

The Factors Affecting Life Satisfaction of Employees

Eun Young Do¹, Yeon Ran Hong^{2*}

¹Professor, Department of Nursing, Kwangju Women's University, Republic of Korea. E-mail: eydo@kwu.ac.kr

^{2*}Professor, Department of Nursing, Suncheon National University, Republic of Korea. E-mail: yrhong@suncheon.ac.kr

Abstract

Background: The purpose of this study is to investigate the factors that influence employee life satisfaction in terms of problem drinking, depression, and social support.

Methods: The subjects were 180 employees from the B district of G metropolitan city. The data analysis was carried out on the basis of frequency, percentage, average, standard deviation, independent t-test, one-way ANOVA, Pearson Correlation Coefficient, and Multiple Regression Analysis.

Results: The level of life satisfaction of the employees were found to be at the state of slightly satisfied, with an average score of 21.33 out of 35. The score of problem drinking was 6.70 ± 6.16 , while 21.7% was classified into the problem drinking group and 12.1% was into the presumptive alcohol use disorder group. Depression score was 10.83 (out of 60), while 8.8% were found to be moderately depressed, 1.7% were severely depressed, and 6.7% were very severely depressed but 82.7% were normal. The social support score was 48.21 ± 7.85 (out of 60). It was found that family life satisfaction and social support were the influencing factors on life satisfaction for which the explanatory power was 49.8%.

Conclusion: The results showed that the higher the family life satisfaction and social support are, the higher the life satisfaction is. Additionally, it was found that life satisfaction becomes higher when good interpersonal relationships were maintained as well as the economic level was high and less depressed. These findings may be used for the development of programs to increase the life satisfaction of employees.

Keywords: Employee, Life Satisfaction, Social support, Depression, Drinking.

DOI: 10.47750/pnr.2022.13.S03.087

INTRODUCTION

There is no dispute that every human being has pursued a happy life since the beginning of history. The index of life satisfaction that is used as a measure to compare happiness among countries showed that the life satisfaction level of Korea in 2017-2019 was 5.9 points out of the 10-point scale, which is 0.8 points lower than the OECD average of 6.7 points [1]. Furthermore, according to a 2019 survey of employed workers across the country, their life satisfaction level was 43.5 out of 100, and just 3 in 10 employees stated they were satisfied and happy with both their personal lives and their jobs [2]. Although the five-day work week went into effect in 2005 and the maximum working hours per week has been reduced from 68 to 52 hours by the Labor Standards Act amendment in 2018, the maximum working hours per week is still 2 hours longer than the OECD standards. The long hours of work are understood to degrade the quality of life of employees, increase family conflicts,

and lead to a decrease in productivity due to aggravated work fatigue [3]. According to a recent survey, more than half of employees reported a variety of workplace syndromes, including chronic fatigue syndrome, burnout syndrome, why me syndrome, ringtone syndrome, mental runaway syndrome, and blue bird syndrome, as a result of heavy work and stress [4].

Life satisfaction, a comprehensive assessment of the quality of life, is a cognitive judgment process about how much happiness or psychological satisfaction one feels about life. Hence, whether someone is happy or in a state of well-being, that person will have a high level of life satisfaction and positive emotions [5]. Among the earlier domestic studies on the factors affecting life satisfaction or quality of life in employees or adults, some studies include gender, age, economy, breakfast, and exercise as the general characteristics [6-9]. Other studies included work, family stress, family support, social support, parenting stress, self-efficacy, depression, interpersonal relationship, problem

drinking, and social support [10-15]. Most of the previous studies on life satisfaction have been conducted on college students and the elderly. Despite the necessity of improving the life satisfaction of these groups of individuals who are consistently under a heavy workload and other forms of stress, the life contentment of employees under diverse jobs and characteristics has not received much attention.

For the factors affecting life satisfaction, some prior studies investigated the relationship among depression, social support, and life satisfaction. Depression has been identified as a major factor influencing life satisfaction, causing serious adverse effects on productivity and quality of life [13]. Often the employees do not realize that they have a depression problem or even if they suspect that they have depression, the rate of seeking medical care is low, which in some cases results in the loss of adequate treatment timing and even in suicide [7][33]. On the other hand, various forms of support from family, friends, and other people were known to be important. The higher the social support, the higher the life satisfaction [10] [16] [31][32].

