Comparison of Nurse Teachers and General Teachers and Nurses Happy Planet Index

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Abstract

Background/Objectives: The purpose of this study is to suggest alternatives for being happier by measuring teachers and nurses’ happy planet index among women who enter professions and by grasping factors that have impacts on clinical nurses’ happiness.

Method/Statistical Analysis: This study conducted a survey of a total of 727 teachers and looked into surveys that have 19 questions on the happy planet index and 7 questions on general characteristics. SPSS WIN 23.0 was used as the data analysis method and multivariate analysis of variance (MANOVA) was used to analyze differences in the happy planet index among groups and multiple regression analysis was used to analyze factors that had impacts on the happy planet index.

Findings: The results of this study showed that correlation among the happy planet index and the housing possession and monthly income and working experience was statistically significant and that factors that had impacts on the happy planet index were age and marriage and religion and educational background.

Improvements/Applications: As for the study results, it is reckoned that potential developments and motivation programs that improve self-respect and self-consciousness and that can contribute to organizations should be developed for improvements in the happy planet index of clinical nurses who have very little work experience.

Keywords: Nurse, Happy planet Index, Nurse teachers, General teachers, Psychological well-being.

Introduction

The interesting conversation topic of modern men living in busy daily life is ‘happiness.’ As an economy develops, the recognition that a rise of incomes is not everything of happiness is being strengthened and interests in mental quality of life or happiness along with material riches increase[¹]. Men want happier and more pleasant life unlike the past when men should be concerned about living from hand to mouth to appease their hunger. Because the definition of happiness is different, depending on individual viewpoints and what you feel about happiness and unhappiness is different even in identical conditions, depending on individual values, defining it in a word is difficult[²].

Then, what is happiness? As for the concept of happiness, it was defined as delight gotten from enough satisfaction and pleasure in life or blessed and good fortune in Korean standard unabridged dictionary and ‘happy’ that meant happiness in English stemmed from the word ‘happ’, an ancient Scandinavian language and meant a fortune or an opportunity[³]. Also, Socrates, a western philosopher said that happiness was ‘summum

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bonum’, a state satisfied with everything as the best state that humans can enjoy. Aristoteles said that happiness was summum bonum’ that all nature was oriented towards and an excellent activity of a soul pursuing virtue. Epicurean school or utilitarians identified happiness with pleasure.

The study in happiness recently is carried out from ancient philosophers and in many academic fields. Then, happiness is decided by any factor? As for early studies in individual happiness or level of satisfaction of life[4], age and health and education level and income and extroversion and rathymia and religion and marriage and self-respect are suggested as factors that had impacts on happiness.

The study showed that sex or intelligence had not significant impacts on happiness, but men who have young and healthy ages and high levels of education and high incomes and who are outgoing and optimistic and don’t worry and have their religions and got married and have high levels of self-respect and the will to work and appropriate aspiration were happier than those who didn’t[5].

The study in happiness can largely be divided into two things. First, levels of subjective well-being focusing on subjective judgement on happiness is high. This means satisfaction levels of individual life is high.

Psychological well-being includes self-acceptance and positive interpersonal relationship and autonomy and self-control on the environment and purspo of life and personal growth. Also, the results of foreign studies showed that sex wasn’t the factor that had big impacts on happiness experiences[6-9].

Studies for revealing factors that had impacts on happiness in Korea is recently conducted[10,11].

The results of the study showed that men felt happier than women about leisure and social status and self-development and inner-direction and social · political · cultural environment and spouse’s love and trust and appearance and health. However, figuring out factors that discriminatorily have impacts on men and women’s happiness is a more important thing rather than figuring out any group among men and women experiences more happiness and less happiness[5]. Studies related to the happy planet index have been conducted with various terms such as subjective quality of life and subjective well-being and satisfaction level of life and happiness[12].

The proportion of women among economically active population rose from 49.2% in 2009 to 53.6% in 20019 every[13].

Thus, the purpose of this study is to suggest alternatives for being happier by measuring teachers and nurses’ happy planet index among women who enter professions and by grasping factors that have impacts on happiness.

Method
1. Study subject and Study tool: This study figures out three groups’ general characteristics. This study measures and compares three groups’ happy planet index.

The group of nurse teachers asked the survey in 178 elementary and middle and high schools of C region and the group of general teachers asked the survey in 10 schools and the group of nurses asked the survey in more than 500 sick beds under agreement and cooperation from departments of five medical institutions. 178 surveys from the group of nurse teachers and 291 surveys from the group of general teachers and 301 surveys from the group of nurses were returned. Except for imperfect cases among returned surveys, a total of 727 people including 168 nurse teachers and 277 general teachers and 282 nurses were chosen as final subjects.

