# Factors Influencing the Psychological Well-Being of Psychiatric Nurses

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**Abstract:** This descriptive survey study was conducted to define the factors influencing the psychological well-being of psychiatric nurses. For this study, a structuralized questionnaire was used. The subjects of this study were a total of 260 nurses who worked for over six months of clinical practice in 16 specialized psychiatric hospitals, psychiatric wards, and psychiatric hospitals in Korea. The data collected were analyzed using SPSS 21.0 and verified with descriptive statistics and Pearson's correlation coefficient. In addition, a stepwise multiple regression analysis was used to determine the factors influencing the subjects' psychological well-being. As a result, the scores of the psychiatric nurses' emotional labor, anger expression, and psychological well-being were 3.06 points, 23.04 points, and 3.41 points, respectively. Psychological well-being was revealed to have a significant negative correlation with emotional labor (r=-.25 p<.001), and anger expression (r=-.34 p<.001), its sub-factors: anger-in (r=-.36 p<.001), and anger-out (r= -.19 p=.003), and have a significant positive correlation with anger control (r=.12 p=.050). The factors found to affect psychological well-being were anger-in (β=-.30 p<.001) and anger control (β=.20 p<.001), which are sub-factors of anger expression, and mismatch of emotions, a sub-factor of emotional labor (β=-.16 p=.001). Therefore, it is necessary to identify important factors that affectthe psychological well-being of psychiatric nurses, and develop strategies to reduce the intensity of emotional labor, especially the mismatch of emotions, and effectively control anger expression.

**Keywords:** psychiatric nurse, emotional labor, anger expressionmode, psychological well-being

## 1. Introduction

# Study Synopsis

## 1-1. Necessity of Study

Withtherapidly changing social environments, the medical world has also seen gradually increasing demands for theintroduction of evaluation systems such as the evaluation for medical institution certificationand various patient-centered health care services. The health care service recipients have had a higher need for a healthy lifestyle due to changes in the concepts about personal health, and the health care services perceived by them may have a decisive effect on the quality of hospital services ([1],[2]). Hospitals constantly and consistently provide nurses with training courses for friendly response and assess whether or not they use appropriate emotional expressions and comply with the required codes of conduct,totreat patients when facing a situation where an ethical issue is raised while theyprovidehealth care services. As hospitals try to even manage and regulate thefeelings of nurses, thenursingstaff sometimes feels uncomfortable in the face of various regulations during clinical practice ([3]-[6]). According to the 'Clinical Nurses` Experience of Emotional Labor' study conducted on nurses, among previous studies on emotional labor, 97.9% of the respondents answeredtheyexperienced emotional labor,ofwhichthe targetwas patients accounting for thelargestportionat82% (1,076 persons), followed by their carers at 77.9% (1,024 persons) [5]. Inparticular, psychiatric nurses, who are required to develop and control their own internal resources in order to helppatientstoimprovetheir abilities and quality of life, are exposed to more various stressful experiences [7]. The job stress they have due to demanding nursing tasks weakens their emotional display, and the aggravation of job stress leads to depression, eventually imposing a threat on their psychological well-being ([4],[8],[9],[10]). Psychiatric nurses are more likely to frequently experience a mismatch of emotions as they cannot release their feelings to the full and try to suppress the feelings in order to provide a high-quality health care service. Relevant studies on psychiatric nurses have revealed that theyare vulnerable to higher stress than those in general wards because they use a therapeutic communication tool to provide nursing care to patients([7],[8]). In this case, psychiatric nurses refer to nurses who work at specialized psychiatric hospitals, psychiatric wards, and psychiatric hospitals [7]. They are in a special environment where they have to develop and control their own internal resources along with a closed, hierarchical organizational culture of the hospital. Moreover, they constantly have to use themselves as a therapeutic tool, which makes them suffer from more serious emotional labor than other health care workers [7,11,12]. Thus, they find it difficult to have confidence in themselves to lead their own lives and to accept themselves as they are. This leads to an adverse effect on their autonomy and initiative and makesthem exposed to a variety of unusual experiences and stressful situations, thereby posing a threat to their psychological well-being ([3],[4],[12]-[14]). Anger, which is a primary and essential emotion for the survival of human beings, is often experienced in interactions with others and has to be adequately expressed and conveyed in such interpersonal relations. However, the anger that nurses experience most often in the hospital setting has been reported as a negative emotion [15]. In usual cases, how nurses display