Besides the psychosocial factors, problem drinking has been reported to have a direct impact on life satisfaction [17]. According to the 2020 National Health and Nutrition Survey by the Ministry of Health and Welfare, the monthly rate of binge drinking in adult males aged 19 and up is 70.2 percent and 47.8 percent in adult females [18], with binge drinking accounting for 40.5 percent of the total socioeconomic cost caused by health risk factors [19]. Workplace drinking is particularly noteworthy because it can cause not only common drinking problems but also a decrease in workability or productivity [20]. However, there are few studies that investigated life satisfaction including problem drinking as a factor.

In this study, the level of life satisfaction in employees is investigated considering depression, social support, and problem drinking as the major factors so that the results may be used for the development of programs to improve the life satisfaction of future employees.

METHODS

2.1 Study Design

This study is a descriptive survey designed to identify the factors that influence the life satisfaction of employees.

2.2 Participants

This study was using a portion of the data from the 2017 Addiction Survey to determine the addiction status of residents in the B district of G metropolitan city, with the assistance of the Addiction Management Integrated Support Center. The sample size was determined by a statistical test using the G*power 3.1.9 program. The minimal sample size indicated by the test for regression analysis under the circumstances of the significance level of 0.05, power of 95%, and medium effect size of 0.15 was 178. Therefore, the coding data of all 180 workers who participated in the

2017 survey were used for analysis.

2.3 Research Instruments

2.3.1 Life satisfaction

The tool used to investigate life satisfaction levels was the Satisfaction with Life Scale (SWLS) translated by Hong *et al* [21], which consisted of 5 questions on a 7-point scale. The score of the questionnaire ranges from 5 to 35, which is interpreted to be highly dissatisfied for 5~9, dissatisfied for 10~14, slightly dissatisfied for 15~19, neither satisfied nor dissatisfied for 20, slightly satisfied for 21~25, satisfied for 26~30, and highly satisfied for 31~35. The reliability at the time of tool development was Cronbach's $\alpha=.87$, at the time of tool translation was Cronbach's $\alpha=.84$, and at the time of the survey was Cronbach's $\alpha=.89$.

2.3.2 Problem Drinking

The tool for problem drinking was the AUDIT-K, which is the Korean version of the Alcohol Use Disorder Test (AUDIT) developed by WHO in 1989[22]. The AUDIT-K consisted of 10 questions which included 3 questions for harmful drinking to measure the frequency and amount of drinking over the past year, 3 questions about the harmful use of tolerance and withdrawal which are alcohol dependence symptoms, and 4 questions related to dangerous drinking. The score ranges from 0 to 40 points for which questions No.1 to No.8 were on the 5-point Likert scale (0~4 points) and questions No.9 and No.10 were on the 3-point Likert scale (0, 2, and 4 points). The higher the score is, the more serious the problem of drinking becomes. The threshold value of problem drinking in the AUDIT test is 8 points in the West, whereas the criteria set forth by the Korean Academy of Addiction Psychiatry are normal drinking group (0-9 points for males, 0-5 points for females), problem drinking group (10-19 points for male, 6-9 points for female), and the presumptive alcohol use disorder group (20-40 points for male, 10-40 points for female). The reliability at the time of tool development was Cronbach's $\alpha=.85$ and at the time of the survey was Cronbach's $\alpha=.83$.

2.3.3 Social Support

Multidimensional Scale of Perceived Social Support (MSPSS) translated by Shin and Lee [23] was used a tool for social support. MSPSS had three sub-scales which were family support, friend support, and special support, and consisted of 12 questions on a 5-point scale, with the total score ranging from 12 to 60 points. The higher the score, the higher the level of social support. The reliability at the time of the tool's translation was Cronbach's $\alpha=.82$ and at the time of the survey was Cronbach's $\alpha=.85$.

2.3.4 Depression

The tool for depression measurement was the Korean version of the Center for Epidemiology Studies Depression Scale (CES-D) translated by Chon and Lee [24] for which total scores ranged from 0 to 60 points. A higher score means a higher degree of depression. A score in the range of 0~16 points is evaluated as being normal, 16~20 points being moderately depressed, 21~24 points being severely depressed, and 25 points or more being very severely depressed. The reliability at the time of tool development was Cronbach's $\alpha=.89$ and at the time of the survey was Cronbach's $\alpha=.72$.

2.4 Statistical Analysis

The collected data were analyzed using the SPSS/WIN 23.0 program. General characteristics, problem drinking, depression, social support, and life satisfaction were analyzed using frequency, percentages, averages, and standard deviations. Differences in life satisfaction with respect to general characteristics was analyzed using the t-test and ANOVA, and post hoc analyses were conducted using Scheffe's test. The correlation between variables was analyzed by Pearson's correlation coefficients, and the factors influencing life satisfaction were analyzed by hierarchical regression. Specifically, the effect of general characteristics on life satisfaction was first analyzed (Model 1), and then the analysis was repeated by considering the general characteristics, problematic drinking, depression, and social support together as the variables affecting life satisfaction (Model 2).

