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A Descriptive Study of Nurses' Happiness at Shahid Sadoughi Hospital, Iran

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Abstract

Background: Happiness is known as one of the most important mental needs of human. Nursing is one of the stressful jobs in healthcare facing many occupational stressors. Happiness is beneficial in reducing stress and adjusting to the environment. Regarding this fact, this study was conducted to evaluate happiness in nurses in a general hospital.

Methods: In this descriptive cross-sectional study, the subjects included 73 randomly selected nurses at Shahid Sadoughi Hospital. Data were gathered using Fordyce happiness scale and demographic questions. Descriptive statistics, mean, standard deviation and t-test were used to statistically analyze the data.

Results: The mean value of happiness was 68 ± 0.37 . There was no significant correlation between happiness and demographic characteristics such as age (P=0.81), gender (P=0.24), marital status (P=0.36), job history (P=0.62), and educational level (P=0.63). However, the relationship between happiness and workplace was significant (P=0.045).

Conclusion: According to the results of this study, happiness could not be generalized to all the nurses, however, nurses were shown to have a good state of happiness while it was affected by their workplace. Health care providers should be concerned about the personnel happiness and provide proper interventions in order to alleviate mental health problems among the nurses, especially those working in intensive care units.

Keywords: Happiness; Nurse; Fordyce happiness scale; Hospital

Introduction

Happiness is the most basic human issue and the most central stimulus for human purposes [1]. Happiness is not the opposite of depression or lack of it [2], rather lack of depression is a necessary condition for reaching happiness [3]. Happiness is an emotional or affective state that is characterized by feelings of enjoyment and satisfaction, which is often equated with morale, contentment, wellbeing, life satisfaction, successful aging, quality of life, and the good life [4].

Researches show that happy people are less emotional and occupational burnout, less absenteeism and unlikely to leave their jobs. Happy employees have more interpersonal communication skills and are committed to the organization [5,6]. Being happy is one of the factors contributing to economic, cultural, social and political development leading to good performance and increased production [7].

Happiness causes environmental stability and reduces tensions and, on the other hand, has a significant impact on staff morale [8]. Positive self-concept, physical and mental health, emotional balance, increased hope for the future, favorable attitudes toward one's self and others, promoting social relationships, more willing to help others, making better decisions, and more creativity are other benefits of happiness [9,10].

One of the professions requiring happiness for greater effectiveness is nursing. Nurses have one of the stressful jobs in healthcare and their mental health is at risk by many occupational stressors. Pedersen suggested that nurses became depressed twice as much as ordinary people. The rate of occupational hazards are high in nurses, especially those in intensive wards because of the nature and difficulties of their job where depression is also more prevalent. Working in intensive wards is

naturally more stressful for the complexity, dynamic atmosphere, and critical condition of the patients. Such nurses show considerably more depression, anxiety, irritability, and anger [11].

Despite the importance of the issue, limited amount of studies have investigated nurses' happiness. Most studies have measured the level of mental health, anxiety and depression of nurses which has traditionally been focused by clinical psychology. The new branch of psychology focuses on study of human strength and happiness instead of psychological deficits and disability [12]. Therefore, this study was conducted to determine the happiness of nurses working at Shahid Sadoughi Hospital in Yazd.

Materials and Methods

In this descriptive cross-sectional study, 73 nurses working at Shahid Sadoughi Hospital were randomly selected. In case of refusing or no interest in participating in the study or partially completed questionnaire, the sample was removed and replaced by another one. Having no psychiatric disorder under therapy according to individual statements, as well as having at least a bachelor's degree in nursing were required for entering the study. Data collection was carried out using Fordyce happiness scale including two parts: demographic variables such as age, sex, marital status, work experience, and 47 questions of

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Fordyce happiness scale on a four-point Likert scale.

Argil, reported internal consistency of this test in original language as 0.73 to 0.93 with a mean of 0.86. In Persian draft, Oxford Happiness Questionnaire was used to test the validity of happiness measures [13]. Its reliability was calculated as 0.92 [14].

The questionnaire score was divided into five levels: weak (35-20), moderate (50-36), good (65-51), very good (80-66), and great happiness (81 and above). Informed consent was obtained from the volunteers while some information regarding the aims, procedures of the study, and participants' rights were clearly explained to them individually before the initiation of interviews. For the characterization of the study population, a descriptive analysis was done. All analyses were conducted using SPSS 15.0. Data were statistically analyzed by descriptive statistics, mean, standard deviation and t-test.

Results

In this study, 73 nurses were investigated, of whom 84% were married, and more than three quarters were women. More than 90% of the subjects had a bachelor's degree. Nurses were in the age range of 22-47 years with a mean age of 33.16 \pm 6.5 years. The average work experience was 10 ± 7.2 years (Table 1).

