee) and income were related to their happiness, and women were happier than men.⁷ Additionally, among care workers (i.e. home care workers, care managers, professional caregivers and administrator of care service), professional caregivers showed the least job satisfaction, particularly regarding remuneration levels.⁵ Considering these findings, feelings of happiness at work might differ depending on sex, as well as the type of occupation, which is influenced by income.

Authentic happiness might be facilitated by developing/practicing character virtues (e.g. kindness) and identifying/cultivating/using one's most fundamental strengths in everyday work.⁸ Comprehensive measures of individual-level happiness include work engagement, job satisfaction and affective organizational commitment variables; however, happiness at work is far more important than job satisfaction for global happiness.⁹ This might be because feelings of happiness at work are influenced by intrinsic motivations related to the enjoyment derived even from carrying out routine tasks.¹⁰

When considering high-quality dementia care delivery as an intrinsic motivation for caregivers, it might be inferred as influencing feelings of happiness at work. According to a systematic literature review, the primary reason for workers quitting dementia care

was a lack of job satisfaction related to negative appraisals of workers of care delivery quality.¹¹ Evidence has also shown that person-centered care – an approach to delivering high-quality care¹² – is beneficial for people with dementia and caregivers through improving personal accomplishment and job satisfaction, respectively.¹³

Furthermore, when examining caregivers' feelings of happiness at work, the work environment (e.g. human relationships and remuneration) presents important extrinsic motivations. For instance, nursing home employees suggested that a supportive work environment might help increase care quality;¹⁴ furthermore, perceived supervisor support was a predictor of both intention to leave and stay in caregiving.¹⁵ Japanese professional caregivers have mentioned interpersonal relationships in the workplace as the main reason for leaving a job,¹⁶ and that the primary factors influencing the work environment were human relationships and wage inadequacy.⁵

Understanding happiness at work among dementia caregivers might help in attracting and/or creating a sustainable workforce. Although there is one study where nurses are participants, there has been no previous research on the topic where staff in geriatric care facilities are participants.¹⁷ The present study aimed to examine the influencing factors of feelings of happiness at work for staff in geriatric care facilities by sex and occupation.

Methods

Study design and participants

A questionnaire-based cross-sectional study was used.

Using convenience sampling, we invited 26 Japanese geriatric care facilities to participate in this study across four prefectures (Osaka, Hyogo, Tottori and Shiga) in western Japan, selected based on the ratio of job openings for long-term care to the number of applicants in 2016 (low, medium and high ratios of job openings were compared with the national ratio). Among the 26 facilities, there were three facilities with a low ratio of job openings (1.6 times), 10 with a medium ratio (2.37–2.79 times) and 12 with a high ratio (3.56 times). The participants were care workers in geriatric care facilities, and included professional caregivers, nurses and care managers.

Data collection

In 2017, when asked to distribute anonymous self-reported questionnaires to all their caregivers ($n = 1396$), 26 geriatric care facilities agreed to cooperate with this study. Eligible participants were directed to read the instructions on the cover sheet; those who agreed to participate were to complete and return the questionnaire in a sealed envelope by mail. The response and valid response ratios were 68% ($n = 944$) and 89%, respectively. After excluding questionnaires with missing data ($n = 102$), male nurses ($n = 4$), and those who worked for older adult day-care facilities ($n = 11$) and managerial positions ($n = 195$), we had a final sample of 632 staff in geriatric residential care facilities, and had the collected data analyzed.

Ethical considerations

The study was approved by the ethics review board of Tokyo Gakugei University (No. 247, approval on July 28, 2017). All procedures involving human participants conformed to the ethical standards of the institutional research committee and with the 1964 Helsinki declaration. Informed consent was not sought from

participants, as the voluntary completion and return of the questionnaire implied consent.

Measures

The questionnaire had items regarding feelings of happiness at work, professionalism in dementia care (intrinsic motivation) and extrinsic motivations (wage adequacy, wherein participants responded to questions such as, “Do you think your wage is sufficient for your work?”, and an assessment tool for the work environment). To confirm validity of the feelings of happiness at work scale, one question related to job satisfaction (i.e., “Overall, I am satisfied with my current work”) was included. There were also items on basic attributes, and work and organizational characteristics.

