

RESEARCH ARTICLE

Social group membership, burnout, and subjective well-being in new nurses in the life transition period: A cross-sectional study

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Abstract

Aim: To assess differences in social group memberships and burnout levels by work tenure among new nurses and identify factors associated with their subjective well-being.

Design: A cross-sectional study.

Methods: Participants were 356 registered nurses who had fewer than 3 years of work tenure. Data were collected from February–March 2021. Participants' social identity, burnout, and subjective well-being were assessed using validated questionnaires. STROBE checklist was applied.

Results: Multiple group membership was positively associated with life satisfaction and positive affect and negatively with burnout. Burnout influenced new nurses' negative effect in their life transition period. To improve new nurses' subjective well-being, it is essential to focus on their social group membership, encourage participation in group activities, and improve access to sociopsychological resources that can help them take their first steps as professional staff and develop as healthy members of society, which will foster sustainable healthcare systems.

KEYWORDS

education, graduate, life-changing events, nurses, nursing

1 | INTRODUCTION

Even before the coronavirus disease 2019 (COVID-19) pandemic, nursing shortages had increased the relevance of international studies on poor retention and high turnover among nurses, particularly during the transition from a student to a qualified, employed nurse. This is especially important because these issues have been linked to adverse patient outcomes (Leong & Crossman, 2015; Wallis & Kennedy, 2013). During the transition from an academic to a professional setting, new nurses may experience severe stress, anxiety, frustration, and a lack of control, eventually becoming overwhelmed (Thomas et al., 2012; Wildermuth et al., 2020).

Repeated surges of COVID-19 have overwhelmed the health-care systems, partly due to nurse burnout. Varasteh et al. (2022) reported that the most important reasons for nurses remaining in this profession, despite the fear of infection, include the organizational atmosphere and motivation factors, namely, interest in the working environment and maintaining friendly relationships with colleagues. During crises such as the COVID-19 pandemic, motivational factors are especially important for young and novice nurses who do not have stable employment status (Varasteh et al., 2022).

As a framework to explain the relationship between stress, social connection, and well-being, this study attempted to confirm the relationship between social group membership and subjective

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well-being of new nurses at the time of life change according to the social identity approach, which has recently attracted attention. Life transitions affect an individual's network, which changes the social identities the individual derives from these group memberships, and this subsequently affects well-being (Jetten et al., 2010). That is, for new nurses, social group membership is an important protective factor against the effects of life changes that may threaten physical and mental health. This raises two research questions as follows:

1. How does social group membership affect the SWB of new nurses in terms of social identity?
2. What factors affect the life satisfaction and positive and negative emotions of new nurses?

The purpose of this study was to assess social group membership, burnout, and SWB; evaluate differences in social group membership according to work tenure and group membership; and determine the factors associated with SWB in new nurses with fewer than 3 years of work tenure, who are experiencing a life transition.

2 | BACKGROUND

Based on the State of the World's Nursing 2020 report, the global shortage of nurses in 2018 was estimated at 5.9 million (McCarthy et al., 2020). Korea is no exception, with the demand for full-time nursing professionals growing faster than the rate at which new nurses are graduating. The number of nursing school graduates in Korea increased from 11,952 in 2006 to 19,160 in 2017; by the end of 2022, this number is estimated to reach 21,159 (Ministry of Health and Welfare of Korea, 2018). However, owing to factors such as heavy workload, low income, and difficulties in reconciling work and family life, the average work duration among nurses is only 5.4 years (Korea Health Industry Development Institute, 2015); thus, most nurses do not have a sufficient work tenure to accumulate enough experience to provide high-quality care.

Chronic job stress in nurses leads to difficulties in controlling emotions, negative attitudes toward work, negligence, and exhaustion (Lee & Yom, 2013). Burnout also has negative effects, including increased turnover, poor work performance, and social and psychological problems (Khamisa et al., 2013). Conversely, in people whose jobs involve considerable emotional labor, high subjective well-being has positive effects such as efficient stress management, high job performance, low turnover rates, and good management of patient health (Lee & Chi, 2012). Therefore, nurses experiencing high emotional labor demands must find ways to improve their psychological well-being and stability (Karimi et al., 2014).