2.5 Ethical Considerations

The data used in this study was based on a set of data from the Addiction Survey (IRB No: 1041485-201702-HR-001-07), which was conducted in 2017 to determine the addiction status of residents in the B District of G metropolitan city under the auspices of the city's Addiction Management Integrated Support Center.

RESULTS

3.1 General characteristics

Looking at the general characteristics of the subjects, the age group consisted of 42 (23.3%) people in their 20s, 81 (45.0%) people in their 30s, 44 (24.4%) people in their 40s, and 13 (7.2%) people in their 50s. The majority of the subject was the 30s which was followed by the 40s, 20s, and 50s. There were 99 (55.0%) males and 81 (45.0%) females, which showed 10% more males than female workers. 67 (37.2%) stated they had a religion, while 113 (62.8%) indicated they did not. As for the degree of education, 44 (24.4%) people had a high school diploma or less, 82 (45.6%) people had a college degree, and 54 (30.0%) people had a college degree or higher.

As for home life satisfaction, it was found that 6 (3.3%) were dissatisfied, 87 (48.3%) were not satisfied, and 87 (48.3%) were satisfied. In terms of employment, 172 were

full-time and long-term contract workers (95.6%) while 8 were short-term contract workers (4.4%), showing that most of the subjects were regular and long-term contract workers. As for interpersonal relationships, 89 (49.4%) were moderate/unsatisfactory and 91 (50.6%) were appropriate and amicable. As for economic status, 7 (3.9%) were high-class, 140 (77.8%) were middle-class, and 33 (18.3%) were low-class, showing that the middle-class accounted for the majority. 58 (32.2%) people responded that they hardly had breakfast, 42 (23.3%) people occasionally had breakfast, and 80 (44.4%) people ate breakfast almost every day. 89 (49.4%) people answered that they did little exercise, 66 (36.7%) people exercised less than 3 times a week, and 25 (13.9%) people exercised more than 3 times a week. The general characteristics of the subject are summarized in [Table 1].

Table 1. General characteristics (n=180)

Variables	Characteristics	
Age	20's	42(23.3)
	30's	81(45.0)
	40's	44(24.4)
	50's	13(7.2)
Gender	Male	99(55.0)
	Female	81(45.0)
Religion	Yes	67(37.2)
	No	113(62.8)
Education	High school	44(24.4)
	Junior College	82(45.6)
	College	54(30.0)
Family life satisfaction	Dissatisfaction ^a	6(3.3)
	Mediocre ^b	87(48.3)
	satisfaction ^c	87(48.3)
Employment	Regular/Long term	172(95.6)
	Short term	8(4.4)
Interpersonal relationship	Difficult	89(49.4)
	Good	91(50.6)
Economic status	Low ^a	33(18.3)
	Middle	140(77.8)
	High ^c	7(3.9)
Breakfast	Few	58(32.2)
	Occasional	42(23.3)
	Almost everyday	80(44.4)
Excercise	None	89(49.4)
	Below 3 times per week	66(36.7)
	over 3 times per week	25(13.9)

3.2 Life satisfaction

The life satisfaction score range was 5-35 points. The minimum score was 7, the maximum score was 35, and the average score was 21.33 ± 5.65 [Table 2].

Table 2. Life satisfaction (n=180)

	Range	M±SD	Min	Max
Life satisfaction (5 items)	5~35	21.33±5.65	7.00	35.00

3.3 Problem drinking

The problem drinking score range was 0-40 points. The subject's minimum problem drinking score was 0, the maximum score was 24, and the average score was 6.70±6.16. There were 119 (66.2%) normal drinkers, 39 (21.7%) problem drinkers, and 22 (12.1%) alcoholics [Table 3]. The results are also shown in Figure 1.