Feelings of happiness

Many work-related happiness constructs focus largely on the hedonic experiences of pleasure and liking, and/or positive beliefs about an object, suggesting three constructs (engagement with the work itself, job satisfaction and affective commitment) that might be required to cover the construct space of personal-level happiness at work.⁹

We focused on the positive emotions and beliefs about work, developing original items for assessing feelings of happiness at work (five items, e.g. “I am very happy to work in my current profession”). Items were scored using a 6-point Likert-type scale ranging from 1 to 6 (totally disagree–totally agree); the higher the score, the greater the perceived feelings of happiness at work. The five items showed a single factor, and the summative score had a high correlation coefficient with an item for job satisfaction ($r = 0.72$). Based on prior research, this showed high validity for the scale (Cronbach's alpha = 0.89).⁹

Professionalism in dementia care

We used a subscale of the Sense of Competence in Dementia Care Staff scale,¹⁸ which was translated to Japanese, and had its reliability and validity confirmed,¹⁹ to assess professionalism in dementia care. The original tool comprises four subscales: professionalism, building relationships, care challenges and sustaining personhood. Items are scored using a 4-point Likert-type scale ranging from 1–4 (not at all–very much). Regarding professionalism in dementia, or the degree of maintaining the dignity of the person with dementia and keeping a positive attitude to their care, the scores for the subscale (comprising five questions: How well do you feel you can: keep up a positive attitude toward the people you care for; keep up a positive attitude toward the relatives of a person with dementia; keep yourself motivated during a workday; play an active role in your staff team; and deal with personal care, such as incontinence, in a person with dementia?) were summed to form the total score, with greater scores indicating a higher level of professionalism in dementia care (Cronbach's alpha = 0.77).^{18,19}

Social Capital and the Ethical Climate in the Workplace scale

Regarding extrinsic motivation, we used the Social Capital and the Ethical Climate in the Workplace (SEW) scale to assess human relationships in the workplace. This scale comprises 20 items and three subscales as follows: social capital in the workplace (nine items, e.g. “overall, the staff are trustworthy”), exclusive workplace climate (five items, e.g. “new staff are not readily accepted by the team”) and ethical leadership (six items, e.g. “leaders express their understanding of staff rights”). Items were scored using a 7-point

Likert-type scale ranging from 1 to 7 (totally disagree–totally agree). We calculated the mean scores for each subscale; the higher the mean subscale score, the greater the favorable perceptions toward the work environment. Similarly, the higher the mean score for the exclusive workplace climate subscale, the greater the unfavorable perceptions toward the work environment. Cronbach's alpha for the subscales ranged from 0.86 to 0.93. This scale has shown high reliability, criterion-related validity and construct validity.²⁰

Sample size

The sample size for multivariable logistic regression can be determined using the information on the outcome measures²¹ – events per variable with a value of ≥ 10 indicate no major problems.²² Thus, we carried out multivariable logistic regression analysis for a high level of feelings of happiness at work in each participant (i.e. male and female professional caregivers and female nurses), but only after confirming the number of events in each dependent variable.

Statistical analysis

After calculating the descriptive statistics, we confirmed the distribution of scores for feelings of happiness at work; they were not normally distributed (coefficient of skewness -0.952 , Shapiro–Wilk test $P < 0.001$). Thus, we dichotomized the score for feelings of happiness at work by the upper percentile (median 22.0) into two groups – high and low – for the final analysis.

Because perceptions regarding care work and work environment differed according to sex and occupation, we stratified the sample by these two variables for analysis.⁵ As a preliminary analysis, we examined ratio differences regarding basic attributes, and work and organizational characteristics variables, as well as score differences between the high and low groups of feelings of happiness at work using the χ^2 -test and Mann–Whitney U -test by sex and occupation (i.e. male and female professional caregivers and female nurses).