From a hedonic perspective, subjective well-being (SWB) refers to a psychological state constituting cognitive judgement and affective responses, in which an individual experiences positivity in life (Martín-María et al., 2020; Ryan & Deci, 2001). SWB plays an important role in maintaining mental and physical health (Martín-María et al., 2020). Nurses' SWB is closely related to engagement and turnover (Brunetto et al., 2013). Efforts to pursue happiness by enhancing the quality of life,

rather than focusing on self-devotion, would ultimately improve the quality of nursing. Therefore, it is essential that nurses maintain their SWB.

The "social identity approach" has recently received attention as a framework to explain the relationships between stress, social connection, and well-being. While this concept was initially developed to understand and explain intergroup phenomena such as discrimination and stereotypes (Tajfel & Turner, 2010), it has gradually been emphasized in the context of the health benefits of social connections, including the associations between stress (Haslam et al., 2005), social support (Haslam et al., 2008), and well-being (Sani et al., 2012). The social identity approach uses the Social Identity Model of Identity Change (SIMIC) to account for responses to stressful life changes. The SIMIC is based on assumption that life changes are always accompanied by changes in social group membership and consequently in social identity (Haslam et al., 2021). According to the SIMIC, social group membership represents a buffer in life transitions (Tajfel & Turner, 2010). That is, social group membership of new nurses in life transitions serves to protect well-being.

3 | THE STUDY

3.1 | Design

This work was a descriptive and cross-sectional study that adhered to the STROBE checklist (Appendix S1).

3.2 | Method

Jang (2000) classifies new nurses into different levels: beginners, nurses with 1 year of experience working at a hospital after graduating from nursing universities, and advanced beginners, nurses who have two to 3 years of experience. In this study, those at the advanced beginner level were considered beginners, to assess changes in social group membership according to work tenure. Accordingly, new nurses with less than 3 years of work tenure in hospitals after graduating from nursing schools were invited to complete an online survey. A total of 356 South Korean nurses responded to an online self-administered questionnaire via the SurveyMonkey platform from February to March 2021. After excluding 31 respondents who had more than 3 years of work tenure, 325 nurses were included in the final analysis (usable responses: 91.2%). As the sample size was large ($n = 325$), normal distribution of data was assumed based on central limit theorem (Field, 2018).

3.3 | Measures

3.3.1 | Social group membership

Social group membership was determined using the Multiple Group Memberships (MGM) Scale and the Important Groups Memberships (IGM) from the Exeter Identity Transition Scales (EXITS) developed

by Haslam et al. (2008) and expanded by Jetten et al. (2012). We obtained approval to use and translate the tool into Korean from the original author. The MGM Scale consists of four items, each of which is rated on a seven-point Likert scale from 1 (not important at all) to 7 (very important). In the IGM, a maximum of six participating groups were selected (using the prompt "Choose groups that are important to you"). Each group was scored on a seven-point Likert scale between 1 (not important at all) and 7 (very important). The scores of groups that were rated 5 or more were summed to obtain the total score. A higher score indicated stronger social group membership. In this study, Cronbach's α and the test-retest coefficient for the MGM Scale were 0.93 and 0.93 (0.86–0.97), respectively.

3.3.2 | Burnout

The Korean version of the Maslach Burnout Inventory, which was originally developed by Maslach and Jackson (1981), was purchased from Mind Garden and used to evaluate burnout. The tool consists of 22 items across three subdomains: nine items assess emotional exhaustion, five items assess depersonalization, and eight items assess personal achievement. Each item is evaluated on a seven-point Likert scale from 0 (never) to 6 (every day). High scores for emotional exhaustion and depersonalization and low scores for personal achievement indicate high burnout levels. At the time of development, Cronbach's alphas for emotional exhaustion, depersonalization, and personal achievement were 0.90, 0.79, and 0.71, respectively. In this study, Cronbach's alphas for emotional exhaustion, depersonalization, and personal achievement were 0.90, 0.75, and 0.73, respectively.

3.3.3 | Subjective well-being

SWB was measured using the Satisfaction with Life Scale (SWLS; Diener et al., 1985) and Positive and Negative Affect Schedule (PANAS; Watson et al., 1988). The SWLS consists of five items, each of which is rated on a seven-point Likert scale (1: strongly disagree, 7: strongly agree). The total score ranges from 5 to 35 points, whereby the higher the score, the higher the satisfaction with life. Cronbach's α in this study was 0.90.