and release anger, which is deemed a negative emotion, has an effect on their psychological well-being ([8],[9],[15],[16]). The anger that nurses face in hospital settings is highly likely to be directed towards an innocent person or be displayed very intensely ([12,15]), and more than 90% of nurses experience verbal abuse as a behavioral manifestation ([15],[16]). In particular, psychiatric nurses are exposed to more various stressful experiences, because they are required to develop and control their own internal resources in order to help patients improve allof their functions and capabilities to the fullest and promote the quality of their lives ([7],[8]). The job stress they have due to demanding tasks weakens their emotional display, and the aggravation of job stress leads to depression, eventually imposing a threat on their psychological well-being ([4],[5],[7],[8]). Particularly, psychiatric nurses are more likely to frequently experience a mismatch of emotions as they cannot release their feelings to the full and suppress the feelings in order to provide a high-quality health care service. Studies on psychiatric nurses have revealed that they have a higher level of stress than those in general wards because they use themselves as a therapeutic tool to provide nursing care to patients. Thus, they find it difficult to have confidence in themselves to lead their own lives and to accept themselves as they are.This leads to an adverse effect on their autonomy and initiative, and further on their psychological well-being([8],[9],[13],[14],[17]). Emotional labor and inappropriate anger expression, which are factors presumed to be associated with psychiatric nurses' psychological well-being, were actuallyfound to be associated with their psychological well-being.However, few studies consider psychiatric nurses' emotional labor and anger expression modes with psychological well-being. Therefore, this study is intended to provide baseline data for improvements in the special working conditions of psychiatric nurses and the development of higherquality nursing care services. These objectives shall be achievedby identifying the levels of emotional labor, anger expression mode, and psychological well-being among nurses working at16 specialized psychiatric hospitals, psychiatric wards, and psychiatric hospitals in Korea, and by examining the effects of emotional labor and anger expression on psychological well-being.

**1-2 Study Objectives**

This study is aimed at identifying the levels of emotional labor, anger expression, and psychological well-being among psychiatric nurses and determining the effects of emotional labor and anger expression on psychological well-being. The specific objectives are as follows:

A. Identifying the levels of the subjects' emotional labor, anger expression, and psychological well-being.
B. Identifying correlations among the subjects' emotional labor, anger expression, and psychological well-being.
C. Identifying the factors affecting the subjects' psychological well-being.

**2. Study Method**

**2.1 Study Design**

This is a descriptive survey study designed to investigate the effects of emotional labor and anger expression on psychological well-being among psychiatric nurses.

**2.2 Study Subject**

Nurses who worked for 6 months or more at 16 psychiatric hospitals nationwide were selected as the subjects of this study, using convenience sampling. For the sample size, the effect sizes for regression analysis, the significance level of two-sided tests, and the power of a test were set as .15, .05, and .95, respectively, using the G*Power 3.1.3 program that calculates sample size according to Cohen's formula. As a result of calculating the sample size with a total of 19 predictor variables (emotional labor, anger expression, and 17 general characteristics), the target sample size was estimated at 217. Thus, a total of 260 subjects were selected considering the dropout rate of 20%, and a questionnaire was distributed to each subject. Finally, the 260 copies were collected. Of these, a total of 255 copies, except 5 copies with non-response or overlapping and inadequate answers, were used as the final analysis set.

**2.3 Study Tools**

**2.3.1 Emotional Labor**

Thisstudyusedthe emotional labor tool, which was developed by Morris and Feldman [18] and modified and supplemented by Kim Min-joo [19],after obtaining approval via e-mail. This tool consists of frequency of emotional labor (3 questions), attentiveness of emotional display (3 questions), and mismatch of emotions (3 questions). Scores were measured on a scale of 1 ('Strongly disagree') to 5 points ('Strongly agree') using the 5-point Likert scale. The total scores ranged from 9 to 45 points, and the higher the score, the higher the intensity of emotional labor. The reliability of the tool was Cronbach's $\alpha$= .86 in the study by Kim Min-joo [19] and Cronbach's $\alpha$= .84 in this study.

