New Trends and Issues Proceedings on Advances in Pure and Applied Sciences

Issue 10, (2018) 62-68

www.propaas.eu
ISSN: 2547-880X

Selected Paper of 2nd International Congress of Nursing
(ICON-2018) 13–15 April 2018 Marmara University, Faculty of Health Sciences
Department of Nursing–Istanbul, Turkey

Happiness levels of the nurses working at a University Hospital

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Suggested Citation:
Kose, B. G., Balik, T., Kurt, S. & Ozturk, H. (2018). Happiness levels of the nurses working at a University Hospital. *New Trends and Issues Proceedings on Advances in Pure and Applied Sciences*. [Online]. 10, 62–68. Available from: www.propaas.eu

Selection and peer review under responsibility of Prof. Dr. Nesrin Nural, *Kardeniz Technical University*, Turkey.
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Abstract

This study was planned to determine the happiness level of nurses. The population of this descriptive study was done with 121 nurses who accepted to participate in the study out of 323 nurses who worked at a research and training hospital. The average happiness score of the nurses is 108.63 ± 19.48. However, the mean scores of happiness scale of nurses who had an average working time of 120–180 hours per month and who were satisfied with nursing and working in the institution were higher ($p < 0.005$) and these findings were statistically significant. In conclusion, nurses' happiness level was found to be higher than the average level (moderate level). But, it was identified that nurses who did not exceed weekly working hours were happier and nursing not being satisfied with working in the institutional negatively affects the level of happiness.

Keywords: Hospital, nurse, happiness.

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1. Introduction

Happiness is a psychological course that one struggles to achieve (Buyuksahin Cevik & Yildiz, 2016; Iskenderoglu, 2005). Turkish Language Association defines happiness as 'a state of cheer, prosperity, wellbeing and bliss felt as a result of achieving longings completely and continuously' (TDK, 2016). Besides, happiness can also be defined as positive thinking, psychological comfort and inner peace (Eleren & Sadykova, 2016). Happiness plays a positive role in preventing psychological disorders, interpersonal relations, increasing in self-confidence, problem-solving, effective use of stress coping methods, holistic thinking and improvement of creative skills; which results from the fact that happiness includes physical, mental, emotional and social wellbeing (Buyuksahin Cevik & Yildiz, 2016; Unuvar, Calisandemir, Tagay & Amini, 2015; Temiz, 2015). Happiness may significantly affect behaviours and actions expected from employees. Therefore, happiness should closely be watched due to desired organisation-related outputs and expectations to be realised (Ozkara, 2015). In this sense, happiness is important for nurses, who make up the largest group in health organisations or healthcare workers.

When studies that focused on happiness in nursing were investigated, Abdollahi, Abu Talib, Yaacob and Ismail (2014) stated that individual attitudes of nurses, realising a stressful profession, influence the correlation between stress and happiness and suggested that individual attitudes of nurses play a role in happiness levels by acting like a stress reducing or increasing mechanism. Chou, Hecker and Martin (2012) argued that experiences required by the profession may lead to burnout. In another study, it was concluded that work-environment and work demand shape emotions (Chamberlain, Hoben, Squires & Estabrooks, 2016; Kaplan et al., 2010) because job pleasure in nurses increases happiness felt, thanks to assessing work and work-environment (Arcak & Kasimoglu, 2006). In case of a decrease in or depletion of happiness, which is also described as job satisfaction; professional disagreements, quitting work, job dissatisfaction or burnout may occur; which may reduce satisfaction of patients to whom nurses provide care by raising hospital costs (McHugh, Kutney-Lee, Cimiotti, Sloane & Aiken, 2011). Difficult work conditions may also cause lowered motivation and job dissatisfaction among nurses by influencing happiness feelings negatively among nurses. Therefore; this current study was undertaken in order to determine the happiness levels of nurses who were employed at a training and research hospital.

2. Method

2.1. Sampling

The population of this descriptive study consisted of 323 nurses who worked at a training and research hospital. Whole population was targeted but the study was done with 211 nurses who were not off duty and accepted to answer questions in the survey forms.

2.2. Data collection tools

Information Request Form: The form was designed by researchers after a literature review and included 13 socio-demographic questions about nurses' age, sex, marital status, number of children, educational status, clinical unit where nurses were employed, length of professional experience (in years), position, monthly average working-hours, type of working, monthly total family income and family type.

Oxford Happiness Questionnaire (OHQ): It was developed by Hills and Argyle (2002) and adapted into the Turkish Language by Dogan and Sapmaz (2012). The questionnaire, having one dimension, measures one's happiness level with 29 statements under 6-point Likert format (1—absolutely disagree and 6—absolutely agree). Although the questionnaire does not have a cut-off point, as scores increase so do happiness levels. In the study of Dogan, the internal consistency coefficient of the questionnaire was found as 0.91 (Dogan & Sapmaz, 2012). In the current study, Cronbach Alpha

coefficient of the questionnaire is 0.72. Data collection tools were distributed to and collected from nurses between 15 March 2017 and the 14 April 2017 by paying attention to nurses' voluntariness. The study was limited to opinions of nurses who worked at a research and training hospital.