Finally, we carried out multivariable logistic regression analysis for high levels of feelings of happiness at work in each staff

Table 1 Participants' basic attributes by the three professional groups

Variables		Female nurses		Male professional caregivers		Female professional caregivers	
		<i>(n = 117)</i>		<i>(n = 174)</i>		<i>(n = 341)</i>	
		<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
1. Marital status	Single	29	25	105	60	189	55
	Married	88	75	69	40	152	45
2. Education	Junior high school graduate	2	2	1	1	8	2
	High school graduate	13	11	36	21	129	38
	Junior college or vocational school equivalency degree	98	84	90	52	171	50
	College graduate	2	2	46	26	32	9
	Others (graduate school, etc.)	2	2	1	1	1	0
3. Employment status	Non-regular employee	47	40	8	5	94	28
	Regular employee	70	60	166	95	247	72
4. Facility type	Special elderly nursing home	41	35	71	41	134	39
	Geriatric intermediate care facilities	74	63	100	57	188	55
	Others	2	2	3	2	19	6
5. The jobs-to-applicants ratio in the region	Low (1.60 times)	6	5	10	6	18	5
	Middle (2.37–2.79 times)	44	38	39	22	128	38
	High (3.56 times)	67	57	125	72	195	57
6. Job qualifications	Certified caregiver	0	0	148	85	283	83
	Others (e.g., home helper)	0	0	26	15	58	17
	Nurse	117	100	0	0	0	0
7. Average working hours per week	≤ 39 h	53	45	22	13	109	32
	40–44 h	44	38	92	53	155	45
	≥ 45 h	20	17	60	35	77	23
8. Frequency of work on days off per month	None	107	91	132	76	314	92
	More than 1 day per month	10	9	42	24	27	8
9. Perception of wage adequacy	Completely insufficient	49	42	104	60	151	44
	Relatively insufficient	31	26	44	25	110	32
	Sufficient	37	32	26	15	80	23
		Mean	SD[†]	Mean	SD[†]	Mean	SD[†]
10. Age		48.18	12.58	33.32	8.69	40.22	12.33
11. Duration of experience in the current facility		6.13	5.83	5.91	4.85	6.23	4.81
12. Duration of experience of current occupation		20.98	11.16	7.06	5.14	7.85	5.46

[†]Standard deviation.

Table 2 Results of the χ^2 -test for two groups of feelings of happiness at work by the three professional groups

Variables		Female nurses (<i>n</i> = 117)			Male professional caregivers (<i>n</i> = 174)			Female professional caregivers (<i>n</i> = 341)					
		Group [‡]			Group [‡]			Group [‡]					
		0	1	Total	0	1	Total	0	1	Total			
Marital status	Single	16	13	29	*	64	41	105	102	87	189	*	
	Married	30	58	88		44	25	69	61	91	152		
Education [‡]	High school graduate or less	5	10	15		23	14	37	65	72	137		
	Junior college or vocational school equivalency degree	39	59	98		56	34	90	85	86	171		
	College graduate or higher	2	2	4		29	18	47	13	20	33		
Employment status	Regular employee	19	28	47		105	61	166	127	120	247	*	
	Non-regular employee	27	43	70		3	5	8	36	58	94		
Facility type [‡]	Special elderly nursing home	18	23	41		46	25	71	61	73	134		
	Geriatric intermediate care facilities	27	47	74		58	39	97	86	94	180		
	Others	1	1	2		4	2	6	16	11	27		
Average working hours per week	≤39 h	22	31	53		74	40	114	122	142	264	*	
	40–44 h	18	26	44		24	16	40	31	17	48		
	≥45 h	6	14	20		10	10	20	10	19	29		
Frequency of work on days off per month	More than 1 day per month	43	64	107		30	12	42	14	13	27		
	None	3	7	10		78	54	132	149	165	314		
Perception of wage adequacy	Completely insufficient	23	26	49		73	31	104	**	81	70	151	**
	Relatively insufficient	13	18	31		24	20	44		54	56	110	
	Sufficient	10	27	37		11	15	26		28	52	80	

[†]**P* < 0.05, ***P* < 0.01, ****P* < 0.001.

