

Effects of Calling, Wisdom, and Job Satisfaction on Quality of Care Services of Care Workers who belong to Visiting Care Centers

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ABSTRACT

The purpose of this study is to provide basic data on the development of care programs that enhance the quality of caregivers' services by analyzing the impact of caregivers' calling, wisdom and job satisfaction on the quality of care services. Data were collected from 99 nursing care workers in charge of visiting care. Data analysis was performed by descriptive statistics, t-test, ANOVA, Pearson's correlational coefficients, and multiple regression. The quality of the subject's care service was highly correlated to calling ($r=.45$, $p<.001$), wisdom ($r=.63$, $p<.001$), job satisfaction ($r=.65$, $p<.001$). The wisdom and job satisfaction of the subjects were found to be important factors affecting the quality of services, and their variables accounted for 51.8 percent of the quality of services. In order to improve the quality of care services for caregivers in the elderly welfare center, caregivers themselves need to make wise lives, and to increase job satisfaction. The head of the center needs to analyze the job itself, factors related to institutions, and factors related to the intention to change jobs and create an atmosphere to solve problems. It is necessary to develop and train a program to improve the quality of care services considering these factors.

Keywords: Care workers; Quality of care services; Calling; Wisdom; Job satisfaction; Visiting care centers

Introduction

COVID-19, a new global infectious disease that emerged in China at the end of 2019, has threatened all mankind on Earth with the World Health Organization's Pandemic Declaration in March 2020, and is evolving into a daily disaster that can occur regardless of time and place. In particular, this change greatly increases the risk of exposure to infectious diseases to the elderly and patients in the vulnerable class, and even makes them feel threatened by life, so the health care and care for vulnerable subjects is an important concern recently.

In addition, the rapid aging of the population has led to a quantitative increase in the elderly population and a growing diversity of the elderly. In 2020, the elderly population aged 65 or older is 15.7% and 8.125 million, and the proportion of the elderly population is expected to continue to increase and enter the super aged society at 20.3% by 2025 (Statistics Korea, 2019). According to the survey of senior citizens aged 65 and older, 46.2% of the age group aged 65 to 69, 37.4% of the age group aged 70 to 74, 31.7% of the age group aged 75 to 79, 26.6% of the age group aged 80 to 84, and 29.7% of the age group aged over 85 satisfied to their health, thus as aging progresses, satisfaction with one's health seems to decrease. Only 37.0% of senior citizens aged 65 or older evaluate their usual health condition as good, which means that they have a higher negative assessment of subjective health. Furthermore, 89.5% of the elderly said they had chronic diseases. Among those, 16.5% said they had one, 22.0% said they had two chronic diseases, and 51.0% said they had more than three chronic diseases. As a result, people

with two or more chronic diseases also having complex chronic diseases record 73% with an average of 2.7 chronic diseases among the elderly (Jung K. H. *et al.*, 2017).

Since the launch of long-term care insurance in 2008, Korea has been promoting the health and well-being of the elderly by expanding long-term care institutions and fostering nursing caregivers, and medical staffs including nurses. This phenomenon encourages middle-aged adults to enter society, creating jobs for elderly care workers such as nursing care workers. Nursing caregivers, who are elderly care workers, take care of the elderly at elderly care centers or take care of elderly with mild dementia or chronic diseases by visiting their homes while belong to senior home-living care giving center. In particular, door to door caregiver's direct and initiative caring plays a very important and decisive role in the daily activities and health of older people with mild dementia or chronic diseases.

Nursing caregivers in charge of door-to-door care take care of patients or the elderly with poor physical function or cognitive function alone, and it is difficult to take responsibility for the health of the subjects with accurate judgment and competent nursing services. Therefore, at a time when the role of caregivers in the COVID-19 pandemic is becoming more important, it is urgent to identify the quality of caregivers' care services and bring about the development of practice through mediation and research to enhance them.

Quality of care for the elderly means excellence in services provided to seek user satisfaction (Lee J. S., 2012). Quality of service should include consideration, interest, and appropriate attitudes, showing the ability to quickly perform promised services, voluntarily assist the target, and provide knowledge, courtesy, trust and confidence. The quality of care services with these factors can be an indicator of the visiting care of the elderly. Nursing care providers should play an important role in improving the satisfaction and maintaining health of the subjects by providing quality care services. Therefore, in order to improve the quality of caregivers' care services, the quality of care and affecting factors must be identified so that the foundation could be laid for an intervention program. It is believed that this will increase the satisfaction of the subject and bring about continuity and achievement in the job.