Table 3. Problem drinking (n=180)

	Categories	n(%)	Range	M±SD	Min	Max
Problem drinking (10 items)	Normal	119(66.2)	0~40	6.70±6.16	0.00	24.00
	Problem Drinking	39(21.7)				
	Alcoholic disorder	22(12.1)				

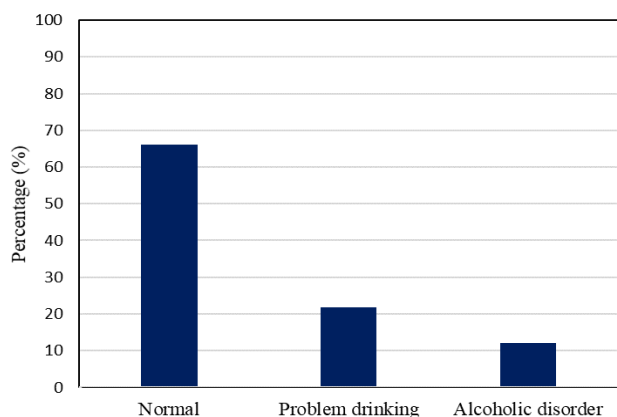


Figure 1. Problem drinking of the subjects

3.4 Depression

The depression scores ranged from 0 to 60. The subject's minimum depression score was 0, the maximum score was 43, and the average score was 10.83±7.40. 149 (82.7%) people were normal, 16 (8.9%) people were moderately depressed, 3 (1.7%) people were severely depressed, and 12 (6.7%) people were very severely depressed [Table 4]. The results are also shown in Figure 2.

Table 4. Depression (n=180)

	Categories	n(%)	Range	M±SD	Min	Max
Depression (10 items)	Normal(0~15)	149(82.7)	0~60	10.83±7.40	0.00	43.00
	Moderate(16~20)	16(8.9)				
	Severe(21~24)	3(1.7)				
	Very severe(25~60)	12(6.7)				

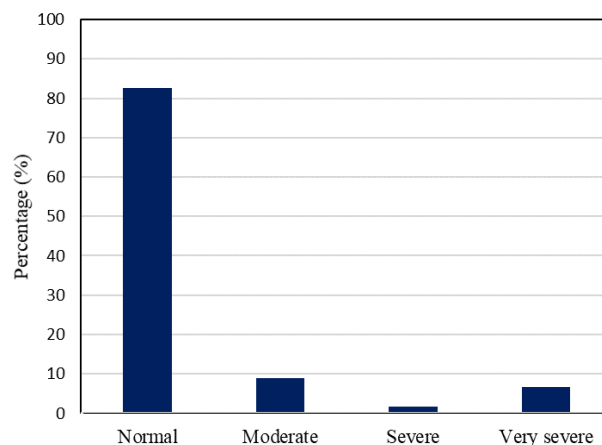


Figure 2. Depression of the subjects

3.5 Social support

The social support score ranged from 12 to 60 points. The minimum score for social support was 12 points, the maximum score was 60 points, and the average score was 48.21±7.85 points [Table 5].

Table 5. Social support (n=180)

	Range	M±SD	Min	Max
Social support (12 items)	12~60	48.21±7.85	12.00	60.00

3.6 Life satisfaction according to general characteristics

Following an examination of the degree of life satisfaction in relation to general characteristics, the life satisfaction scores by age were as follows: 21.45±6.00 in the 20s, 21.25±6.00 in the 30s, 22.18±4.93 in the 40s, and 18.62±5.56 in the 50s. The life satisfaction score was highest in the 40s which was followed by the 20s, 30s, and 50s, but it appeared that there were no statistically significant differences among these groups. Life satisfaction scores by gender were 21.57±5.86 for men and 21.05±5.41 for women. Although the life satisfaction score of the male workers was higher than the female workers, there were no statistically significant differences. Life satisfaction scores according to religion were 21.00±5.14 for those having a religion and 21.05±5.41 for those having no religion, but the life satisfaction with respect to religion showed little difference either. Life satisfaction scores according to education level were 20.50±6.30 for high school graduates or less, 22.04±5.59 for junior college graduates, and 20.94±5.16 for college graduates or higher. There appeared to be no difference with respect to education level.

The life satisfaction scores based on the family life satisfaction level appeared that 10.83±3.19 for the dissatisfaction group, 18.40±4.22 for the mediocre group, and 24.99±4.27 for the satisfaction group, which showed that there existed a statistically significant difference (p<.001). The life satisfaction scores according to

employment type were 21.45±5.69 for the regular and long-term contract workers and 18.75±4.43 for the short-term contract workers, but there was no statistically significant difference. Life satisfaction scores according to interpersonal relationships were 20.11±5.82 for the moderate/unsatisfactory group and 22.53±5.25 for the appropriate and amicable group. It was found that individuals who had acceptable and amicable interpersonal relationships had better life satisfaction than those who had moderate/unsatisfactory interpersonal relationships, and there was a statistically significant difference (p=.004).