The affective component of SWB was evaluated using the Korean version of the PANAS (Park & Lee, 2016). Positive affect reflects the extent to which a person feels enthusiastic, active, and alert, whereas negative affect is a general dimension of subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear, and nervousness (Watson et al., 1988). The PANAS instrument consists of 10 items each for positive and negative emotions, which are rated on a five-point Likert scale (1: strongly disagree, 5: strongly agree). The total score ranges from 10 to 50 points. The more the experience of positive affect and the less the experience of negative

affect, the higher the level of SWB. Cronbach's α for this scale was 0.82 (the positive affect subscale 0.83 and the negative affect subscale 0.90) in the current study.

3.4 | Data analysis

Data were analyzed using SPSS version 26.0 (IBM Corp.), with a 0.05 significance level and 95% confidence intervals. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to examine the nurses' demographic information and all study variables. Analysis of variance and Bonferroni post hoc analysis were performed to assess differences in each variable according to work tenure. Work tenure was classified into three tenure groups: less than 1 year, 1–2 years, and more than 2 years but less than 3 years.

Internal consistency reliability was assessed using Cronbach's alpha coefficient. Intra-class correlation coefficients (ICCs) were used to estimate the test-retest reliability, that is, the stability of the Korean version of the MGM Scale. For test-retest procedures, it is generally recommended that the second administration be 2–14 days after the first administration (Streiner et al., 2015). Nineteen nurses completed the Korean version of the MGM Scale twice, with more than 2 weeks between repetitions. The ICCs demonstrated high stability over time (ICC = 0.93 [0.86–0.97]), indicating a satisfactory level of test-retest reliability (Table A1). To validate the four items of the Korean version of the MGM Scale, an expert panel of five persons performed item level-content validity index analyses with a threshold of >0.78 and average-content validity index analyses with a threshold of >1.0 for the overall scale (Polit & Beck, 2006) (Table A2). Additionally, a hierarchical multiple regression analysis was performed to identify the factors associated with SWB.

3.5 | Ethics

This study was conducted after obtaining approval from the ethics review committee of Chung-Ang University (approval number: 1041078-202006-HRSB-161-01). All participants provided written informed consent before participation. All data were collected via a mobile link and stored securely in an online data storage system to ensure confidentiality.

4 | RESULTS

4.1 | Participant characteristics

Of the participants, 298 were women (91.7%), and the median age was 25 years (interquartile range: 24–26). Furthermore, 318 (97.8%) participants were single, 302 (92.9%) had a bachelor's degree, and most (193, 59.4%) were not religious. In addition, 156 (48%) participants lived with their families, 155 (47.7%) worked in secondary hospitals, 182 (56%)

worked in hospitals in Seoul, 130 (40%) had less than a year of work tenure, 268 (82.5%) were stationed in general wards, 211 (64.9%) had a monthly income of greater than 2.5 million won, and most (284, 87.4%) worked on a night-rotating schedule (Table 1).

4.2 | Social group membership, burnout, and SWB by work tenure

On the EXITS, the average MGM score was 2.72 (range: 1–7), and the average number of IGM was 2.1 (range: 0–6). Table 2 presents the differences in study variables according to participants' work tenure. The scores on the MGM Scale ($F = 3.00, p = 0.05$) and its subdomain "I am friendly with people in lots of different groups" ($F = 4.24, p = 0.02$) were significantly higher for those with a work tenure of more than 2 years than for those with a work tenure of only 1–2 years. Depersonalization, which is a subdomain of burnout, was also significantly higher in those with a work tenure of 1–2 years compared with those with a work tenure of less than 1 year ($F = 3.61, p = 0.03$). Negative affect, which is a subdomain of SWB, also significantly differed according to work tenure ($F = 5.39, p < 0.01$). A post hoc analysis showed that negative affect was significantly lower in those with a work tenure of more than 2 years and 1–2 years than in those with a work tenure of less than 1 year.

4.3 | Correlations between social group membership, burnout, and SWB

The correlations between social group membership, burnout, and SWB are shown in Table 3. MGM was positively correlated with life satisfaction ($r = 0.27, p < 0.001$) and positive affect ($r = 0.27, p < 0.001$). Burnout was negatively correlated with the two variables of social group membership: MGM ($r = -0.25, p < 0.001$) and the number of important group memberships ($r = -0.21, p < 0.001$). Additionally, burnout was negatively correlated with life satisfaction ($r = -0.46, p < 0.001$) and positive affect ($r = -0.37, p < 0.001$), and positively correlated with negative affect ($r = 0.49, p < 0.001$).