As a result of reviewing prior research, it is possible to consider a sense of calling, wisdom, job satisfaction, etc. as related variable factors to improve the quality of nursing services. A sense of calling is an attitude to contribute to society through one's career and help others, and caregivers practicing care for the elderly need a higher sense of calling than other occupations (Park E. H., 2020). This sense of calling will be fundamental to improving the quality of care services, considering one's profession as a vocation, dedicating oneself to a profession, and seeking trust from others (Jeong E. J., 2007). In addition, in the current Covid-19 situation, senior's relationships with caregivers who provide hygiene, nutrition care and mental comfort at home are very important as they cannot move freely, thus the care giver's sense of calling can be the basis for sincere care.

And the wisdom of caregivers in charge of door-to-door care has a correlation between service quality and quantity, and wisdom has a partial mediating effect in the relationship between leadership and service quality. The wisdom of caregivers can be a factor in improving the quality of service (Kim H.K., 2021). Wise people gain satisfaction with their lives by accepting and recognizing the positive and negative realities (Lee S. L. *et al.*, 2007). According to a study of 506 senior citizens aged 50 and older, Sung (Sung K. W., 2011) showed a moderate score of 100.78 out of a total score of 138, and wisdom and successful aging showed positive correlation, resulting in successful aging. Therefore, nursing caregivers, who are the subjects of this study, are mainly those who fall under late middle-aged adults and the elderly, and their

wisdom is expected to lead their lives to a successful life. A variable of wisdom was studied in relation to the quality of care services.

In addition, the job satisfaction of caregivers working at elderly care institutions is also correlated with the quality and quantity of service, resulting in high job satisfaction and higher job safety satisfaction, which has a positive impact on service quality (Kim S. H. *et al.*, 2012). It also suggested that job satisfaction and work ethic had a significant amount of correlation with a sense of calling and the sense of calling and job satisfaction were important influences on professionalism. (Park E. H., 2020). Job stress and job satisfaction affected the quality of service, and job satisfaction was shown to have a mediated effect on the quality of service (Kim G. J., 2009), inferring that job satisfaction within the organization would have a significant impact on the quality of individual life and service.

In conclusion, this research intends to identify the relationship between the calling, wisdom, job satisfaction, and quality of care services of nursing caregivers who belong to senior home-living care giving centers, and provide basic data for the development of a care intervention program that can improve the quality of service of caregivers by analyzing factors affecting the quality of care services.

Purpose

1. Identify the sense of calling, wisdom, job satisfaction, and quality of care services of the subject.
2. Identify the difference in the quality of care services according to the general characteristics of the subject.
3. Analyze the relationship between the subject's sense of calling, wisdom, job satisfaction and the quality of care services.
4. Analyze the factors that affect the quality of care services of the subjects.

Methods

Subjects

The subjects of the study were a total of 99 nursing care providers belonging to the C Elderly Home Care Facility in S-gu, D metropolitan city, and the C Elderly Home Care Facility in D-gu. An adult male and female understood the purpose of the study and voluntarily expressed their willingness to participate and agreed to it, and they have worked for more than six months. The minimum working period for a person was selected for at least six months because it was determined that performing six months of duties would allow him to adapt to his duties and that such a situation would allow him to respond to the questionnaire.

Using the G-power 3.1.9.4 program, the number of samples required to maintain five predictors, effect size 0.15, significance level 0.05 and power 0.80 was 92, and 101 were surveyed considering a 10% dropout rate, and 99 were finally analyzed except for two missing questionnaires.

Instruments

Passion

The passion scale used by Park (Park J. W., 1994) to measure professional occupational identity was modified and used by this researcher. Among a total of five questions, reverse

questions were revised to positive questions after consulting with experts. "Not at all" 1 to "very much" 5 is the Likert scale, and the higher the score, the higher the sense of calling. In the study by Kim S. J. (2008), the reliability was Cronbach's $\alpha = .71$, and in this study, Cronbach's $\alpha = .83$.

Wisdom

We used the Korean Wisdom Scale (KMWS) developed by Kim (Kim M. H., 2008). A total of 43 questions consist of four areas: cognitive competence, refinement and balance, positive life attitudes and empathic interpersonal relationships. "Not at all" 1 to "very much" 5 is the Likert scale, and the higher the score, the higher the sense of wisdom. At the time of Development, reliability was Cronbach's $\alpha = .93$ and in this study Cronbach's $\alpha = .97$.