Life satisfaction scores according to economic status were 18.21±6.61 for the low class, 21.80±5.12 for the middle class, and 26.71±4.49 for the high class. As a result of the post-hoc test, the life satisfaction of the low and middle classes was higher than the high class, which showed a statistically significant difference (p<.001). Life satisfaction

scores for breakfast were 21.484.84 for the few breakfast group, 21.177.04 for the occasionally having breakfast group, and 21.315.56 for the practically every day having breakfast group, showing no statistically significant difference. Life satisfaction scores according to exercise were 21.13±5.59 for those who did not exercise, 20.82±5.24 for those who did exercise fewer than 3 times a week, and 23.40±6.66 for those who did exercise more than 3 times a week. However, there was no statistically significant difference in life satisfaction with respect to exercise.

The results for life satisfaction with respect to the general characteristics showed that age, gender, religion, education, employment, breakfast, and exercise had no statistically significant difference, whereas family life satisfaction, interpersonal relationship, and economic status had a statistically significant difference [Table 6].

Table 6. Life satisfaction according to general characteristics (n=180)

Variables	Characteristics	M±SD	t/F	p
Age	20's	21.45±6.00	1.35	.259
	30's	21.25±5.81		
	40's	22.18±4.93		
	50's	18.62±5.56		
Gender	Male	21.57±5.86	.608	.544
	Female	21.05±5.41		
Religion	Yes	21.00±5.14	.608	.544
	No	21.53±5.95		
Education	High school	20.50±6.30	1.242	.291
	Junior College	22.04±5.59		
	College	20.94±5.16		
Family life satisfaction	Dissatisfaction ^a	10.83±3.19	72.132	<.001 (a<b<c)*
	Mediocre ^b	18.40±4.22		
	satisfaction ^c	24.99±4.27		
Employment	Regular/Long term	21.45±5.69	1.324	.187
	Short term	18.75±4.43		
Interpersonal relationship	Difficult	20.11±5.82	-2.924	.004
	Good	22.53±5.25		
Economic status	Low ^a	18.21±6.61	9.492	<.001 (a,b<c)*
	Middle	21.80±5.12		
	High ^c	26.71±4.49		
Breakfast	Few	21.48±4.84	.039	.962
	Occasional	21.17±7.04		
	Almost everyday	21.31±5.56		
Excercise	None	21.13±5.59	2.020	.136
	Below 3 times per week	20.82±5.24		
	over 3 times per week	23.40±6.66		

* Scheffe's test

3.7 Correlation between variables

The results showed that the degree of life satisfaction is closely related to depression and social support. Life satisfaction and depression showed a statistically significant inverse correlation, that is, the lower the depression score, the higher the life satisfaction (r = -.476, p<.001). On the other hand, life satisfaction and social support showed a

positive correlation (r = .509, p<.001). Thus, the higher the social support, the higher the life satisfaction [Table 3].

Table 7. Correlation between factors and life satisfaction (n=180)

	Life satisfaction	
	r	p
Problem drinking	-.039	.303
Depression	-.476	<.001
Social support	.509	<.001

3.8 Factors Affecting Life Satisfaction

To identify the factors that affect the degree of life satisfaction, interpersonal relationship and economic level were chosen as dummy variables. The case that interpersonal relationship was not amicable was treated as the reference and low economic level was also treated as the reference. The Model 1 analysis in which general characteristics only were considered revealed that family life satisfaction and high economic level had a significant effect on life satisfaction with an explanatory power of 45.8% ($F=38.799$, $p<.001$). In the Model 2 analysis in which both the general characteristics and the related factors were considered together, family life satisfaction ($\beta=.497$, $p<.001$) and social support ($\beta=.199$, $p=.004$) appeared to have a significant effect on life satisfaction with an explanatory power of 49.8% ($F=26.416$, $p<.001$). Both models had a tolerance greater than 0.1 and a variance inflation factor (VIF) lower than 10, and the Durbin-Watson statistic was 1.9 demonstrating that the analyses were free of multicollinearity and autocorrelation [Table 8].