**2.3.2 Anger Expression**

To calculate the scores of anger expression, the Korean version of the State-Trait Anger Expression Inventory

(STAXI) developed by Spielberger [20] and then modified and standardized by Chon Kyum-koo et al. [21] was used after being approved via e-mail. The Korean version of STAXI (STAXI-K) consists of trait anger (10 questions), state anger (10 questions), and anger expression (24 questions). Only the24 questions of anger expression were used in this study, along with its 3 sub-factors: anger-in, anger-out, and anger control (8 questions per sub-factor). Scores were measured on a scale of 1 ('Strongly disagree') to 4 points ('Strongly agree') using the 4-point Likert scale. The total index of anger expression was calculated by 'anger-in + anger-out - anger control + 16' and ranged from 0 to 72 points. The total scores ranged from 8 to 32 points per sub-factor, meaning that anger expression is positive as the scores of anger-in and anger-out are lower and the score of anger control is higher. The reliability of this tool was Cronbach's α= .73 for anger-in, Cronbach's α= .74 for anger-out, and Cronbach's α= .81 for anger control in the study by Chon Kyum-koo et al. [21] and Cronbach's α= .81 for anger-in, Cronbach's α=.75 for anger-out, and Cronbach's α= .77 for anger control in this study.

**2.3.3 Psychological Well-Being**

To calculate the scores of psychological well-being, Ryff [22]'s Psychological Well-Being Scale (PWBS)wasusedafteritwas modified and supplemented by Kim Myoung-so, Kim Hye-won, and Cha Kyeong-ho [14],with approval obtained via e-mail. This tool consists of self-acceptance (8 questions), environmental mastery (8 questions), positive relations with others (7 questions), autonomy (8 questions), purpose in life (7 questions), and personal growth (8 questions). Scores were measured on a scale of 1 ('Strongly disagree') to 6 points ('Strongly agree') using the 6-point Likert scale. The total score ranged from 46 to 230 points, and the higher the score, the higher the level of psychological well-being. The overall reliability of the tool was Cronbach's α= .92 in the study by Kim Myoung-so, Kim Hye-won, and Cha Kyeong-ho [14], and Cronbach's α= .93 in this study.

**2. 4 Data Collection**

Prior to the initiation of this study, it was approved by the institutional review board (IRB) of N University (IRB No. 1041478-201506-HR-010) to protect the ethical considerations ofsubjects. To recruit subjects, a request for cooperationwas sent to 20 psychiatric hospitals that were registered in the Health Insurance Review & Assessment Service in Korea, as of July 2015.Sixteen psychiatric hospitals, which approved the request for cooperation, were selected as the study sites. The period of data collection ranged from July 22 to 31, 2015, and the researcher and assistant researcher visited the hospitals and informedtheparticipantsof this study's objectives, withdrawal of consent and discontinuation of participation, anonymity, etc. prior to data collection. Then, the researcher received the informed consent form from theparticipantsand asked them to complete the self-administered questionnaire. It took approximately 10 minutes for subjects to complete the questionnaire, and small gifts weregivento each of the respondents. The completed questionnaire was put into an envelope that was prepared in each department for collection, and the assistant researcher retrieved them at one time.

**2.5data Analysis**

The collected data were analyzed using SPSS/WIN 21.0.

A. Thesubjects' emotional labor, anger expression, and psychological well-being were analyzed using descriptive statistics.
B. Correlations among emotional labor, anger expression, and psychological well-being were analyzed using Pearson's correlation coefficient.
C. Factors affecting psychological well-being were analyzed throughstepwise multiple regression analysis.

**3. Study Results**

**3.1. Levels of The Subjects' Emotional Labor, Anger Expression, And Psychological Well-Being**

Thelevels of the subjects' emotional labor, anger expression, and psychological well-being are shown in [Table I]. The scores of emotional labor were 3.06±0.54 points on the basis of 5 points. And, with respect tothethree sub-factors related to emotional labor, the frequency of emotional labor, attentiveness intensity of emotional display, and the mismatch of emotions showed scores of 3.35±0.65 points, 3.01±0.54 points, and 2.81±0.71 points, respectively. The scores of anger expression were 23.04±6.04 points out of 72 points as the total index. And,forthe threesub-factors related to anger expression, anger-in, anger-out, and anger control showed scores of 14.16±3.33 points, 13.45±2.66 points, and 20.57±3.13 points, respectively. The scores of psychological well-being were 3.41±0.40 points out of 5 points. And,forthe six sub-factors related to psychological well-being, the following scores were calculated: self-acceptance 3.34±0.51 points, positive relations with others 3.63±0.54 points, autonomy 3.10±0.44 points, environmental mastery 3.42±0.43 points, purpose in life 3.59±0.54 points, and personal growth 3.43±0.48 points.