Tool questions were composed of a total of 19 questions including one question on family and marriage and three questions on personal relationship and one question on regional society and two questions on daily life and two questions on economic stability and three questions on job and three questions on health and one question on housing. It was considered that the more points of an 11 point Likert scale from 0(very low) to 10(very high) are high. Surveys on subjects’ general characteristics such as age and martial status and religion and educational level and position and working experience and monthly income were conducted.

2. Data Collection Method and Data Analysis Method: The data collection period was from September 1, 2018 to September 30, 2018. Self-administered questionnaires were written. Collected data was entered and analyzed with SPSS WIN 18.0. Subjects’ demographical characteristics were analyzed with the frequency and percentage and average and standard deviation. The multivariate analysis of variance (MANOVA) and post hoc
test (Scheffe test) were carried out to compare differences in variables that had impacts on the happy planet index among groups.

Spearman’s correlation analysis was used to analyze the relationship between the happy planet index and variables. Multiple regression analysis was used to analyze factors that had impacts on the happy planet index.

**Result and Discussion**

1. **Subjects’ demographical characteristics:** Nurse teachers were 168 women (23.1%) and general teachers were 277 women (38.1%) and nurses were 282 (38.8%) and the total number of them was 727 women. Single women were 404 women (55.6%) and married women were 323 women (44.4%) and women in cohabiting families were 625 women (86.0%) and women without cohabiting families were 102 women (14.0%). Women who graduated from universities were the highest (46.5%) and women who graduated from two-year or three-year colleges were 263 women (36.2%) and women who completed graduate schools were 126 women (17.3%). Women who had their religions were 382 women (52.5%) and women who hadn’t their religions were 345 women (47.5%) and 513 women (70.6%) owned their houses and 214 women (29.4%) lived in yearly and monthly rental houses. 454 women’s average amount of sleep was 7 to 8 hours each day and figures (62.4%) were the highest and 259 women (35.6%) slept under 6 hours and 14 women (1.9%) slept more than 9 hours [Table 1].

2. **Comparison of each group’s Happy Planet Index:** General teachers’ average happy planet index was 6.83 points, the highest points. There were significant differences in them (p<.001) [Table 2]. As for factors related to the happy planet index such as psychological stability and family (Marriage) and personal relationship and regional society and daily life and economic stability and job and health and housing possession, happy planet index of the group of nurse teachers and of general teachers was higher than the group of nurses. The recent OECD (Organization for Economic Cooperation and Development [OECD]) happiness index compares the state of well-being based on 11 themes that OECD essentially checked in fields of material living conditions and quality of life[14]. The similar study.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N/Mean</th>
<th>%/SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>34.29</td>
<td>9.09</td>
</tr>
<tr>
<td>Work experience</td>
<td>9.97</td>
<td>8.84</td>
</tr>
<tr>
<td>Individual income</td>
<td>249.40</td>
<td>83.08</td>
</tr>
<tr>
<td>Family income</td>
<td>549.72</td>
<td>614.71</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (Married)</td>
<td>323</td>
<td>44.4%</td>
</tr>
<tr>
<td>No (Single)</td>
<td>404</td>
<td>55.6%</td>
</tr>
<tr>
<td>Living status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living alone</td>
<td>102</td>
<td>14.0%</td>
</tr>
<tr>
<td>Living with others</td>
<td>625</td>
<td>86.0%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>263</td>
<td>36.2%</td>
</tr>
<tr>
<td>Bachelor degree</td>
<td>338</td>
<td>46.5%</td>
</tr>
<tr>
<td>Master or doctoral degree</td>
<td>126</td>
<td>17.3%</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (Have)</td>
<td>382</td>
<td>52.5%</td>
</tr>
<tr>
<td>No (Haven’t)</td>
<td>345</td>
<td>47.5%</td>
</tr>
<tr>
<td>Housing ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living in own house</td>
<td>513</td>
<td>70.6%</td>
</tr>
<tr>
<td>Rent house</td>
<td>214</td>
<td>29.4%</td>
</tr>
<tr>
<td>Sleeping hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;6 hours</td>
<td>259</td>
<td>35.6%</td>
</tr>
<tr>
<td>7-8 hours</td>
<td>454</td>
<td>62.4%</td>
</tr>
<tr>
<td>&gt;9 hours</td>
<td>14</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Result showed that clinical nurses’ happiness index that was 2.94 points (5 point scale), average happiness index points to use OECD Better Life Index was shown as the moderate size[15]. It can be implied that factors related to clinical nurses’ happiness index such as psychological stability and family (Marriage) and personal relationship and regional society and daily life and economic stability and job and health and housing possession were related to the happiness index.