Table 8. Factors affecting life satisfaction (n=180)

Variables		B	SE	β	t	p
Model 1	Constant	4.403	1.448		3.039	.003
	Family life satisfaction	6.301	.580	.626	10.866	.000
	Interpersonal relationship(Good)	.407	.668	.036	.609	.543
	Economic status(High)	4.018	1.804	.138	2.228	.027
	Economic status (Middle)	1.454	.865	.107	1.682	.094
$F=38.799$ ($p<.001$), Adj $R^2=.458$						
Model 2	Constant	2.605	2.715		.960	.339
	Family life satisfaction	4.998	.648	.497	7.708	.000
	Interpersonal relationship(Good)	-.363	.670	-.032	-.542	.589
	Economic status(High)	3.140	1.776	.108	1.768	.079
	Economic status (Middle)	.812	.850	.060	.955	.341
	Problem drinking	.008	.050	.008	.152	.880
	Depression	-.098	.051	-.129	-1.934	.055
	Social support	.144	.049	.199	2.932	.004
$F=26.416$ ($p<.001$), Adj $R^2=.498$						

* Dummy variables: interpersonal relationship, economic status

DISCUSSION

In this study, the level of life satisfaction of employees and

the effects of general characteristics, problem drinking, depression, and social support on life satisfaction were investigated.

As a result of the study, only 13 people (7.2%) were found to be in their 50s, and many of them change jobs or retire before they reach their 50s, so it is necessary to create an environment where they can work for a long time without job anxiety. 44 (24.4%) had a high school diploma or less, whereas 136 (75.5%) had a college degree or more, indicating that Korean employees had a fairly high level of education. The majority of the 172 full-time and long-term contract workers (95.6%) were in a situation where employment rights were guaranteed.

Interpersonal relationships were appropriate and smooth in only 50.6% of cases, suggesting that a program to improve interpersonal relationships for workers is necessary. As for breakfast, only 44.4% of the workers had breakfast almost every day, indicating that more than half of the workers do not eat breakfast regularly. In addition, only 13.9% of the workers exercised more than 3 times a week, and as high as 49.4% did not exercise at all, suggesting that a program related to practicing a healthy lifestyle at the workplace is necessary.

The results showed that the life satisfaction of employees was at the state of slightly satisfied, with an average score of 21.33 out of 35 points. This level of life satisfaction is comparable to the result of a survey conducted using the same tool (21.69 points) for employees aged 20 to 60 from companies with more than 100 employees in Seoul and capital areas [25], but slightly higher than the result of a survey of 800 Korean adults aged 20 to 69 (19.32 points) [26].

Employee life satisfaction is influenced by family life satisfaction and social support. The family life satisfaction was found to be a major influence factor in life satisfaction, which is consistent with a previous survey result for 970 married employees in Seoul, Gyeonggi, and the Incheon area which reported a higher quality of life when family life was more satisfactory [27].

The other major influence factor discovered was social support. This result is consistent with the previous report in which social support was a positive source of improving life satisfaction in the 50~60 years old job seekers [16]. The findings of the study corresponded with those of previous research for middle-aged men [10] and female employees with children [11], which found that higher levels of social support lead to higher levels of life satisfaction. The social support score of the subjects in this study was 48.21 points (out of 60 points), indicating that they were receiving social support over average. However, this value is slightly lower than the reported social support score of middle-aged employees (49.85 points) predicted by using the same tool [10]. As a result, it is believed that greater family support, peer support, and special support are necessary to boost employee life satisfaction and that developing relationships among colleagues and establishing diverse social networks

may be beneficial.

Depression is not an influencing factor on life satisfaction, but it has shown that the more severe the depression is, the lower the level of life satisfaction is. Previous studies of the elderly, middle-aged male, and college students have shown that a high level of depression results in low life satisfaction, and depression was an influencing factor [12] [13]. Thus, further study should be pursued for more employees in various groups. The depression score was 10.83 (out of 60), while 8.8% were found to be moderately depressed, 1.7% were severely depressed, and 6.7% were very severely depressed. This result is comparable to the survey result of adult males aged 40-59 obtained using a different technique, which was 6.04 points (out of 33 points) [14]. According to a previous study of 1,000 domestic employees [13], only 31% of employees who were diagnosed with depression took a sick leave, whereas 69% continued working. The reported sick leave rate of employees diagnosed with depression is lower than in foreign countries. Even those who took sick leave did so for a short length of time. Furthermore, it was reported that 72.2% of the employees diagnosed with depression had experienced cognitive symptoms troubling their work, causing a higher cost of productivity loss than the cost of depression treatment [13]. Therefore, it is vital to provide depression-related health education to employees, as well as to guarantee that worker depression is detected and treated as soon as possible.