[‡]Fisher Exact Test.

Table 3 Results of the Mann–Whitney *U*-test for two groups of feelings of happiness at work by the three professional groups

Variables	Group [†]	Female nurses [§]			Male professional caregivers [§]			Female professional caregivers [§]		
		<i>n</i>	Average ranking	<i>z</i> -score	<i>n</i>	Average ranking	<i>z</i> -score	<i>n</i>	Average ranking	<i>z</i> -score
Age	0	46	60.67	−0.43	108	84.81	−0.9	163	158.84	−2.18*
	1	71	57.92		66	91.89		178	182.13	
Duration of experience in the current occupation	0	46	64.28	−1.36	108	90.78	−1.1	163	171.66	−0.12
	1	71	55.58		66	82.13		178	170.4	
Duration of experience in the current facility	0	46	59.5	−0.13	108	92.81	−1.79	163	170.36	−0.12
	1	71	58.68		66	78.81		178	171.59	
Frequency of attendance to workshops per year	0	46	62.24	−0.87	108	80.65	−2.37*	163	159.56	−2.14*
	1	71	56.9		66	98.71		178	181.48	
Professionalism in dementia care	0	46	44.4	−3.79***	107	73.42	−4.59***	163	146.62	−4.42***
	1	71	68.46		66	109.02		178	193.33	
Item mean social capital [‡]	0	46	46.32	−3.26**	108	68.63	−6.33***	163	131.82	−7.03***
	1	71	67.22		66	118.38		178	206.88	
Item mean Ethical leadership [‡]	0	46	49.23	−2.52*	108	70.39	−5.75***	163	132.04	−7***
	1	71	65.33		66	115.5		178	206.68	
Item mean Exclusion [‡]	0	46	64.46	−1.4	108	99.44	−4***	163	194.45	−4.21***
	1	71	55.46		66	67.96		178	149.53	

[†]1 = high group of feelings of happiness at work, 0 = low group of feelings of happiness at work.

[‡]Subscales of the Social Capital and Ethical Climate in the Workplace scale.

[§]***P* < 0.05, ****P* < 0.001.

member. All independent variables were entered into the equation using a backward stepwise method, along with basic attributes, and work and organizational characteristic variables selected based on the results of the preliminary analysis. Odds ratios (ORs) and

95% confidence intervals (CIs) were calculated for each control and independent variable. All statistical analyses were carried out using IBM SPSS (version 25.0; IBM Japan, Tokyo, Japan). A statistical *P*-value of <0.05 was deemed as significant.

Table 4 Multivariate logistic regression model for feelings of happiness at work by the three professional groups

	Female nurses ^{†,¶}				Male professional caregivers ^{‡,¶}				Female professional caregivers ^{§,¶}						
	Odds ratio	95% confidence interval			Odds ratio	95% confidence interval			Odds ratio	95% confidence interval					
Intrinsic motivation															
Professionalism in dementia care	1.55	1.23	—	1.96	***	1.44	1.17	—	1.78	**	1.21	1.07	—	1.37	**
Extrinsic motivation															
Perception of wage adequacy ^{††}	0.51	0.17	—	1.47		0.33	0.14	—	0.79	*	0.82	0.5	—	1.36	
Social capital in the workplace ^{‡‡,§§}	3.11	1.22	—	7.89	*	2.33	1.19	—	4.55	*	1.18	0.77	—	1.81	
Ethical leadership ^{‡‡,§§}	1.01	0.55	—	1.85		1.02	0.61	—	1.71		1.78	1.29	—	2.44	***
Exclusive workplace climate ^{‡‡,§§}	1.26	0.75	—	2.11		0.9	0.6	—	1.36		1.04	0.82	—	1.33	

[†]All independent variables were entered into the equation using a stepwise method along with control variables (i.e. basic attributes and work and organizational characteristics variables, which were selected based on the results of the preliminary analysis). * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$.

[‡]Hosmer–Lemeshow goodness of fit $\chi^2 = 9.442$, d.f. = 8, $P = 0.306$.