TableI.LEVELS OF THE SUBJECTS' EMOTIONAL LABOR, ANGER EXPRESSION, AND PSYCHOLOGICAL WELL-BEING (*N*=255)

| | Range of Value | Minimum | Maximum | M±SD |
|---|---|---|---|---|
| Emotional labor | [1,5] | 1.78 | 4.67 | 3.06±0.54 |
| Frequency of emotional labor | [1,5] | 1.67 | 5.00 | 3.35±0.65 |
| Attentiveness of emotional display | [1,5] | 2.00 | 4.67 | 3.01±0.54 |
| Mismatch of emotions | [1,5] | 1.33 | 5.00 | 2.81±0.71 |
| Anger expression | [0,72] | 5 | 38 | 23.04±6.04 |
| Anger-in | [8,32] | 8 | 25 | 14.16±3.33 |
| Anger-out | [8,32] | 8 | 24 | 13.45±2.66 |
| Anger control | [8,32] | 13 | 31 | 20.57±3.12 |
| Psychological well-being | [1,5] | 2.17 | 4.54 | 3.41±0.40 |
| Self-acceptance | [1,5] | 1.88 | 4.63 | 3.34±0.51 |
| Positive relations with others | [1,5] | 2.25 | 4.86 | 3.63±0.54 |
| Autonomy | [1,5] | 2.00 | 4.50 | 3.10±0.44 |
| Environmental mastery | [1,5] | 2.25 | 5.00 | 3.42±0.43 |
| Purpose in life | [1,5] | 2.00 | 5.00 | 3.59±0.54 |
| Personal growth | [1,5] | 2.13 | 4.75 | 3.43±0.48 |

### 3.2. Correlations Among Emotional Labor, Anger Expression, And Psychological Well-Being

Thecorrelations among emotional labor, anger expression, and psychological well-being are shown in [Table II]. Psychological well-being was revealed to have a negative correlation with emotional labor($r=-.25$, $p<.001$), and there was also a negative correlation between psychological well-being and the sub-factors of emotional labor as follows: frequency of emotional display ($r=-.18$, $p=.004$), attentiveness of emotional display ($r=-.20$, $p=.002$), and mismatch of emotions ($r=-.26$, $p<.001$). Psychological well-being was found to have a negative correlation with anger-in ($r=-.36$ $p<.001$) and anger-out ($r=-.17$ $p=.003$), and a positive correlation with anger control ($r=.12$ $p=.050$). A positive correlation ($r=.26$, $p<.001$) between emotional labor and anger expression was confirmed, and the respective sub-factors of emotional labor and anger expression were also demonstrated to have a positive correlation with each other.

TableII.CORRELATIONS AMONG EMOTIONAL LABOR, ANGER EXPRESSION, AND PSYCHOLOGICAL WELL-BEING

(*N*=255)