Job satisfaction

We used the Job Descriptive Index (JDI) (Smith P. C. et. al., 1969) modified by Song (Song W. H., 2011). The job satisfaction tool consists of three sub-factors: five questions about job self-satisfaction, five questions about institutional satisfaction, and four questions about turnover intention. "Not at all" 1 to "very much" 5 is the Likert scale, and the higher the score, the higher the job satisfaction. In Song (Song W. H., 2011) the reliability was Cronbach's $\alpha = .89$ and in this study, Cronbach's $\alpha = .86$.

Quality of care services

Based on the 'SERVQUAL' scale developed by Parasuraman (Parasuraman A. et al., 1998) the tool used by Jung (Jung H. M., 2016) for caregivers was used. The tool consists of five factors: reliability, responsiveness, warrantability, empathy, and typology, with a total of 20 questions, four questions per factor. "Not at all" 1 to "very much" 5 is the Likert scale, and the higher the score, the higher the quality of service. In Jung (Jung H. M., 2016), the reliability of the tool was Cronbach's $\alpha = .97$ and in this work, Cronbach's $\alpha = .94$.

Data collection

We explained the purpose and contents of the study to the two heads from the C Elderly Home Care Facility in S-gu, D metropolitan city, and the C Elderly Home Care Facility in D-gu. Researchers and research assistants trained on the purpose and method of research, especially data collection, and explained the purpose of research to nursing caregivers with the help of research assistants and the head of the center. Afterwards, 101 caregivers were given explanations about the purpose of the study and the completion of the questionnaire and we received written consent from them. Subsequently, the data was collected and 99 data were finally analyzed, except for two who gave insufficient responses. It took about 15 minutes to fill out the questionnaire.

Ethical consideration

This study was approved by the K University Institutional Review Board on the purpose, methodology and rights protection of participants (KNU_IRB_2021-26). Throughout the study, guidelines for ethical research would be followed. The agreement included anonymity and confidentiality, and explained that if subjects want to stop the study even after agreeing to participate in the study according to subject's voluntary intention, subject can stop participating

in the study at any time, and there is no disadvantage. The collected information would be managed under the Privacy Act and announced that it would do its best to ensure the confidentiality of all personal information obtained through research. The data collected after the investigation would be kept in a locked location for three years, and would be subsequently destroyed by means of destruction.

Data Analysis

Data collected was analyzed using the SPSS Window 25.0 program. The general characteristics of the subject and the degree of the variable were analyzed through descriptive statistics. Comparison of quality of care services based on general characteristics was analyzed by t-test, ANOVA. And Post-testing by Scheffetest, correlation analysis among variables in subjects by Pearson correlation coefficients, and impact factor analysis on the quality of care services in subjects by stepwise multiple regression.

Results

General characteristics of subjects

In the general characteristics of the subjects, the study subjects were nursing caregivers belonging to C Elderly Home Care Facility in S-gu, D metropolitan city, and the C Elderly Home Care Facility in D-gu (100%) with an average age of 60.74 ± 7.24 years and 62.6% was aged over 60 or more (62 people). Most of the genders were women (97 people, 98.0 percent), and marriage accounted for 100% (99 people). In the case of religion, 63.6 percent (63 people), more than a majority had a religion, and 57.6% (57 people) graduated from high school. The working experience was 54.5% (54 people) for more than one year and five years, with an average of 52.83 ± 41.88 months. 72.7% (72 people) did not have a license other than a nursing care worker's license, while 67.7% (67 people) received more than one job-related education. Regarding monthly income, more than majority 69.7 % (69 people) earned less than 1 million won per month [Table 1].

Table 1. General characteristics of subjects

(N=99)

Variables	Categories	N (%)	M \pm SD
Age	Under 49	7(7.1)	60.74 ± 7.24
	50-59	30(30.3)	
	Over 60	62(62.6)	
Gender	Female	97(98.0)	
	Male	2(2.0)	
Marital status	Married, etc	99(100.0)	
	Single	0(0.0)	
Religion	None	36(36.4)	
	Yes	63(63.6)	
Education	Middle school or below	25(25.3)	
	High school graduate	57(57.6)	
	Collegiate or higher	17(17.2)	
Working experience	Less than 12months	16(16.2)	52.83 ± 41.88