3. **Correlation between factors related to happiness:** Correlation between age and work experience was 921 (p<.01), very high figures and correlation between individual monthly income and work experience was 859 (p<.01) and correlation of age was 851 (p<.01) and correlation between the happy planet index and housing possession was 758 (p<.01), high figures. Correlation between marital status and work experience was 543 (p<.01), moderate figures and correlation between marital status and individual monthly income was 488 (p<.01), moderate figures. Correlation between individual monthly income
and the happy planet index was 348 (p<.01) and correlation between individual monthly income and housing possession was 320 (p<.01) and correlation between individual monthly income and household monthly income was 312 (p<.01). Correlation between age and the happy planet index was 328 (p<.01) and correlation between age and housing possession was 303 (p<.01). Correlation between the happy planet index and individual monthly income was 348 (p<.01) and correlation between the happy planet index and martial status was 306 (p<.01) and correlation between the happy planet index and work experience was 305 (p<.01) in consecutive order. Correlation between cohabiting family and martial status was -.452 (p<.01) and correlation between cohabiting family and age was -.240 (p<.01). There were significantly negative correlation [Table 3]. The result showed that the more clinical nurses’ ages increased, the more high their work experiences because increase in clinical experiences made monthly income increase. As shown in the study of 2013 other than Nam moon hee’s study, this corresponded to the result that the more women got married was .019. When women had their cohabiting families and religions and graduated from universities and monthly incomes of families were high, those had impacts on happiness. This was similar to the result that income was the factor that affected on happiness in the study which conducted the survey of America’s nursing university students\textsuperscript{[16]}. As shown in study’s analysis results, it can be found out that clinical nurses’ happiness index increased when there were cases described above. It is thought that potential developments and motivation programs that improve self-respect and self-consciousness and that can contribute to organizations should be developed because improvements in clinical nurses’ happiness index are important things to improve qualitative levels of clinical nursing. Malee and others in 2009 said that rather than personal elements, organizational elements that had impacts on happiness of people working in nursing universities such as professional advance in job and characteristic of job and work environment and welfare had impacts on happiness. Things that nurses maintain high quality professionality and keep doing challenging works are factors that have impacts on happiness\textsuperscript{[16]}.

4. **Factor that has an impact on happiness**: Variables showing the significant correlation diagram were age and martial status (yes) and religion (yes) and educational background (university) and household monthly income and the average amount of sleep per day (7 to 8 hours) and explanatory power (14.9\%) [Table 4]. The happiness index when women got married was .019. When women had their cohabiting families and religions and graduated from universities and monthly incomes of families were high, those had impacts on happiness. This was similar to the result that income was the factor that affected on happiness in the study which conducted the survey of America’s nursing university students\textsuperscript{[16]}. As shown in study’s analysis results, it can be found out that clinical nurses’ happiness index increased when there were cases described above. It is thought that potential developments and motivation programs that improve self-respect and self-consciousness and that can contribute to organizations should be developed because improvements in clinical nurses’ happiness index are important things to improve qualitative levels of clinical nursing. Malee and others in 2009 said that rather than personal elements, organizational elements that had impacts on happiness of people working in nursing universities such as professional advance in job and characteristic of job and work environment and welfare had impacts on happiness. Things that nurses maintain high quality professionality and keep doing challenging works are factors that have impacts on happiness\textsuperscript{[16]}.