| | | Emotional Labor | | | | Anger Expression | | | | Psychological Well-Being | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Frequency of emotional display | Attentiveness of emotional display | Mismatch of emotions | Emotional labor | Anger-in | Anger-out | Anger control | Anger expression | Self-acceptance | Positive relations with others | Autonomy | Environmental mastery | Purpose in life | Personal growth |
| Emotional labor | Frequency of emoti | 1 | | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | onal display | | | | | | | | | | | |
| | Attentiveness of emotional display | 0.61** (<.001) | 1 | | | | | | | | | |
| | Mismatch of emotions | 0.55** (<.001) | 0.641** (<.001) | 1 | | | | | | | | |
| | Emotional labor | 0.84** (<.001) | .85** (<.001) | 0.87** (<.001) | 1 | | | | | | | |
| | Anger-in | 0.33** (<.001) | 0.42** (<.001) | 0.46** (<.001) | 0.47** (<.001) | 1 | | | | | | |
| | Anger-out | 0.14* (.027) | 0.20** (.001) | 0.30** (<.001) | 0.25** (<.001) | 0.53** (<.001) | 1 | | | | | |
| Anger expression | Anger control | 0.21** (.001) | 0.18** (.005) | 0.15* (.015) | 0.21** (.001) | 0.17** (.008) | -.16* (.010) | 1 | | | | |
| | Anger expression | 0.14** (.031) | 0.22** (<.001) | 0.31** (<.001) | 0.26** (<.001) | 0.70** (<.001) | 0.82** (<.001) | -0.50** (<.001) | 1 | | | |
| | Self-acceptance | -0.16** (.010) | -0.21** (.001) | -0.24** (<.001) | -0.24** (<.001) | -0.29** (<.001) | -0.17** (.007) | 0.08 (.193) | -0.27** (<.001) | 1 | | |
| | Positive relations with others | -0.16* (.010) | -0.17** (.006) | -0.26** (<.001) | -0.23** (<.001) | -0.34** (<.001) | -0.23** (<.001) | 0.05 (.414) | -0.31** (<.001) | 0.60** (<.001) | 1 | |
| Psychological well-being | Autonomy | -0.13* (.033) | -0.06 (.320) | -0.22** (<.001) | -0.17** (.007) | -0.34** (<.001) | -0.04 (.561) | 0.08 (.206) | -0.25** (<.001) | 0.46** (<.001) | 0.41** (<.001) | 1 |
| | Environmental master | -0.17** (.006) | -0.15** (.014) | -0.23** (<.001) | -0.22** (<.001) | -0.32** (<. | -0.17** (.0 | 0.16** (.008) | -0.34** (<.001) | 0.71** (<.001) | 0.62** (<.001) | 0.50** (<.001) | 1 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| y | | | | | 001) | 06) | | | | | | | | |
| Purpose in life | -0.11 (.083) | -0.16** (.012) | -0.20** (.001) | -0.18** (.003) | -0.24** (<.001) | -0.17** (.007) | 0.19 (.059) | -0.27** (<.001) | 0.70** (<.001) | 0.62** (<.001) | 0.51** (<.001) | 0.68** (<.001) | 1 | |
| Personal growth | -0.13** (.037) | -0.18** (.005) | -0.11** (.074) | -0.16* (.011) | -0.20** (.002) | -0.12 (.060) | 0.11 (.088) | -0.22** (.001) | 0.57** (<.001) | 0.58** (<.001) | 0.40** (<.001) | 0.57** (<.001) | 0.74** (<.001) | 1 |
| Psychological well-being | -0.18** (.004) | -0.20** (.002) | -0.26** (<.001) | -0.25** (<.001) | -0.36** (<.001) | -0.19** (.003) | 0.12** (.050) | -0.34** (<.001) | 0.84** (<.001) | 0.80** (<.001) | 0.67** (<.001) | 0.84** (<.001) | 0.88** (<.001) | 0.80** (<.001) |

*: $p<.05$, **: $p<.001$

### 3.3. Factors Affecting Psychological Well-Being

The factors affecting psychological well-being are shown in [Table III]. In order to analyze the effects of variables on psychological well-being, a total of 17 independent variables were used, including 3 respective sub-factors each of emotional labor and anger expression, which were found to be correlated as a result of correlation analysis; and the following 11 general characteristics — age (year), marital status (based on unmarried), highest level of education (based on 3-year undergraduate diploma), eligibility (based on nurse), position (based on general nurse), total service year (year), work unit (based on psychiatric ward), working pattern (based on day duty), sleeping time (based on less than 5 hours), satisfaction with sleeping (based on satisfaction), and satisfaction with workplace (based on dissatisfaction), all of which showed a difference in psychological well-being. As a result of verifying whether there wasan autocorrelation between error terms prior to analysis, no autocorrelation was found, as the Durbin-Watson Test statistic was determined to be 1.97, which was close to 2. When a case diagnosis was performed to confirm whether the distribution of error terms can be assumed as a normal distribution, all the standardized residuals, except one, showed values of ±3. Moreover, even the exceptional one residual was determined to be 3.18, which was close to 3, indicating that the distribution could be assumed as normal. All the tolerance limits between independent variables were .10 or above, and multicollinearity was not problematic as VIF was less than 10. The variable which had the greatest effect on psychological well-being was anger-in (β=-.29, p<.001) as a sub-factor of anger expression, followed by level of education: post-graduate diploma (β=.20, p<.001), the sub-factor of anger expression: anger control (β=.20, p<.001), and the sub-factor of emotional labor: mismatch of emotions (β=-.16. p=.001). That is, the score of psychological well-being was found to be higher with alower score of anger-in, ahigher score of anger control, and alower score of mismatch of emotions. The proportions explained by variables included anger-in 13%, anger control 4%, and mismatch of emotions 2%, and the total explanatory power of a model was 27.0%, and the modified explanatory power was 25% (F=15.33, p<.001).