	13-60 months	54(54.5)	
	More than 61 months	29(29.3)	
License except for Nursing care	None	72(72.7)	
	Yes	27(27.3)	
Job related education	None	32(32.3)	
	More than once	67(67.7)	
Total monthly Income	Less than 1 million	69(69.7)	
	More than 1 million	30(30.3)	

Degree of Passion, Wisdom, and Job Satisfaction on Quality of Care Services in subjects

The care workers' passionscored 3.73 ± 0.65 points out of 5 points, wisdomscored 3.61 ± 0.52 points out of 5 points, job satisfaction scored 3.66 ± 0.49 points out of 5 points, and quality of care servicescored 4.03 ± 0.47 points out of 5 points[Table 2]

Table 2. Degree of Passion, Wisdom, and Job Satisfaction on Quality of Care Services in subjects (N=99)

Variables	M \pm SD	Range
Calling	3.73 ± 0.65	1~5
Wisdom	3.61 ± 0.52	1~5
Job satisfaction	3.66 ± 0.49	1~5
Quality of care services	4.03 ± 0.47	1~5

Difference of quality of care services to general characteristics

According to the analysis of the differences in the quality of care by age, gender, marital status, religion, education, working experience, license, job-related education and monthly total income, Religious caregivers had higher quality of care than non-religious caregivers at a statistically significant level ($t=2.25$ $p=.027$) The quality of care services was found to be higher at a statistically significant level when total monthly income was more than 1 million won ($t=-2.74$, $p=.007$). There was no statistically significant difference in the quality of care services according to other general characteristics[Table 3].

Table 3. Difference of quality of care services to general characteristics

Variables	Categories	M \pm SD	t or F(p)
Age	Under 49	3.79 ± 0.52	2.09(.129)
	50-59	4.15 ± 0.35	
	Over 60	3.99 ± 0.50	
Gender	Female	4.02 ± 0.47	0.61(.541)
	Male	3.83 ± 0.35	
Marital status	Married, etc	4.02 ± 0.47	
	Single	-	
Religion	None	3.89 ± 0.44	2.25(.027)
	Yes	4.10 ± 0.46	
Education	Middle school or below	3.92 ± 0.53	0.98(.378)
	High school graduate	4.04 ± 0.46	

	Collegiate or higher	4.12±0.39	
Working experience	Less than 12months	4.21±0.40	2.29(.107)
	13-60 months	3.95±0.46	
	More than 61months	4.07±0.48	
License except for Nursing care	None	4.07±0.46	1.63(.106)
	Yes	3.90±0.48	
Job related education	None	4.04±0.43	0.27(.786)
	More than once	4.02±0.48	
Total monthly Income	Less than 1 million	3.94±0.48	-2.74(.007)
	More than 1 million	4.21±0.38	

Correlation between passion, wisdom, and job satisfaction on quality of care services in subjects

Quality of care services and awareness of calling ($r=.45$, $p<.001$), Wisdom ($r=.63$, $p<.001$), job satisfaction ($r=.65$, $p<.001$), job satisfaction and calling ($r=.56$, $p<.001$), Job Satisfaction and wisdom ($r=.60$ $p<.001$) and wisdom and a sense of calling ($r=.60$; $p<.001$) showed high positive correlation. In other words, the higher the sense of calling, the higher the wisdom, the higher the job satisfaction, the higher the quality of nursing services. The higher the sense of calling and the higher the wisdom, the higher the job satisfaction, and the higher the sense of calling, the higher the wisdom [Table 4].

Table 4. Correlation between Calling, Wisdom, and Job Satisfaction on Quality of Care Services (N=99)

Variables	Calling r(p)	Wisdom r(p)	Job satisfaction r(p)	Quality of care services r(p)
Calling	1			
Wisdom	.60(<.001)	1		
Job satisfaction	.56(<.001)	.60(<.001)	1	
Quality of careservices	.45(<.001)	.63(<.001)	.65(<.001)	1

Factors having effects on the quality of care services in subjects

To understand the factors having effects on the quality of care service of subjects, this study conducted the multiple regression analysis by performing the dummy treatment on the religion and monthly total income that showed the significant results in the general characteristics, and also the independent variables.

Regarding the issue of multicollinearity expected in case when conducting the multiple linear regression analysis, the tolerance limit was .521~.890, which was higher than 0.1. The Variance Inflation Factors (VIF) were 1.124~1.919, which was not higher than the standard as 10, so that there was no problem with the multicollinearity. Also, the Durbin-Watson value was 1.429, so that there was no problem of autocorrelation.