4.4 | Factors associated with SWB

A hierarchical regression analysis was performed to identify the factors associated with new nurses' SWB (Table 4). Model 1 was adjusted for gender, work tenure, and hospital type. The factors that displayed significant associations with life satisfaction were multiple group membership ($p = 0.001$), burnout ($p < 0.001$), and working in a secondary hospital ($p = 0.009$). The factors that were significantly associated with positive affect were multiple group membership ($p = 0.001$) and burnout ($p < 0.001$). The factors that were significantly associated with negative affect were work tenure of 1–2 years ($p < 0.001$) and more than 2 years ($p < 0.001$), and burnout ($p < 0.001$).

TABLE 1 Participants' sociodemographic characteristics ($N = 325$)

Characteristics	Categories	n (%)
Gender	Women	298 (91.7)
	Men	27 (8.3)
Age (years), Median (IQR) = 25 (24–26)	<26	271 (66.8)
	≥26	182 (33.2)
Marital status	Single	318 (97.8)
	Married	7 (2.2)
Educational level	Associate's degree	18 (5.5)
	Bachelor's degree	302 (92.9)
	Master's degree	5 (1.5)
Religion	Yes	132 (40.6)
	No	193 (59.4)
	Others	17 (5.2)
Living arrangement	With family	156 (48)
	With friend(s)	30 (9.2)
	Alone	116 (35.7)
	Others	23 (7.1)
Hospital type	Tertiary	114 (44.3)
	Secondary	155 (47.7)
	Primary care clinic	26 (8.0)
Hospital region	Seoul	182 (56)
	Other	143 (44)
Work tenure (years)	≤1	130 (40)
	1–2	106 (32.6)
	2–3	89 (27.4)
Work unit	General ward	268 (82.5)
	Critical care	57 (17.5)
Monthly income (10,000 KRW)	<200	14 (4.3)
	200–249	100 (30.8)
	250–299	126 (38.8)
	300–399	84 (25.8)
	≥400	1 (0.3)
Monthly income (10,000 KRW)	<250	114 (35.1)
	≥250	211 (64.9)
Work schedule	Rotating with nights	284 (87.4)
	Rotating without nights	18 (5.5)
	Fixed day	23 (7.1)

Note: KRW 1300 = 1US\$ = 0.96€.

Abbreviations: IQR: interquartile range.

5 | DISCUSSION

New nurses experience a stressful life transition, which affects their social group memberships and thereby their well-being. This study assessed social group membership, burnout, and SWB among nurses transitioning from the academic to the professional setting and identified the correlates of SWB based on the SIMIC (Jetten et al., 2010) in this population.

TABLE 2 Differences in research variables according to work tenure

Variables	Work tenure (years)			F	p
	Group 1 ^a	Group 2 ^b	Group 3 ^c		
	<1 year (n = 130)	1–2 years (n = 106)	More than 2 years (n = 89)		
Social group memberships					
Multiple group memberships	2.68 (1.34)	2.54 (1.29)	2.99 (1.24)	3.00	0.05
“I belong to lots of different groups.”	2.46 (1.34)	2.37 (1.20)	2.69 (1.26)	1.57	0.21
“I join in the activities of lots of different groups.”	2.43 (1.35)	2.33 (1.19)	2.65 (1.39)	1.50	0.22
“I am friendly with people in lots of different groups.”	2.95 (1.59)	2.73 (1.60)	3.38 (1.57)	4.24	0.02
“I have strong ties with lots of different groups.”	2.86 (1.56)	2.75 (1.53)	3.24 (1.41)	2.67	0.07
Number of important group memberships	2.12 (1.44)	2.01 (1.33)	2.24 (1.21)	0.69	0.50
Burnout					
Burnout	63.90 (18.53)	67.96 (18.14)	66.12 (15.15)	1.58	0.21
Emotional exhaustion	3.62 (1.32)	3.77 (1.38)	3.70 (1.18)	0.39	0.68
Depersonalization	2.47 (1.33)	2.91 (1.36)	2.82 (1.22)	3.61	0.03
Personal accomplishment	2.37 (0.82)	2.44 (1.06)	2.35 (0.93)	0.27	0.76
Subjective well-being					
Life satisfaction	3.98 (1.22)	3.75 (1.26)	3.94 (1.10)	1.07	0.34
Positive affect	2.49 (0.71)	2.48 (0.65)	2.55 (0.66)	0.28	0.76
Negative affect ^{a>b,c}	2.66 (0.85)	2.38 (0.83)	2.32 (0.85)	5.39	0.01

