

Influencing Factors on Happiness of Nurses in General Hospitals

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Abstract

Background/Objectives: This study was conducted to verify the effects of quality of life and stress on the happiness of nurses in general hospitals.

Methods/Statistical analysis: The participants were 173 general hospital nurses. Data were collected from November 1 to 15, 2018, and analyzed using SPSS 25.0 program. The significance level was set at .05.

Findings: The results showed a significant difference in happiness ($p < .05$) depending on the general characteristics of age, marital status, number of beds of the hospital, number of nurses of the hospital, job satisfaction level, colleague relationship satisfaction level, employment status, and subjective health. Further, stress and happiness displayed a significant negative correlation ($r = -.27$, $p < .001$). Job satisfaction level and subjective health were identified as significant influencing factors on happiness.

Improvements/Applications: The implementation of a happiness promotion program that considers the influencing factors is needed to promote the happiness of nurses in general hospitals.

Keywords: Nurse, Happiness, Stress, Quality of life, Influencing factors

Introduction

Every human being seeks happiness. Although people now live in an era of material prosperity, their interest in the pursuit of a happy life is only growing. Happiness is defined by subjective emotions toward and evaluation of one's overall life^[1]. In positive psychology, it is defined as a fun, actively engaging, and meaningful life^[2]. The Republic of Korea (hereafter, Korea) ranks among the lowest, at 29th, among 35 member countries of the Organization for Economic Cooperation and Development in terms of the Happiness Index; other indices, such as environmental quality, health condition, and social connections, are evaluated to be low as well^[3].

Measuring the Happiness Index of nurses at the nursing site in general hospitals is important. As happiness reduces stress and is a factor with a positive

effect on one's environment, happiness at the workplace is critical^[1]. Most importantly, nursing involves the provision of a sense of reliability and stability to patients and emotional interaction with

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them, so nurses' happiness is directly related to the happiness of patients^[4]. Although nursing is a stable profession that supports people in need and contributes to society, working as a nurse in a clinical environment is considered a difficult job. Therefore, in reality, many nurses in general hospitals prefer other clinical workplaces with better working conditions^[5].

Nurses in general hospitals tend to experience decreasing quality of life deriving from an irregular life style owing to shift work; they undergo much stress. Meanwhile, happiness and joy at the workplace are emphasized as factors that lower the intention of leaving the job for nurses^[6]. If nurses in general hospitals can lead a happy work life, their stress in the work

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environment can be reduced, which, in turn, will allow them to perform their duty, ultimately improving the quality of nursing.

Studies have been conducted on happiness in clinical nurses. Kim^[7] reported that self-respect and work engagement show a positive correlation, whereas depression shows a negative correlation. Nam et al.^[8] showed that higher sense of calling and autonomy and a lower degree of turnover relate to happiness. In Ju et al.^[4], a positive correlation was found with the nursing work environment and a negative correlation with emotional labor. Park^[9] identified a negative correlation with stress and physical symptoms. The happiness of nurses has mostly been associated with variables linked to the nursing work environment. Despite the fact that happiness is an important component for improving quality of life^[10], studies on the relation between happiness and quality of life are few, as are those on the relation between stress and happiness.

In this context, this study aimed to verify the effects of quality of life and stress on the happiness of nurses in general hospitals and to identify relevant factors for their happiness. It is expected that the results can provide useful base data for the promotion of happiness in nurses in general hospitals and clinical environments.

Method

This descriptive correlative study was conducted to verify the effects of quality of life and stress on the happiness of nurses.

The participants of this study were 173 nurses who understood the purpose of the study and voluntarily gave consent to participate in the study. The number of participants was estimated using G*Power ver. 3.1.9.2. Based on a multiple regressive analysis with medium effect size .15, significance level .05, statistical power .95, and 10 variables, the required minimum sample size was 172 nurses.

For the measurement of happiness, the Subjective Happiness Scale developed by Lyubomirsky and Lepper^[11] was used. The tool consists of four questions based on a seven-point Likert scale; higher points indicate greater subjective happiness. Cronbach's α was .78 in this study.

For the measurement of stress, the simplified work stress measurement tool developed by Jang et al.^[12] was

used. The tool consists of 24 questions in total based on a four-point Likert scale; higher points indicate higher work stress. Cronbach's α at the time the tool was developed was .79 and was .80 in this study.

For the measurement of quality of life, the official Korean version of the Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Version 5, developed by Stamm^[13], was used. The tool has 30 questions based on a five-point Likert scale, with 10 items under empathy and satisfaction in a positive section and 20 items under empathy and fatigue in a negative section. Higher points indicate higher empathy and satisfaction, and vice versa. Cronbach's α was .75–.88 at the time the tool was developed, and was .70–.88 in this study.