In the results of analysis, the wisdom ($\beta=.36$, $p=.001$) and job satisfaction ($\beta=.43$, $p<.001$) had great effects on the quality of care service of subjects, which showed 51.8% explanatory power [Table 5].

Table 5. Factors having Effects on the Quality of Care Services in Subjects

Variables	B	SE	β	t	p
Constant	1.54	.31		4.97	<.001
Calling	-.02	.07	-.03	-.33	.746
Wisdom	.32	.09	.36	3.56	.001
Job satisfaction	.41	.10	.43	4.31	<.001
Religion (Yes)	.02	.07	.02	.29	.769
Monthly total income (More than a million won)	-.01	.01	-1.33	-1.33	.189
R ² =.518 Adj. R ² =.492 F=19.99 p<.001					

References: Religion=no, Monthly total income =Less than a million won

Discussion

This study identified the relationship between the calling, wisdom, job satisfaction, and quality of nursing services of nursing care providers who belong to senior home-living care giving center and analyzed factors that affect the quality of nursing services.

As a result of identifying subject's passion, wisdom, job satisfaction and quality of care giving service, passion recorded 3.73 out of 5, wisdom 3.61 out of 5, job satisfaction 3.66 out of 5, and quality of care giving service 4.03 out of 5. According to a study of 274 caregivers working at elderly Home Care Facility in Seoul, Gyeonggi Province, and Incheon (Yoon Y. S., 2019), their passion scores were slightly higher than 3.54 out of 5 which is on average, and in a study of 185 caregivers working at nursing homes, elderly Home Care Facility and nursing hospitals, the degree of passion was slightly higher than that of 3.41 out of 5 (Kim, H.S. et al., 2011). These results show that a nursing caregiver belonging to an elderly Home Care Facility, who is in charge of visiting and caring, considers his/her job a vocation, dedicates to it, and maintains an above-normal attitude to win trust from others. A caregiver with a moderate sense of calling thinks his job is socially rewarding and meaningful. (Elangovan, A. R. et al., 2010). In particular, caring for people with mobility difficulties or elderly people with dementia is a very desirable phenomenon because it expresses that they are providing care on behalf of their families by bringing in love, service spirit, responsibility, and sincerity. Originally, a sense of calling refers to a position that is helpful to others, and is not limited to one job, but to a concept that involves living in a family life or work area. The sense of calling is the attitude that one thinks he should do mainly in relation to work, given by heaven, so the religious concept of a job (Kim, S. J., 2008). Therefore, we need to provide vocational education so that they can have a sense of calling (Kim, H.S. et al., 2011) because they would believe that the occupation is the right thing to do and this will increase the value, pride, and pride of the their occupation. It is also necessary to continue research to analyze the related factors of the passion while encouraging the degree of continuous maintenance and improvement of the passion to 5 scores.

The wisdom of caregivers was 3.61 points, slightly higher than that of 3.47 points in a study of 274 elderly people in D region (Ryu, M. J., 2013). In addition, Sung (Sung, K.W., 2011) measured the wisdom of 513 senior citizens aged 50 and older, averaging 100.78±11.01 points out of 138 which is 3.65 out of 5, similar to the results of this study. The subjects of this study are also adults who are middle-aged or older, and they are highly desirable because they have more

than moderate scores to the extent that they have learned wisdom from living their lives. Furthermore, it is believed that this study was the result of wise activities such as learning professional pride and methods as caregivers. Wisdom consists of empathic emotions, self-reflection, and factors of life experience, which facilitate relationships with others and allow them to mature developmentally without making the same mistakes. Therefore, it is necessary to encourage people to live a wiser life.

The level of job satisfaction of the subjects in this study was 3.66 points. This is higher than the results of a study of 319 nursing caregivers in Chungnam, which showed high satisfaction with colleagues (Lee, S. Y., 2011). In addition, the job satisfaction level of the study of 321 caregivers working at nursing homes was 3.35, therefore slightly higher than that. This is because the subjects of this research who are in charge of visiting care, more independently care for those with low severity, less work on their own, have relatively high economic compensation, and are guaranteed their autonomy. Therefore, in the case of senior citizens in Korea, if the condition is not severe, it is desirable to reflect both the needs of suppliers and consumers and expand the care of caregivers.