Note: Mean (standard deviation); Subscripts indicate statistical significance in post-hoc tests with Bonferroni correction.

TABLE 3 Correlation coefficients of variables related to social group membership (N = 325)

Variables	Multiple group memberships	Number of important memberships	Burnout	Life satisfaction	Positive affect
Number of important memberships	0.44 (<0.001)				
Burnout	-0.25 (<0.001)	-0.21 (<0.001)			
Subjective well-being					
Life satisfaction	0.27 (<0.001)	0.21 (<0.001)	-0.46 (<0.001)		
Positive affect	0.27 (<0.001)	0.19 (<0.001)	-0.37 (<0.001)	0.43 (<0.001)	
Negative affect	-0.11 (0.06)	-0.08 (0.15)	0.49 (<0.001)	-0.31 (<0.001)	-0.01 (0.87)

In our study, the average score on the MGM Scale, which evaluated social group membership, was lower than that among freshmen in the UK (Iyer et al., 2009), and the number of IGM was even lower than that among international students in Australian universities (Praharsa et al., 2017). International students experience a greater degree of stress compared to local students owing to cultural differences and difficulties in communication (Praharsa et al., 2017). Furthermore, in a national social statistical survey (Statistics Korea, 2019), a greater proportion of those in their 20s did not have contact with members of society other than their families, compared to other age groups. This suggests that MGM and the IGM of new nurses in our study may have been low even before they started working in hospitals.

For social group membership, only the score for “I am friendly with people in lots of different groups” was higher in those with more than 2 years of work tenure compared with those with 1–2 years of work tenure. Based on social identity theory, nurses with more than 2 years of work tenure start engaging in social activities they lost touch with while adapting to their new work environment. This can be understood as a process of losing the pre-transition period's social group membership and obtaining a new membership.

This can be observed even in relation to burnout. Owing to restricted social activities, nurses with 1–2 years of work tenure experienced greater burnout than did those with longer tenures. Prior studies corroborate this; increased work tenure is associated

TABLE 4 Hierarchical regression analysis of subjective well-being

Variables	Subjective well-being											
	Life satisfaction				Positive affect				Negative affect			
	B	SE	t	p	B	SE	t	p	B	SE	t	p
(Constant)	5.71	0.35	16.30	<0.001	3.23	0.21	15.57	<0.001	1.06	0.24	4.35	<0.001
Gender, women	-0.21	0.22	-0.97	0.33	-0.23	0.13	-1.77	0.08	-0.08	0.15	-0.51	0.61
Work tenure (ref. Group1)												
Group2	-0.05	0.14	-0.36	0.72	0.07	0.08	0.83	0.41	-0.38	0.10	-3.93	<0.001
Group3	-0.00	0.15	-0.01	0.99	0.06	0.09	0.70	0.49	-0.40	0.10	-3.98	<0.001
Hospital type												
Primary	-0.20	0.23	-0.86	0.39	-0.00	0.14	-0.02	0.98	0.05	0.16	0.29	0.77
Secondary	-0.32	0.12	-2.62	0.009	-0.06	0.07	-0.80	0.42	0.01	0.09	0.09	0.93
Multiple group memberships	0.15	0.05	3.24	0.001	0.09	0.03	3.41	0.001	0.02	0.03	0.55	0.58
Burnout	-0.03	0.00	-8.04	<0.001	-0.01	0.00	-5.77	<0.001	0.03	0.00	10.36	<0.001
R ²	0.26				0.18				0.29			
Adjusted R ²	0.24				0.16				0.27			
F (p)	15.62 (<0.001)				9.93 (<0.001)				18.23 (<0.001)			

Note: Group 1 was less than 1 year; Group 2 was from 1 to 2 years; Group 3 was more than 2 years; Model 1 was adjusted for gender, work tenure, and hospital type. Abbreviation: SE, standard error.

with low burnout (Drach-Zahavy & Marzuq, 2013). In a previous study, work tenure influenced nurses' participation in leisure activities and respite (Drach-Zahavy & Marzuq, 2013). The most common reason for restricted participation in leisure activities was increasing overtime, followed by a lack of holidays or monthly or annual leave.