According to the results of this study, mean value of happiness was calculated as 68 ± 0.37 that was equivalent to very good happiness status (Table 2).

There was no significant difference between happiness and other demographic variables such as age, gender, education, and work experience, however, happiness was considerably related to workplace (P<0.04). In this study, 30.1% of the subjects worked in intensive wards and 69.9% in other wards. Only 4.5% of the intensive units were very happy. Average happiness in other wards was 78.75% while the average happiness of the nurses in intensive units was 65.75% (Table 3).

A question that the majority of nurses (42%) had complete

P value	statistic	(%)	N			
0	t= 1/17	83.6	61	female	Gender	
		16.4	12	male		
0.36	t= 0/921	15.1	11	single	Marital status	
		84.9	62	married		
	R= 0/019	37	27	20-29		
0.873		37	27	30-39	age	
		26	19	40-49		
0.634	t= -0/478	94.5	69	Bachelor	Education	
		5-May	4	MSc		
0.814	R= 0/028	17.8	13	0-4	Number of Night shift a month	
		38.4	28	7-May		
		43.8	32	8>		
	R= 0/051	31.5	23	5-Jan	Work Experience	
		23.3	17	10-Jun		
0.668		24.7	18	15-Nov		
		16.4	12	16-20		
		4.1	3	20>		
0.094	t= 1/699	13.7	10	yes	Other job	
		86.3	63	no		
0.044	t= -2/048	30.1	22	Intensive	Workplace	
				wards		
		69.9	51	others		

Table 1: Distribution of demographic data.

	%	N		
	2.7	2	Poor	
	27.3	20	Medium	
	41	30	Good	Happiness
	24.6	18	Very good	
	4.1	3	Great	
ľ	100	73		Total

Table 2: Level of happiness in nurses.

		Intensive wards		Other wards	
		%	N	%	N
	Weak	2.7	1	1.3	1
	Medium	27.3	10	13.6	10
Happiness	Good	41	23	9.5	7
	Very good	24.6	14	5.4	4
	Great	4.1	3	0	0
Total		100	51	100	22
Mean of happiness		65.75%		78.75%	

Table 3: Level of happiness according to the workplace.

agreement with it was "I have friendly relationship with God.", and the question that the majority of nurses (42%) disagreed with was "I have a lot entertainment and recreational activities".

Conclusion

The results of this study showed no relationship between happiness and age, sex, and marital status that is consistent with the findings of Sametyan and Sharifi. Hee in a study, found a relationship between happiness and work experience and education of nurses which is not in agreement with the results of this study. The reason might be due to the fact that most of the nurses in this study had a bachelor's degree. In this study happiness had a significant association with the workplace which is consistent with Hee's results. This could explain more pressure and stress on the nurses in intensive wards.

In the current study nurses happiness was measured as very good that was consistent with previous studies in this field [15]. Schwartz tried to compare happiness in nurses and other people in Iceland concluding that nurses were happy, like other individuals of the society. Hee et al. assessed happiness of the nurses in 10 general hospitals in Thailand. Mean value of happiness was 3.03 out of 5 equal to 60% [16]. In a study, Sharifi assessed the happiness of medical sciences students of Kashan. The mean happiness of nursing students was moderate; lower than happiness of nurses in this study. This difference is probably due to more independence in work, more skill and experience of the nurses.

Another finding of the study was that nurses of intensive units were less happy, that represents a possible impact of working place on the morale of nurses. Kushali believed that working conditions and workplace could affect nurses' mental health and well-being. According to the studies in relation to depression, regarding higher prevalence of burnout and stress among the nurses of intensive units [17-19] low average of the happiness is not unexpected

Although the level of happiness of the nurses was measured as very good, there is still a distance to great score. Since happy nurses can do their jobs better, reduce stress of work environment and improve the quality of nursing care, it is important to promote levels of happiness.

On the other hand, the nurse happiness is worth more than other

jobs for happiness is contagious [20] and thus transmitted to the patient leading to increased patient satisfaction.

According to the results of this study, happiness of the nurses should be seriously taken into account because happiness affects their performance including quality of care and communication with the patient.

Authorities are, therefore, recommended to enhance happiness of the nurses by applying principled and expert interventions, such as providing a happy environment and welfare facilities particularly for intensive units personnel. Further studies are suggested in field of happiness of the nurses and the related factors with the aim of more precise access to the rate and promotion factors of happiness. Also stressful situations at work should be identified and reduced. A consultation center for the personnel at hospital could also be beneficial.

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