The quality of nursing services of the subjects was 4.03 out of 5, and this was higher than 3.69 of 230 caregivers at 12 nursing institutions (Kim, S.N., 2012), and 3.93 of 172 caregivers working in nursing homes (Shin M. J., 2011), and 3.97 of a survey result conducted by Lee (Lee Y. S. *et al.*, 2010) on 148 nursing care providers in Jeonju. This is believed to be the result of the high quality of nursing services while practicing with confidence, given that nursing caregivers in charge of visiting care provide services entirely under their responsibilities. Further research on related factors is needed to help caregivers provide a higher level of care for themselves.

In addition, the study found that nursing caregivers' sense of calling, wisdom, and job satisfaction correlated with the quality of nursing services, and that the factors affecting the quality of nursing services were wisdom and job satisfaction, and 51.8% explained the quality of nursing services. This was consistent with the findings of Kim (Kim M. J., 2005), who reported that the sense of calling affects the quality of service and that the higher the sense of calling, the higher the quality of service. According to a study of 110 caregivers, the calling and job satisfaction of caregivers affected their sense of profession (Park, E.H., 2011), which is expected to help improve the quality of care and positive organizational culture provided to elderly patients. Wisdom is gained through various experiences in the course of life, and increases with age, consisting of positive characteristics such as self-preservation, completion, judgment, and human relations skills and understanding of life (Sung K. W., 2011). Therefore, wisdom is often considered to be the culmination of successful human development (Lee S. L. *et al.*, 2007), so it is thought that the wisdom of caregivers is relevant and will have an impact on successfully providing quality care services. Caregiver's job satisfaction can take into account factors such as job satisfaction, economic compensation satisfaction, identity stability satisfaction, supervisor satisfaction, and work atmosphere satisfaction. Therefore, the higher the job satisfaction level of caregivers in these areas, the higher the satisfaction level of quality services and the higher the satisfaction level of consumers. This can lead to continuous use (Lee, H.K., 2011), which requires efforts to increase these factors.

Caregivers' job satisfaction is critical to the health, quality of life and long-term care for the elderly (Lee, S.S., 2011), as the caregiver's job provides physical and emotional support for those with chronic diseases and dementia. In addition, It was proved that job satisfaction of hotel bakery employee had correlational ($r=0.465$, $p<0.01$) relations with service quality and quantity. (Kim, H. W., 2018). The results of staff providing services such as caregivers were consistent with the results of this study. Job satisfaction has been shown to be an important correlation in

providing services to consumers, so various related factors that can increase job satisfaction need to be considered.

In this study, wisdom and job satisfaction were shown as factors that affected the quality of nursing care services of nursing care workers at the senior home-living care giving center and no sense of calling was included. Wisdom originally consists of elements of introspection, empathetic emotion, and life overcoming experience, so the wiser the person, the more successful the life is expected to lead. Therefore, it is believed that wise caregivers will have positive adaptations, and overcome conflicts and crises in life, and improve the quality of care services by focusing on their jobs. In addition, job satisfaction is formed by considering various factors such as the value, aptitude, proficiency, working environment, wages and prospects of the job itself, so the situation and problems of these factors should be analyzed and adjusted to increase satisfaction. However, a sense of calling that does not appear to be an influential factor in this study should be seen as an important concept. This is because a caregiver with a high sense of calling will consider his job a vocation, devote himself to his job, and show an attitude to trust others (Jeong, E.J. 2007) even if his income decreases, and provide care in an attitude to help others while contributing to help others. Therefore, in the current COVID-19 pandemic situation, it is hoped that continuous research on this sense of calling will be carried out as elderly people with limited mobility are forced to resort to caregivers and receive help from them. This study cannot be generalized, as the subjects were caregivers at some of senior home-living care giving center located in D area.

Conclusion

Based on the results of this study, it is necessary to consider factors of wisdom and job satisfaction in order to improve the quality of nursing care services of nursing care providers who are in charge of visiting while belong to senior home-living care giving center. Wise people have the characteristic of accepting not only the positive side of reality but also the negative side and perceiving the current reality, so we need to provide a positive stimulus to increase the level of wisdom. One can lead his life successfully while being satisfied with one's life. In addition, since job satisfaction can increase professional awareness and improve the quality of nursing services, caregivers themselves should make efforts to improve their satisfaction with wise lives and duties. We ask the head of the Center to ascertain the wisdom and job satisfaction of caregivers and to consider such variables while operating care mediation programs.

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Conflict of Interest: Nil

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