We observed that depersonalization, which is a sub-concept of burnout, was significantly different according to work tenure. Depersonalization is defined as an unfeeling and impersonal response toward recipients of one's care or service (Maslach & Jackson, 1981). In a prior study, analysis of burnout subdomains revealed no significant differences according to work tenure; however, depersonalization and emotional exhaustion were significantly greater in younger nurses compared to those over 40 years of age (Kim & Han, 2013). Nurses with 2 to 3 years of work tenure can efficiently cope with various tasks as they become used to nursing practice. However, they lack practical experience and professional knowledge, while expectations of them are high. Thus, nurses with 2 to 3 years of work tenure experience are relatively stressed because they endure various difficulties and stress compared to new nurses with less than 1 year of work tenure. Depersonalization not only negatively affects mental health but also causes nurses to become insensitive and cynical when they interact with patients. This leads them to neglect patients' pain and view patients only as bodies, rather than as sentient human beings (Decety et al., 2010). This can negatively impact the quality of nursing; thus, interventions that consider such differences according to work tenure are necessary.

SWB refers to a state of increased positive emotions and decreased negative emotions, as well as high satisfaction with life (Diener et al., 1999). In this study, secondary hospital type had the strongest association with life satisfaction. In a study that investigated variables influencing happiness (SWB), sociodemographic variables partially explained happiness, and psychological variables had the greatest explanatory power (DeNeve & Cooper, 1998; Diener et al., 1999). Argyle (2001) reported that positive self-esteem, supportive social relationships, internal locus of control, and extroversion are predictors of SWB. Moreover, in a study of nurses in Korea, self-esteem and job stress directly affected SWB (Lee, 2013). While there has been no research on SWB of nurses working in secondary hospitals or a comparison of SWB between nurses working in secondary and tertiary hospitals, our findings are similar to those of a previous study, which reported lower self-esteem and similar levels of social support and work-related stress in nurses from secondary hospitals compared with nurses from tertiary hospitals (Park et al., 2011). Life satisfaction, which is an aspect of cognitive well-being, is an overall assessment based on one's own selection criteria rather than a temporary state. It is evaluated by making comparisons with the surrounding environment and self-static criteria (Shin & Johnson, 1978). Thus, differences in self-esteem may explain the lower levels of life satisfaction among new nurses working in secondary hospitals compared with those in tertiary hospitals.

MGM was the second most significant factor associated with life satisfaction. In a previous study, the number of social groups was positively correlated with social support in first-year college students in the UK (Iyer et al., 2009). As such, a sense of SWB derived from support from various sources through MGMs emphasizes the importance of social relationships rather than "simple social support" in stressful life transitions. Membership in important social groups is a source of self-esteem (Jetten et al., 2015). Thus, increased self-esteem seems to elevate satisfaction with life in terms of SWB. Managing multiple meetings allows individuals to develop cognitive skills and flexibility. These are useful intellectual resources in times of uncertainty and change, and MGMs improve well-being (Haslam et al., 2008).

Regarding social identity, MGMs were associated with life satisfaction and positive affect, leading to improved SWB. Emotional well-being, including positive and negative emotions, reflects the positive aspects of life. This does not simply suggest the absence of negative emotions. Rather, it emphasizes that positive and negative emotions are independently associated with SWB. Satisfaction with life and greater positive than negative emotions in daily life suggest high SWB (Diener et al., 1999). Therefore, it would be necessary for hospitals to provide time to establish MGM and develop programs/policies to encourage such activities for new nurses.

We observed that the factors associated with negative affect were work tenure of more than 2 years, followed by work tenure of between 1 and 2 years, suggesting that greater work tenure decreased negative affect. As work experience accumulated, positive affect increased while negative affect decreased, leading to higher SWB.