Problem drinking has not been shown to affect life satisfaction. However, an earlier study of middle-aged adult males reported that problem drinking had an impact on life satisfaction [28]. Another research of middle-aged adult males aged 40-59 found that moderate drinking had a beneficial effect on life satisfaction but had a detrimental effect when it surpassed a particular level [14]. Thus, it seems further study is necessary. The score for problem drinking in this study was 6.70 points, which is lower than the threshold value for problem drinking in males (10 points) but higher than that of female (6 points). Also, this score is lower than the reported score (12.13 points) of middle-aged male employees at the age of 40~69 in the capital area [27]. Nevertheless, since the results of this study showed that 21.7% were classified into the problem drinking group and 12.1% were into the presumptive alcohol use disorder group, it is considered that a program to prevent or treat serious problem drinking is necessary.

The economic level was identified as not a factor affecting life satisfaction. However, the level of life satisfaction is high when the economic level is high, which is consistent with the results of a previous study by Choi [29]. It was shown that life satisfaction becomes significantly higher when good interpersonal relationships are maintained, which agrees with the previous report that interpersonal skills were important for employees to adapt to work life and increase satisfaction [30].

Therefore, in order to improve the life satisfaction of employees, it is necessary to promote family life satisfaction

and social support, lower depression, allow to work in amicable interpersonal relationships, and develop appropriate programs to enhance these conditions.

CONCLUSION

This study investigated the level of life satisfaction of employees in consideration of depression, social support, and problem drinking. It was found that the level of life satisfaction of employees was at the state of slightly satisfied, and that family life satisfaction and social support were the influencing factors on life satisfaction. The higher the family life satisfaction and social support are, the higher the life satisfaction is. Moreover, when good interpersonal relationships are maintained, the economic level is high, and people are less sad, life satisfaction improves. These findings may be used for the development of programs to increase the life satisfaction of employees.

REFERENCES

- Sim, S. J., Nam, S. M., (2021). Quality of life indicators in Korea 2020, Statistics Research Institute Statistics Korea, 121-122. <http://kostat.go.kr>
- <https://www.joongang.co.kr/article/23570900#home>. (2022).
- Nam, Y. J., Oh, S. J., Kim, E. H., Nam, S. K. (2018). The effects of stress and leisure activities on satisfaction and happiness of employee, *Asia-Pacific Journal of Multimedia Services Convergent with Art, Humanities, and Sociology*, 8, 883-891. doi:org/10.21742/AJMAHS.2018.04.64
- https://blog.naver.com/life_n_work/222009941234. (2022).
- Lim, N. Y., Lee, H. R., Suh, E. K., (2010). Review of the Satisfaction with Life Scale (SWLS) findings in Korea. *The Korean Psychological Association*, 29, 21-47.
- Bartosiewicz, A., Nagórska, M., (2020). Place of work and level of satisfaction with the lives of Polish Nurses, *Nursing Reports*, 10, 95-105, doi: 10.3390/nursrep10020013
- Song, I. H., Kim, H. J., (2010). Depressive mood, suicidal ideation, and alcohol drinking behavior among married employees, *Mental Health & Social Work*, 36, 5-34.
- Kim, M. R., (2021). The status of breakfast for workers in their 20s and 30s effects of life satisfaction on life satisfaction, Kyungpook National University, Doctoral Dissertation, 1-48.
- An, H. Y., Chen, W., Wang, C. W., Yang, H. F., Huang, W. T., Fan, S. Y., (2020). The relationships between physical activity and life satisfaction and happiness among young, middle-aged, and older adults, *International Journal of Environmental Research and Public Health*, 17, MDPI, PMID: 32635457, doi:10.3390/ijerph17134817
- Kang, Y. H., (2016). Effects of family support and social support on life satisfaction of middle-aged men, *The Journal of the Korea Contents Association*, 36, 344-353. doi: org/10.5392/JKCA.2016.16.02.344
- Kang, M. J., Lee, S. M., Lee, T. R., (2020). The effect of social support and parenting stress on the life satisfaction of working mothers, *Korean society for Wellness*, 15, 633-648. doi:org/10.21097/ksw.2020.11.15.4.633
- Sung, M. Y., Suh, J. H., Min, M. H., (2016). The effect of the work-family reconciliation awareness self-efficacy and depression on the life satisfactions of male house holder of children family in Seoul, *Journal of Early Childhood Education & Educare Welfare*, 20, 291-310
- Hong, J. P., Lee, D. W., Sim, Y. J., Kim, Y. H., (2015). Awareness, attitude and impact of perceived depression in the workplace in Korea, 54, 188-201. doi:org/10.4306/jknpa.2015.54.2.188
- Park, J. H., (2012). The Influence of depression on the life satisfaction of