The survey was conducted from November 1 to 15, 2018. The study purpose, process, participant anonymity, and confidentiality were explained to the participants. The research team pledged to the participants that the collected data would be used only for the study purposes of the study and that they could be withdrawn at any point without any consequence to the participants.

The collected data were analyzed using IBM SPSS 25.0. The analysis proceeded as follows:

- 1) The general characteristics of participants were analyzed based on frequency, percentage, average, and standard deviation.
- 2) Differences in the level of happiness in accordance with the general characteristics were analyzed through a t-test or ANOVA, and a post hoc analysis was conducted by a Scheffe's test.
- 3) Correlations between happiness, stress, and quality of life were studied using Pearson's correlation coefficients.
- 4) A hierarchical multiple regression analysis was conducted on the factors influencing participants' happiness.

Results

1. Differences in happiness according to the general characteristics of participants

As shown in Table 1, the participants were, on average, 31.18 years old, female, and single. In terms of religion, 123 participants (71.1%) were non-religious,

accounting for the highest number. The number of beds of the hospitals where they work was 37.16 on average, with most under 30. The number of nurses of the hospitals where they work was 13.39 on average, with most between 10 and 18. The duration of clinical experience was 87.39 months on average. A total of 103 participants (59.5%) had no experience of turnover, accounting for the highest number. The highest number of responses in terms of work satisfaction was “average,” “satisfactory” for colleague satisfaction, and “average” for subjective health (94 people, 54.3%).

The difference in the level of happiness in relation to age indicated that participants aged 40 years or older had the highest happiness index, and more so when married than when single. Further, the happiness index was higher for the participants working in a hospital with a lower number of beds and nurses, and with higher work and colleague satisfaction. In addition, participants who perceived their health condition to be subjectively healthy showed a higher happiness index ($p < .05$). No significant difference was found in other characteristics.

2. Correlation of happiness, stress, and quality of life

Table 1: General Characteristics and Differences in Happiness According to the General Characteristics of Participants (n = 173)

Characteristics	Categories	n(%)	M(SD)	Happiness	
				M±SD	t/F(p)/Scheffe's
Age (years)	≤ 29	86(49.7)	31.18(7.53)	17.04(6.54)	6.87(.001)
	30–39	50(28.9)		18.63(3.49)	
	≥ 40	37(21.4)		19.36(3.12)	
Sex	Male	16(9.2)		18.43(3.63)	0.53(.593)
	Female	157(90.8)		17.93(3.55)	
Marital status	Married	57(32.9)		19.25(3.27)	-3.31(.001)
	Others	116(67.1)		17.37(3.54)	
Religion	No	123(71.1)		17.66(3.49)	-1.80(.073)
	Yes	50(28.9)		18.74(3.63)	
Number of beds	≤ 30	90(52.0)	37.16(23.96)	18.60(3.39)	3.27(.040)
	31–58	46(26.6)		17.58(3.93)	
	≥ 59	37(21.4)		16.94(3.19)	

As shown in Table 2, happiness had a significant negative correlation with stress ($r = -.27$, $p < .001$).

3. Influencing factors of happiness

To verify the explanatory power of influencing factors on happiness, happiness was set as a dependent variable, whereas the variables that showed difference among the general characteristics, such as age, marital status, number of beds and nurses, work satisfaction, colleague satisfaction, work pattern, and subjective health, were set as the primary independent variables. Quality of life and stress were set as the secondary independent variables to conduct a multiple regression analysis. The results of validation of the regressive formula showed that the Durbin–Watson statistic level was 1.86, indicating no issue in auto-correlation. The tolerance limits were .509–.951 and .505–.950, all above 0.1. The levels of variance inflation factors were 1.052–1.965 and 1.053–1.982, all at 10 or below, indicating no issue in multicollinearity.

As shown in Table 3, work satisfaction and subjective

Cont... Table 1: General Characteristics and Differences in Happiness According to the General Characteristics of Participants (n = 173)

Number of nurses	≤ 9	21(12.1)	13.39(5.95)	19.04(2.67)	3.18(.044)
	10–18	102(59.0)		17.42(3.50)	
	≥ 19	50(28.9)		18.67(3.83)	
Clinical experience (months)	≤ 24	45(26.0)	87.39(80.29)	17.15(2.78)	2.33(.076)
	25–60	49(28.3)		18.06(4.10)	
	61–120	31(17.9)		17.51(3.90)	
	≥ 121	48(27.7)		19.0(3.21)	
Turnover experience	No	103(59.5)		17.84(3.43)	-0.62(.535)
	Yes	70(40.5)		18.19(3.75)	
Work satisfaction	Satisfied	67(38.7)		19.46(2.96)	12.28(<.001)
	Average	84(48.6)		17.31(3.39)	
	Dissatisfied	229(12.7)		15.90(4.20)	
Colleague satisfaction	Satisfied	107(61.8)		18.63(3.28)	5.13(.007)
	Average	58(33.5)		16.82(3.81)	
	Dissatisfied	8(4.6)		17.37(3.46)	
Work pattern	3-shift	92(53.2)		17.31(3.87)	3.32(.021)
	2-shift	20(11.6)		18.75(3.65)	
	Full time	34(19.70)		19.42(2.64)	
	Others	27(15.6)		17.92(2.75)	
Subjective health	Good	38(22.0)		19.92(3.05)	11.20(<.001)
	Average	94(54.3)		17.90(3.45)	
	Poor	41(23.7)		16.32(3.42)	