Burnout was significantly associated with all three subdomains of SWB. In a large-scale study of nurses from eight countries, the emotional burnout score (score range: 0–54) was 22 in the US, 20.4 in Canada, 19.7 in the UK, 14.4 in Germany, 19.8 in New Zealand, 25 in Japan, 15.1 in Russia, and 8.4 in Armenia (Poghosyan et al., 2009). Emotional burnout scores among nurses in Korea are comparable with those among nurses in Japan and the US, which reported the highest scores among the eight countries (Kim et al., 2019). These findings indicate that nurses in Korea are highly exhausted, and despite subtle differences, a greater degree of burnout is observed in those with less work experience. As found in our study, burnout among new nurses is significantly associated with all subdomains of SWB, is detrimental to health, increases turnover intention, and reduces the quality of patient care. Therefore, appropriate measures are necessary to prevent burnout among nurses.

Protecting individuals' mental health from stressful life transitions is an important benefit of social group memberships. Compared with people with only one source of social identity, people with important social group memberships can be much more flexible in dealing with change, thus maintaining a sense of well-being. In this study, new nurses with many social group memberships had high SWB. Therefore, encouraging new nurses and providing opportunities to have social group memberships can help maintain a healthy, sustainable hospital system, as well as the health of nurses, which

requires an active application. Such a policy would reduce the workload of new nurses during the transition period, grant break times to reduce burnout, and help improve not only the mental health of new nurses but also the quality of nursing, subsequently improving the retention of new nurses.

5.1 | Limitations

The findings of this study should be interpreted with consideration of its limitations. Social identity theory is a social psychological analysis of the role of self-conception in group membership, group processes, and intergroup relations (Higgs & Soundy, 2020). We measured social group membership by assessing MGMs and the number of IGMs, in terms of nurses' self-conceptions as group members. Further studies should focus on life change to provide support for the SIMIC, which makes predictions about group processes. As this was a cross-sectional study, we did not measure timewise changes in group membership. Future studies should consider using a longitudinal design. The frameworks for understanding the subjective aspect of life changes during the COVID-19 pandemic should focus on stress appraisal for new nurses. However, this study did not consider stress appraisal as the study was planned before the pandemic began. This research was conducted via online surveys through applications frequently used by Korean nurses, so there may be selective bias, and there is a limit to generalizing to all new nurses.

6 | CONCLUSION

Nurses' SWB is important not only for nurses themselves but also for the sustainability of entire healthcare systems. In Korea, most new nurses start their hospital careers coincident with their first independent experience of healthy engagement in society. During this period of life transition, their well-being is the driving force behind the national healthcare system. In this study, we observed that social group memberships were a key factor associated with nurses' life satisfaction and positive affect.

The SIMIC emphasizes the importance of maintaining the continuity of identity over time and promoting new social identities after life transitions. This reflects the fact that various life events are not perceived as stressors but rather as opportunities for growth (Haslam et al., 2008). Therefore, it is essential to direct new nurses toward support group activities and employ social and psychological resources within and outside hospitals to help them cope with life changes.

AUTHOR CONTRIBUTIONS

Gaeyoung Kim and Eunjung Ryu contributed to the study concept and design. Acquisition, analysis, or interpretation of data performed by Gaeyoung Kim, Hannah Yu and Eunjung Ryu. The manuscript was drafted by Gaeyoung Kim and Hannah Yu. All authors have critically

reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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CONFLICT OF INTEREST

All authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable.

ETHICS STATEMENT

The study was approved by the Ethics Review Board of Chung-Ang University (approval number: 1041078-202,006-HRSB-161-01).

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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APPENDIX A

Test (mean ± SD)	Retest (mean ± SD)	Intraclass Correlation	95% confidence interval		p
			Lower bound	Upper bound	
11.68 ± 5.24	11.31 ± 4.98	0.93	0.86	0.97	<0.001

Note: Two-way mixed model.

TABLE A1 Test-retest reliability of the Multiple Group Memberships scale (n = 19)

Item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Number in agreement	Item CVI
1	X	X	X	X	X	X	1.00
2	X	X	X	X	X	X	1.00
3	X	X	X	X	X	X	1.00
4	X	X	X	X	X	X	1.00
S-CVI/Ave							1.00

TABLE A2 Content Validity Index of the Multiple Group Memberships scale

Abbreviations: S-CVI/Ave, scale-level content validity index, averaging calculation method; X, Item rated 3 or 4 on a 4-point relevance scale.