- the middle aged males: a moderating effect of problem drinking, *Korean Journal of Social Welfare Research*, 33, 1-20.
- Koh, T. S., (2019). Influence of playfulness and interpersonal relationship on life satisfaction of pre-service early childhood teachers, *Journal of Early Childhood Education & Educare Welfare*, 23, 229-249.
- Hwang, J. K., Kang, S. H., (2021). The effect of social support of the new-middle aged job seekers on life satisfaction: mediating effect of re-employment desire, *Journal of Convergence for Information Technology*, 11, 145-154. doi:org/10.22156/CS4SMB.2021.11.07.145
- Park, H. S., (2020). A longitudinal study on the effects of problem drinking on life satisfaction in Korean adults: mediating effects depression & family conflict by MLGM, Chosun University, Doctoral Dissertation, 1-193,
- Korea Disease Control and Prevention Agency, (2020). National Health Statics 2020: Korea National Health & Nutrition Examination Survey 8th 2nd year, 1-332. <https://knhanes.kdca.go.kr>
- Lee, S. M., Yun, Y. D., Back, J. H., Hun, K. R., Kang, H. R., (2015). Assessing the socioeconomic impact of major health risk factors and the effectiveness of regulatory policies, *National Health Insurance Service*, 121-122. <http://kostat.go.kr>
- Kim, H. R., Park, S. K., Lee, E. J., (2015). Employee drinking and work performance, *The Journal of the Korea Contents Association*, 15, 267-279. doi:org/10.5392/JKCA.2015.15.10.267
- Hong, Y. L., Yi, G. E., Park, H. S., (2000). A structural model for health promotion and life satisfaction of life in college students in Korea, *The Journal of Korean Community Nursing*, 11, 333-346.
- Lee, B. O., Lee, C. H., Lee, P. G., Choi, J. M., Nam, K. G., (2000). Development of Korean Version of Alcohol Use Disorders Identification Test (AUDIT-K)It's reliability and validity, *Journal of Korean Academy of Addiction Psychiatry*, 4, 83-92.
- Shin, J. S., Lee, Y. B., (1999). The effects of social supports on psychosocial well-being of the unemployed, *Korean Academy of Social Welfare*, 37, 241-269.
- Chon, K. K., Lee, M. K., (1992). Preliminary development of Korean version of CES-D, *Korean Journal of Clinical Psychology*, 11, 65-76.
- Choi, J. Y., (2018). The Influence of employees' meaning of work on life satisfaction, *Korean society for Wellness*, 13, 221-235. doi:org/10.21097/ksw.2018.11.13.4.221
- Bae, M. N., Lee, M. H., Park, S. H., Lee, E. J., (2019). Associations among addiction risk, life satisfaction, depression, and suicidal ideation in Korean adults, *J Korean Acad Psychiatr Ment Health Nurs*, 28, 133-143. doi:org/10.12934/jkpmhn.2019.28.2.133
- Ka, Y. H., (2006). The effects of adults'work-family conflicts on satisfaction in the domains and subjective quality of life, *The Korean Journal of Woman Psychology*, 11, 163-186.
- Kim, H. T., Yun, M. E., Chun, S. S., Kim, M. K., (2013). Alcohol policy support by socio-demographic characteristics, life satisfaction, and problem drinking. *Health and Social Welfare Review*, 33, 86-103.
- Choi, S. K., (2019). Relationship between life stress and quality of life of a nursing student. *Journal of Digital Contents Society*, 20, 807-815. doi:10.9728/dcs.2019.20.4.807
- Kwon, Y. S., Hong, S. U., (2019). The analysis on the structural relationships of interpersonal ability, self-efficacy, and work life satisfaction perceived by novices at work, *Journal of Learner-Centered Curriculum and Instruction*, 19, 845-869. doi:org/10.22251/jlcci.2019.19.14.845
- Lee, J., Gang, M. (2018). Impact of academic stress on depression among nursing students: Testing for the moderating effect of social support. *International Journal of Advanced Nursing Education and Research*, 3(1), 99-104, doi:10.21742/IJANER.2018.3.1.17
- Jee, Y. -J., Yang, S. -K. (2019). A study on relationships among self-esteem, major satisfaction, social support and college life adjustment of nursing students. *International Journal of Advanced Nursing Education and Research*, 4(2), 51-56, doi:10.21742/IJANER.2019.4.2.09
- Han Won-Geonand Kim Eunsiland Son Hyundong. (2019). The relationship between interpersonal relationships and suicidal ideation of male rehabilitation protection recipients with alcohol problems: The mediating effect of depression. *International Journal of Social Welfare Promotion and Management*, 6(3), 19-24, doi:http://dx.doi.org/10.21742/IJSWPM.2019.6.3.04