[§]Hosmer–Lemeshow goodness of fit $\chi^2 = 13.078$, d.f. = 8, $P = 0.109$.

[¶]Hosmer–Lemeshow goodness of fit $\chi^2 = 2.405$, d.f. = 8, $P = 0.966$.

^{††}1: completely insufficient, 0: others.

^{‡‡}Subscale of the Social Capital and Ethical Climate in the Workplace scale.

^{§§}Continuous variable.

Results

Female nurses accounted for 18% of the sample (mean age 48.18 years, SD 12.58, range 21–66 years); professional caregivers accounted for 28% (mean age 33.32 years, SD 8.69, range 18–68 years), with 54% women (mean age 40.22 years, SD 12.33). As shown in Table 1, 60% of the male and 44% of the female professional caregivers, and 42% of the female nurses perceived their wages as highly insufficient. The results of the χ^2 -test (Table 2) and the Mann–Whitney U -test of feelings of happiness at work of the three professional groups (Table 3) showed that in addition to basic attributes, and work and organizational characteristics variables, the three subscales of the SEW scale and professionalism in dementia care showed a statistically significant difference between the high and low groups.

Although not shown in Table 2, the percentage for the low and high groups showed a significant difference among the three types of professionals ($P < 0.001$, $\chi^2 = 16.13$): low group 62.1% vs high group 37.9% among male professional caregivers, 47.8% vs 52.2% among female professional caregivers, respectively, and 43.0% vs 66.4% among female nurses, respectively. Thus, male professional caregivers showed the lowest ratio for participants in the high group for feelings of happiness at work.

From the multivariate logistic regression results (Table 4), groups more likely to be in the high group than others were: female nurses with higher scores for professionalism in dementia care (OR 1.55, $P < 0.001$) and for social capital in the workplace (OR 3.11, $P < 0.05$); male professional caregivers with higher scores for professionalism in dementia care (OR 1.44, $P < 0.01$), for social capital in the workplace (OR 2.33, $P < 0.05$) and those who did not perceive inadequacy of wages (OR 0.33, $P < 0.05$); and female professional caregivers with higher scores for professionalism in dementia care (OR 1.21, $P < 0.01$) and for ethical leadership (OR 1.78, $P < 0.001$).

Discussion

In the present study, professionalism in dementia care significantly influenced feelings of happiness at work for geriatric care facility staff (OR 1.21–1.55), regardless of sex and occupation. Caregivers' attitudes toward people with dementia, particularly attitudes focused on person-centered care used to deliver high-quality care,¹² were beneficial for both residents with dementia and staff through an improvement in personal accomplishment and job satisfaction, respectively.^{13,23} Regarding the caregivers' attitudes toward people with dementia, the present study added further evidence and suggested that practices based on professionalism in dementia care are favorable for generating feelings of happiness at work among the staff.

Intrinsic motivation relates to the enjoyment of carrying out routine tasks,¹⁰ and authentic happiness comes from identifying/cultivating/using one's most fundamental strengths.⁷ Professional caregivers with high dementia care knowledge tend to have positive attitudes toward people with dementia,²⁴ and nursing professionals engaged in person-centered care feel more competent/satisfaction in carrying out their jobs.¹³ The present findings provide a new insight into these studies by suggesting that a positive attitude toward dementia care (i.e. as assessed by professionalism in dementia care) might evoke feelings of happiness at work in the staff delivering such care.

The present findings, especially the positive influence of social capital in the workplace on feelings of happiness at work among female nurses and male professional caregivers, underlined the importance of a healthy work environment. In modern healthcare, the loss of respectful, cooperative relations engenders multiple tensions and vulnerabilities for patients, families, and staff.²⁵ In nurses, these might cause many ethical/safety concerns. Meanwhile, social capital in the workplace, comprising structural features and relational cognitive norms that enable people to work

collectively to solve problems/achieve common goals,²⁶ helped improve the above-mentioned issues and influenced nurses' well-being (e.g. through job satisfaction).²⁷

Additionally, social capital in the workplace could help improve interpersonal relationships at workplace, the primary reason for turnover among professional care workers.¹⁶ Respectful and cooperative relations in the workplace are favorable, particularly for male professional caregivers who are still a minority, as >70% of the workers in geriatric care facilities are women.⁵ Thus, stakeholders keen on staff well-being and retention need to foster a healthy work environment, particularly for human relationships.