Table III.FACTORS AFFECTING PSYCHOLOGICAL WELL-BEING

(*N*=255)

| | **B** | **SE** | **β** | **t** | **p** | **R2Variance** | **Cumulative R2** |
|---|---|---|---|---|---|---|---|
| (Constant) | 3.40 | 0.18 | - | 18.87** | .000 | - | - |
| Anger-in | -.28 | 0.06 | -.29 | -4.75** | .000 | 0.13 | 0.13 |
| Level of education-post-graduate diploma | 0.22 | 0.06 | 0.20 | 3.62** | .000 | 0.06 | 0.19 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Anger control | 0.20 | 0.06 | 0.20 | 3.57** | .000 | 0.04 | 0.22 |
| Mismatch of emotions | -.09 | 0.03 | -.16 | -2.59** | .010 | 0.02 | 0.24 |
| Eligibility-mental health nurses | 0.11 | 0.05 | 0.13 | 2.33** | .021 | 0.02 | 0.26 |
| Marital status (1=married, 0=unmarried) | 0.10 | 0.05 | 0.12 | 2.19* | .030 | 0.01 | 0.27 |

Durbin-Watson=1.966, F=15.33, $p<.001$, $R^2=0.27$, Adj-$R^2=0.25$

*: $p<05$, **: $p<.001$

**4. Discussion**

This study was conducted to identify the levels of psychiatric nurses' emotional labor, anger expression, and psychological well-being, and determine the effects of emotional labor and anger expression on psychological well-being.In comparison with this, the previous studies find that the mean score of emotional labor is 3.06 points, suggesting that there are mid- or higher levels of emotional labor and demonstrate that the mean frequency of emotional labor is the highest among sub-categories, followed by attentiveness of emotional display and mismatch of emotions, which show that the results of this study are consistent with those of previous studies ([9],[17],[23],[24]).With respect to studies on emotional labor of other jobs, the score of emotional labor was found to be 2.50 points in those working for senior welfare centers [25], which indicates that they experienced a mid- or higher level of emotional labor. With recent changes in medical environments where many hospitals have been focused on customer satisfaction, nurses are more likely to be exposed to situations requiring the suppression of emotion, leading to a higher intensity of their emotional labor ([23],[26],[27]). Zapf's study reveals that mismatch of emotions hinders effective interactions between nurses and patients and reduces the effectiveness of nurses' cognitive coping mechanism, thus having a negative effect on the role performance of nurses([1],[23],[26]-[29]). In addition, as a difference in the score of nurses' emotional labor may depend on hospital size, work unit, and performance role [24], systematic management is required to reduce the intensity of emotional labor amongnurses ([30],[31]). Psychiatric nurses in this study tended to display anger in the order of anger control, anger-in, and anger-out. This suggests that they frequently used anger control as the adaptive mode [20] in efforts to dominate, control, and manage anger ([9],[15],[16]), which are similar to the results of previous studies on nurses [12]. As the level of anger control ishigher, the risk of physical illness islower, andresistance to illness and good health ismaintained [21]. In this regard, thesubjects' frequent use of anger control as the adaptive mode [20] inefforts to dominate, control, and manage anger frequentlyis interpreted as a very desirable expression of anger.[9]. For nurses, anger-out and anger-in are dysfunctional, whereas anger control is functional. Therefore, it was found that psychological well-being decreased when anger-out and anger-in increased, and increased when anger control increased [9]. According to the results of previous studies, anger-in which was found to have the greatest effect on psychological well-being caused negative feelings but contributed to maintaining or improving human relations. In particular, interpreting a feeling or situation of anger in a positive manner is seen as the way to reduce the adverse effects of anger-in([8], [9], [15]). Consequently, an examination of the effects on psychological well-being revealed that a high level of anger control could increase psychological well-being, and a high intensity of anger-in and emotional labor could decrease psychological well-being ([8],[9],[15],[16]).