### Table 2: Comparison of Happiness index among, Health-education teachers General teachers and Nurses

<table>
<thead>
<tr>
<th>Variables</th>
<th>Health-education teachers 1</th>
<th>General teachers 2</th>
<th>Nurses 3</th>
<th>F</th>
<th>Post-hoc test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological stability</td>
<td>7.08±1.65</td>
<td>7.23±1.44</td>
<td>6.32±1.40</td>
<td>29.26***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Family (marriage)</td>
<td>7.13±2.02</td>
<td>7.39±1.67</td>
<td>6.49±1.76</td>
<td>18.45***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Personal relationship</td>
<td>7.19±1.50</td>
<td>7.24±1.26</td>
<td>5.92±1.39</td>
<td>16.60***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Community</td>
<td>6.80±1.72</td>
<td>6.87±1.42</td>
<td>5.92±1.39</td>
<td>33.51***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Daily life</td>
<td>6.54±1.60</td>
<td>6.42±1.64</td>
<td>4.90±1.76</td>
<td>74.86***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Economic stability</td>
<td>6.38±1.71</td>
<td>6.35±1.60</td>
<td>5.05±1.48</td>
<td>59.12***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Job</td>
<td>6.51±1.62</td>
<td>7.11±2.07</td>
<td>5.44±1.52</td>
<td>62.58***</td>
<td>1&gt;3, 2&gt;3, 1&gt;2</td>
</tr>
<tr>
<td>Health</td>
<td>6.28±1.50</td>
<td>6.28±1.41</td>
<td>5.08±1.50</td>
<td>57.60***</td>
<td>1&gt;3, 2&gt;3, 1&gt;2</td>
</tr>
<tr>
<td>Housing ownership</td>
<td>6.53±1.92</td>
<td>6.60±1.64</td>
<td>5.44±1.69</td>
<td>37.50***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
<tr>
<td>Total happiness index</td>
<td>6.71±1.34</td>
<td>6.83±1.08</td>
<td>5.70±1.15</td>
<td>75.06***</td>
<td>1&gt;3, 2&gt;3</td>
</tr>
</tbody>
</table>

In MANOVA analysis, F = 12.22 (Pillai’s test) p<.001; ***<.001
Table 3: Inter-correlation among study variables

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Marriage</td>
<td>.609**</td>
<td>-</td>
<td></td>
<td>- .240**</td>
<td>- .452**</td>
<td>- .240**</td>
<td>.246**</td>
<td>.159**</td>
<td>-.108**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. Living lonely</td>
<td>-.609**</td>
<td>-</td>
<td></td>
<td>- .240**</td>
<td>- .452**</td>
<td>- .240**</td>
<td>.246**</td>
<td>.159**</td>
<td>-.108**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4. Religion</td>
<td>.246**</td>
<td>.159**</td>
<td>-.108**</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education</td>
<td>.107**</td>
<td>.162**</td>
<td>.108**</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Work experience</td>
<td>.921**</td>
<td>.543**</td>
<td>-.235**</td>
<td>.225**</td>
<td>.059</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Individual income</td>
<td>.851**</td>
<td>.488**</td>
<td>-.172**</td>
<td>.232**</td>
<td>.109**</td>
<td>.859**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Family income</td>
<td>.254**</td>
<td>.130**</td>
<td>-.138**</td>
<td>.105**</td>
<td>.012</td>
<td>.248**</td>
<td>.312**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Housing ownership</td>
<td>.303**</td>
<td>.258**</td>
<td>-.091**</td>
<td>.122**</td>
<td>.096**</td>
<td>.286**</td>
<td>.320**</td>
<td>.134**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Sleeping hours</td>
<td>.021</td>
<td>.044</td>
<td>.48</td>
<td>.003</td>
<td>.074*</td>
<td>-.020</td>
<td>.045</td>
<td>.006</td>
<td>.074*</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11. Happiness index</td>
<td>.328**</td>
<td>.306**</td>
<td>-.059</td>
<td>.168**</td>
<td>.183**</td>
<td>.305**</td>
<td>.348**</td>
<td>.080*</td>
<td>.758**</td>
<td>.155**</td>
<td></td>
</tr>
</tbody>
</table>

*p<.05; **<.01; ***<.001

Table 4: Regression analysis of happiness index among the participants

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Beta</th>
<th>R²</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.007</td>
<td>14.9%</td>
<td>5.88</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Marriage (married = 1)</td>
<td>.019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living lonely</td>
<td>-.010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion (yes = 1)</td>
<td>.097</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (bachelor = 1)</td>
<td>-.024</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family income</td>
<td>.184</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping hours (7-8 hours = 1)</td>
<td>.175</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Conclusion

This study conducted in order to provide basic data for nurses’ happy life by grasping clinical nurses and general teachers and nurse teachers’ happy planet index and determining factors that had impacts on the happy planet index.

First, general teachers’ average happy planet index was the highest 6.83 points and nurse teachers’ average happy planet index was 6.71 points and clinical nurses’ average happy planet index was 5.70 points.

Second, the result that analyzed correlation of happiness index factors in this study showed that correlation between the happiness index and housing possession was .758(p<.01) and the more work experience increased, the more high the happiness index was.

Third, the result from multiple regression analysis to analyze factors that had impacts on happiness showed that the variable showing significant correlation diagram was age, -.007 and affected happiness significantly.

It is thought that if studies in factors that have impacts on the happiness index such as work environment and characteristic as well as clinical nurses’ personal factors are tried based on these study results in the future, studies with a high level of reliability and validity is carried out.

Ethical Clearance: Not required

Source of Funding: Self

Conflict of Interest: Nil

References

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