Regarding "ethical leadership," the present findings suggest that female professional caregivers require more supportive and ethical work environments. This is also because the female staff expressed higher subjective ratings than the men regarding psychosocial stress in work-related tasks,²⁸ and reacted more negatively to poor support structures, even after controlling for inherited genetic factors.²⁹

If organizations want to successfully implement person-centered care, they need to create work environments where staff members feel supported by their supervisors.¹³ Among Australian professional caregivers of older adults, of whom 94.3% were women, supervisor support was a predictor of both intention to stay and leave.¹⁵ However, in Japanese geriatric care facilities, there are many variations in types of license, requirements (e.g. educational background and experiences of care work), and types of employment for staff,⁵ which could make staff management more difficult. Additionally, it is somewhat usual for Japanese geriatric care facilities to have unclear requirements for managerial positions related to professional caregivers, with opportunities for leadership training also being limited. Despite these circumstances, the present findings implied that female professional caregivers might harbor greater feelings of happiness at work when their supervisors practice ethical leadership.

We also found that a perceived lack of wage adequacy decreased the male professional caregivers' feelings of happiness at work, perhaps owing to remuneration levels and the Japanese culture. In Japan, although the average monthly wage across industries was \$2512 (US\$1 = ¥105.03, based on the currency rates in February 2021) in 2018,³⁰ that of regular caregivers was \$2236.⁵ Furthermore, although the monthly wage of the male staff was higher than that of the women, the average hourly wage of professional caregivers (\$12.0/h) was lower than that of nurses (\$13.9/h) in 2018.⁵

Japanese men are traditionally regarded as family breadwinners, even if their wages are insufficient for supporting a family. Low wages were also the second-ranking problem regarding professional caregivers' work environment in Japan.⁵ Thus, the present finding that the ratio of participants in the high group for feelings of happiness at work among male professional caregivers was the lowest compared with the other two groups might signify a negative impact of wage. Clearly, to improve their feelings of happiness at work, stakeholders and policymakers should enhance remuneration and extrinsic rewards.²

There were limitations to the present study. As the participants were recruited through convenience sampling from 26 facilities located in western Japan, and participants' data on management-level position were excluded ($n = 195$) for analysis, results might not be generalizable to other populations. Second, the cross-sectional study did not allow for causal inferences, warranting further longitudinal research on feelings of happiness at work. Third, we used self-reported questionnaires to measure feelings of happiness at work, so the accuracy of our data might be questionable. Although the happiness feeling at work scale and the SEW scale

showed high internal reliability, their validity remains to be examined too.

In the employment market, supporting employees' well-being has become an important competitive advantage for organizations.⁴ The findings provide novel insights into human resource management in geriatric care facilities in Japan, in which caregiver shortage is a critical issue.^{2,3} Further studies are required to investigate the generalizability of these results.

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Disclosure statement

The authors declare no conflict of interest.