The score of psychological well-being in this study was 3.41 points, which is similar to the results of previous studies: 3.45 points in the study on nurses by Choi Yoon-jeong and Seong Young-hee [32]; and 3.44 points in the study by Kim Eun-sook, Ryu So-yeon, Park Jong, and Choi Seong-woo [33]; and 3.41 points in the study by Hwang, Y. W. & Choi, B. S. (2020) [9]. Previous studies by Ryff [22] and Kim Myoung-so and Kim Hye-won [12], which pertained to psychological well-being and subjective well-being, found that self-acceptance and environmental mastery showed a strong correlation, among the factors determining the quality of personal life. Psychological well-being was found to be related to life satisfaction. In this study, the factor found to have the greatest effect on psychological well-being was anger-in. Psychological well-being was higher with a lower level of anger-in, a higher level of anger control, and a lower level of emotional mismatch.The results are similar to those of previous studies that indicated the lower the nurses' emotional labor, the higher their psychological well-being ([9],[13]). Anger management is essential for positive social behaviors and reflects an inner state including

interactions among emotional, physiological, cognitive, language, and motor elements ([34],[35]). Therefore, it is necessary to recognize the effects of anger display modes on relations with others and make efforts to express anger in an appropriate way. In addition, this study found that many psychiatric nurses were faced with frequent conflicts due to close relations with patients, their family, doctors, and other employees from different units under specific working conditions, and that theemotional labor of psychiatric nurses is still present in clinical practice.

Meanwhile, most of the previous studies on nurses working in the department of psychiatry were conducted on a small number of subjects and in limited regions. This study was not limited to several regions and was targeted at nurses working in psychiatric hospitals nationwide, and there was no deviation between the regions of the hospitals. According to the results of this study, education had a high proportion among the factors affecting psychological well-being. This finding suggests that those with a higher level of education are more likely to make efforts to comply with the required rules of conduct, thereby leading interpersonal relations in a more positive way. This study also confirmed the necessity of professional knowledge, attitudes, and skills cultivated in psychiatric nurses. Thus, it is considered necessary to develop and improve job performance through professional learning and training. In recent years, demanders' needs for health care services have become more diverse, and nursing care is no exception. In foreign countries, the Psychiatric Consultation-Liaison Nurse (PCLN) has been developed and operated to cope with nurses' inadequate skills, low confidence, etc. [36].This will be helpful in reducing stress probably resulting from poor job performance,through connections with nurses who have received specialized training, and establishing an effective hospital system. Consequently, higher job satisfactionwill have a positive effect on psychological well-being, and enable a high-quality service for patients. In this regard, such systems for psychiatric nurses need to be introduced into Korea. Although the necessity of professionalism of nursing care, includingthe provision of high-quality services, has been emphasized, there have been few studies on psychiatric nurses, unlike those targeted at nurses specializing in other departmentswho are required to maintain and improvepatients' mental and physical health and provide a professional care service. Furthermore, based on the results of this study, there is a need to conduct follow-up studies on other variables that may affect the psychological well-being of psychiatric nurses, introduce the programs dedicated to reducing their dysfunctional, negative emotions, and encourage active support of medical institutions.

**5. Conclusion**

This study was conductedinpsychiatric nurses with the aim of providing baseline data for the policy support system, labor welfare, and policy development which can reduce emotional labor and enhance psychological well-being among nurses at work by determining the effects of emotional labor and anger expression on psychological well-being. This research was aimed at identifying the level of psychological well-being of psychiatric nurses by investigating the effects of emotional labor and anger expression on psychological well-being and correlations among respective variables; and thus providing baseline data for establishing policy support systems, labor welfare, and policy development for psychiatric nurses. This study explored the effects of psychiatric nurses' emotional labor and anger expression on their psychological well-being. As the selected subjects of this study, the psychiatric nurses working in 16 hospitals nationwide were instructed to complete a self-administered questionnaire. The variable which had the most significant effect on psychological well-being was anger-in, a sub-factor of anger expression, followed by anger control, a sub-factor of anger expression, and mismatch of emotions, a sub-factor of emotional labor. The total explanatory power of the variables affecting psychological well-being was 27.0%, and the modified explanatory power was 25% ($F=15.33$, $p<.001$). Therefore, if negative feelings, such as anger due to emotional labor, are controlled, psychological well-being will be increased. Consequently, it is considered essential to develop programs that ensure active education on emotion management and problem-solving methods to effectively help control negative feelings, along with specialized training suited to the individual characteristics of hospitals.

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