Table 2. Correlations of Variables

(n = 173)

Variables	Happiness r(p)	Stress r(p)	Quality of life r(p)
Happiness	1		
Stress	-.27(<.001)	1	
Quality of life	-.01(.843)	.09(.207)	1

health were significant influencing factors in the primary analysis, with an explanatory power of 23.8% ($F = 9.15$, $p < .001$). In the second analysis, subjective health was found to be a significant influencing factor, with an explanatory power of 24.6% ($F = 7.55$, $p < .001$).

Table 3: Influencing Factors of Happiness (n = 173)

Variables		B	SE	β	t	p
1	Work satisfaction	-0.795	.329	-.169	-2.41	.016
	Subjective health status	-1.148	.337	-.215	-3.40	.001
Adj.R ² = .238, F(p) = 9.15(<.001)						
2	Subjective health status	-1.038	.346	-.194	-3.9	.003
Adj.R ² = .246, F(p) = 7.55(<.001)						

Discussion

This study was conducted to investigate the effects of stress and quality of life on the happiness of nurses. In terms of the general characteristics of the participants, the happiness index was the highest among those aged 40 years or above, and married were happier than unmarried participants. These findings support earlier reports on nurses stating that job satisfaction level as a nurse^[14] and happiness index^[4] are higher as nurses grow older. These also support the fact that nurses tend to find greater happiness in their 40s than in their 20s by helping others^[15]. In terms of employment status, full-time workers had a higher happiness index compared with two- and three-shift workers. This result supports the result of preceding studies^[4,8] that full-time workers are more satisfied than part-time workers and that nurses are less satisfied with their job owing to stress from a three-shift routine. These results show the need for the development of a full-time employment system and environmental support for nurses to accumulate long-term clinical experience, ultimately to promote happiness in nurses.

In this study, the happiness index was high in participants working at hospitals with a higher number of beds and those with higher work satisfaction and higher colleague satisfaction. In addition, we found a statistically significant negative correlation between happiness and stress. Therefore, the reasons for the high happiness index in the abovementioned participants can be understood from this study and previous research results^[10,16] that showed a negative correlation between work stress and happiness. Moreover, a previous study^[4] showed that an increase in happiness occurs when nurses perceive their work environment in a positive way. In other words, if the number of beds, work satisfaction,

and colleague satisfaction are high, the nurse recognizes the working environment as positive and experiences a decrease in stress, which leads to greater happiness.

In this study, work satisfaction and subjective health accounted for 23.8% of happiness. Work satisfaction is an influencing factor according to previous studies that showed that happiness increases when a nurse perceives their work environment positively^[4] and that a high level of autonomy, which affects work satisfaction, promotes happiness^[8]. Considering the earlier results^[17] that the happiness of people working in nursing colleges is affected by organizational factors, such as professional advancement, job characteristics, work environment, and welfare, rather than personal factors, happiness is particularly important for the nursing profession. Therefore, work satisfaction through improving the work environment needs to be considered as a priority in promoting the happiness of nurses.

In this study, the happiness index was high among those who perceived themselves to be subjectively healthy; subjective health alone accounted for 24.6% of happiness. This result supports a previous finding^[18] that awareness of health has a statistically significant positive correlation with happiness. Therefore, improvement in subjective health is highly important in promoting the happiness of nurses.

Conclusion

This study was conducted to verify the effects of quality of life and stress factors on the happiness of nurses in general hospitals and thereby provide basic data for the development of a detailed interventional program designed to promote the happiness of general hospital nurses.

Happiness is the ultimate goal of every human being; all strive to lead a happier life. Happiness is also characterized by its contagious nature, where one human being's happiness is spread to others. The happiness of nurses can trigger positive emotions in patients and can be effective in the treatment of the latter. Therefore, there is a need to invest much effort in promoting the happiness of nurses.

This work recommends a follow up study on various influencing factors on the happiness of nurses. We also suggest the development and application of a happiness promotion program to which such factors are applied.

Ethical Clearance: Not required

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Conflict of Interest: Nil

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