References

- 1 Woods B. *America's \$103 Billion Home Health-Care System Is in Crisis as Worker Shortage Worsens* [Internet]. Englewood Cliffs, NJ: CNBC, 2019. <https://www.cnn.com/2019/04/09/us-home-healthcare-system-is-in-crisis-as-worker-shortages-worsen.html>.
- 2 Ministry of Health, Labour and Welfare. *Kaigo jinzaino shogu kaizen ni tsuite (About Treatment Improvement of Professional Caregivers)* [Internet]. Tokyo: Ministry of Health, Labour and Welfare, 2018. <https://www.mhlw.go.jp/content/12601000/000376603.pdf>.
- 3 Ministry of Health, Labour and Welfare. *Ninichisho shisaku no sougotekina Suishin nitsuite (Comprehensive Promotion of Dementia Countermeasures)* [Internet]. Tokyo: Ministry of Health, Labour and Welfare, 2019. <https://www.mhlw.go.jp/content/12300000/000519620.pdf>.
- 4 Martin G, Beaumont P, Doig R, Pate J. Branding: a new performance discourse for HR? *Eur Manag J* 2005; **23**: 76–88. <https://doi.org/10.1016/j.emj.2004.12.011>.
- 5 Koueki Zaidan Houjin Kaigo Roudo Antei Center. *Heisei 30 nendo: Kaigo-roudou jittai chousa no kekka (Results of a Survey on Labor Condition of Caregivers Applied in 2018)* [Internet]. Tokyo: Koueki Zaidan Houjin Kaigo Roudo Antei Center, 2019. http://www.kaigo-center.or.jp/report/2019_chousa_01.html.
- 6 Bethell J, Chu CH, Wodchis WP, Walker K, Stewart SC, McGilton KS. Supportive supervision and staff intent to turn over in long-term care homes. *Gerontologist* 2018; **58**: 953–959. <https://doi.org/10.1093/geront/gnx008>.
- 7 Gender Equality Bureau Cabinet Office. *Status of Gender Equality Society in 2013 (Heisei 25 nendo danjyo kyodosankaku syakaino keiseino jokyoku: Heisei 26 nendoban tokusyu dai 1setsu - dai4setsu)* [Internet]. Tokyo: Gender Equality Bureau Cabinet Office, 2014. https://www.gender.go.jp/about_danjyo/whitepaper/h26/zentai/pdf/h26_tokusyu1.pdf.
- 8 Seligman ME. *Authentic Happiness: Using the New Positive Psychology to Realize your Potential for Lasting Fulfillment* Download [Internet]. New York, NY: The Free Press, 2002. <https://booksjar.com/pdf-epub-authentic-happiness-using-the-new-positive-psychology-to-realize-your-potential-for-lasting-fulfillment-download/>.
- 9 Fisher CD. Happiness at work. *Int J Manag Rev* 2010; **12**: 384–412. <https://doi.org/10.1111/j.1468-2370.2009.00270.x>.
- 10 Dill J, Erickson RJ, Diefendorff JM. Motivation in caring labor: implications for the well-being and employment outcomes of nurses. *Soc Sci Med* 2016; **167**: 99–106. <https://doi.org/10.1016/j.socscimed.2016.07.028>.
- 11 Vernooij-Dassen MJ, Faber MJ, Olde Rikkert MG *et al.* Dementia care and labour market: the role of job satisfaction. *Aging Ment Health* 2009; **13**: 383–390. <https://doi.org/10.1080/13607860902861043>.
- 12 Edvardsson D, Winblad B, Sandman PO. Person-centred care of people with severe Alzheimer's disease: current status and ways forward. *Lancet Neurol* 2008; **7**: 362–367. [https://doi.org/10.1016/S1474-4422\(08\)70063-2](https://doi.org/10.1016/S1474-4422(08)70063-2).
- 13 Willemse BM, De Jonge J, Smit D, Visser Q, Depla MF, Pot AM. Staff's person-centredness in dementia care in relation to job characteristics

- and job-related well-being: a cross-sectional survey in nursing homes. *J Adv Nurs* 2015; **71**: 404–416. <https://doi.org/10.1111/jan.12505>.
- 14 Plaku-Alakbarova B, Punnett L, Gore RJ. Procure research team. Nursing home employee and resident satisfaction and resident care outcomes. *Saf Health Work* 2018; **9**: 408–415. <https://doi.org/10.1016/j.shaw.2017.12.002>.
 - 15 Radford K, Shacklock K, Bradley G. Personal caregivers in Australian aged care: retention and turnover intentions. *J Nurs Manag* 2015; **23**: 557–566. <https://doi.org/10.1111/jonm.12172>.
 - 16 Koueki Zaidan Houjin Kaigo Roudo Antei Center. *Heisei 29 nendo: Kaigo-roudou jittai chousa no kekka (Results of a Survey on Labor Condition of Caregivers Applied in 2017) [Internet]*. Tokyo: Koueki Zaidan Houjin Kaigo Roudo Antei Center, 2018. http://www.kaigo-center.or.jp/report/pdf/h29_chousa_kekka.pdf.
 - 17 Mohammad B, Ziba A, Nasrin N. Investigating the factors that influence Iranian nurses' workplace happiness. *Nurs Manage* 2021; **28**: 21–28. <https://doi.org/10.7748/nm.2021.e1972>.
 - 18 Schepers AK, Orrell M, Shanahan N, Spector A. Sense of competence in dementia care staff (SCIDS) scale: development, reliability, and validity. *Int Psychogeriatr* 2012; **24**: 1153–1162. <https://doi.org/10.1017/S104161021100247X>.
 - 19 Nakanishi M, Endo K, Hirooka K *et al*. Dementia behaviour management programme at home: impact of a palliative care approach on care managers and professional caregivers of home care services. *Aging Ment Health* 2018; **22**: 1057–1062. <https://doi.org/10.1080/13607863.2017.1332160>.
 - 20 Tei-Tominaga M, Nakanishi M. The influence of supportive and ethical work environments on work-related accidents, injuries, and serious psychological distress among hospital nurses. *Int J Environ Res Public Health* 2018; **15**: 240. <https://doi.org/10.3390/ijerph15020240>.
 - 21 Kim S, Heath E, Heilbrun L. Sample size determination for logistic regression on a logit-normal distribution. *Stat Methods Med Res* 2017; **26**: 1237–1247. <https://doi.org/10.1177/0962280215572407>.
 - 22 Peduzzi P, Concato J, Kemper E, Holford TR, Feinstein AR. A simulation study of the number of events per variable in logistic regression analysis. *J Clin Epidemiol* 1996; **49**: 1373–1379. [https://doi.org/10.1016/s0895-4356\(96\)00236-3](https://doi.org/10.1016/s0895-4356(96)00236-3).
 - 23 Moyle W, Murfield JE, Griffiths SG, Venturato L. Care staff attitudes and experiences of working with older people with dementia. *Australas J Ageing* 2011; **30**: 186–190. <https://doi.org/10.1111/j.1741-6612.2010.00470.x>.
 - 24 Richardson B, Kitchen G, Livingston G. The effect of education on knowledge and management of elder abuse: a randomized controlled trial. *Age Ageing* 2002; **31**: 335–341. <https://doi.org/10.1093/ageing/31.5.335>.
 - 25 Hofmeyer A, Marck PB. Building social capital in healthcare organizations: thinking ecologically for safer care. *Nurs Outlook* 2008; **56**: 145–151. <https://doi.org/10.1016/j.outlook.2008.01.001>.
 - 26 Szreter S, Woolcock M. Health by association? Social capital, social theory, and the political economy of public health. *Int J Epidemiol* 2004; **33**: 650–667. <https://doi.org/10.1093/ije/dyh013>.
 - 27 Shin JI, Lee E. The effect of social capital on job satisfaction and quality of care among hospital nurses in South Korea. *J Nurs Manag* 2016; **24**: 934–942. <https://doi.org/10.1111/jonm.12401>.
 - 28 Kogler L, Gur RC, Derntl B. Sex differences in cognitive regulation of psychosocial achievement stress: brain and behavior. *Hum Brain Mapp* 2015; **36**: 1028–1042. <https://doi.org/10.1002/hbm.22683>.
 - 29 Kendler KS, Myers J, Prescott CA. Sex differences in the relationship between social support and risk for major depression: a longitudinal study of opposite-sex twin pairs. *Am J Psychiatry* 2005; **162**: 250–256. <https://doi.org/10.1176/appi.ajp.162.2.250>.
 - 30 Statistics Bureau, Ministry of Internal Affairs and Communications. *Statistical Data in Japan: Chapter 19th Labor and Wage [Internet]*. Tokyo: Statistics Bureau, Ministry of Internal Affairs and Communications, 2019. <https://www.stat.go.jp/english/index.html>.

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