2.3. Ethical suitability and approvals

Ethics committee approval to undertake this study was gained from the Ethics Committee of Clinical Studies of Recep Tayyip Erdogan University Medicine Faculty with the decision dated 13 January 2017 and the study was approved by the Directorate of Public Hospitals Unions, Rize Province with the decision dated 09 February 2017. Besides, to use the questionnaire, necessary permissions from the authors of the questionnaire were also obtained on 02 December 2016.

2.4. Data analyses

For the data analyses; frequencies and percentages were employed in order to explore nurses' socio-demographic characteristics whereas to compare nurses' demographic characteristics and total and sub-dimension scores, Kruskal–Wallis, Mann–Whitney U, ANOVA and *t*-test were used.

3. Findings

71% of the nurses were aged between 20 and 35 years, 87.2% of them were female, 51.7% of them were married, 50.7% of them had vocational high school graduation/2-year university degrees and 33.2% of them worked at clinical units of internal diseases. 71.6% of them had a professional experience of ≤10 years, 84.8% of them worked at the organisation for ≤10 years. Besides, 88.6% of nurses were employed as service nurses (Table 1).

Table 1. Socio-demographic characteristics of nurses

Demographic variables	*n*	%
Age		
20–35 years	150	71.1
≥36 years	61	28.9
Sex		
Female	184	87.2
Male	26	12.3
Marital status		
Married	109	51.7
Single	102	48.3
Number of children		
No	119	56.4
Yes	92	43.6
Educational status		
Vocational Health High School/2 year university degree	107	50.7
Undergraduate/Postgraduate degrees	104	49.3
Clinical Unit where nurses were employed		
Internal	70	33.2
Surgery	45	21.3
ICU	41	19.4
Polyclinics	29	13.7
Emergency-operation room-delivery room	26	12.3
Length of professional experience		
≤10 years	151	71.6
≥11 years	60	28.4

Length of professional experience at the organisation		
≤10 years	179	84.8
≥11 years	32	15.2
Position		
Nurse manager	24	11.4
Service nurse	187	88.6
Monthly working hours		
120–180 hours	100	47.4
≥181 hours	111	52.6
Type of work		
Day shift and night shift	68	32.2
Night shift	98	46.4
Only day shift	45	21.3
Monthly income		
0–3,000	80	37.9
3,001–5,900	83	39.4
≥6,000	48	22.7
Family type		
Nuclear family	138	65.4
Extended family	18	8.5
Alone	34	16.1
With a friend	21	10.0
Are you pleased with nursing?		
Yes	134	63.5
No	77	36.5
Are you pleased with the organisation?		
Yes	99	46.9
No	112	53.1

Nurses' average OHQ score was 108.6 ± 19.48 (Table 2).

Table 2. Average OHQ scores of nurses

General happiness level	*n*	Min.	Max.	Average	SD
Nurses	211	39.0	189.0	108.6	19.48

The difference between nurses' monthly working hours and average OHQ scores was found statistically to be significant (t = 3.328, p = 0.001 < 0.005). According to this difference, total OHQ score of nurses whose monthly working hours ranged between 120 and 180 hours was higher than those whose monthly working hours were ≥181 hours (Table 3).

Table 3. Comparison of nurses' satisfaction status in terms of some variables and OHQ scores

Satisfaction level	*n*	%	Average	SD	*t*/*F* test *p* value
Are you pleased with nursing?					
Yes	134	63.5	112.80	18.48	t = 4.653
No	77	36.5	101.03	17.20	P = 0.000
Are you pleased with working at your organisation?					
Yes	98	46.4	116.24	17.72	t = 5.988
No	113	53.6	101.81	17.24	P = 0.000

Average working hour per month					
120–180 hours	103	48.8	112.83	18.68	$t = 3.328$
≥181 hours	108	51.2	104.38	18.17	$P = 0.0$

It was identified that there was the statistically significant difference between nurses' satisfaction status of the nursing profession and OHQ total scores ($t = 4.653$, $p = 0.000 < 0.05$). In other words, nurses who were pleased with the nursing profession demonstrated higher scores in OHQ than those who were not pleased with the nursing profession (Table 3).

Moreover, a statistically significant difference was found between nurses' satisfaction status of their organisations and OHQ total scores ($t = 5.988$, $p = 0.000 < 0.05$). Nurses who were satisfied with the organisation had higher OHQ total score than those who were not satisfied with the organisation (Table 3).

On the other hand; no statistically significant difference existed between nurses' OHQ total scores and age, sex, marital status, number of children, educational status, the clinical unit where nurses were employed, professional experience (in years), length of employment at the organisation, position, monthly income and family type ($p > 0.005$).

4. Discussion

Happiness among nurses is an experience that helps them continue the nursing profession by increasing their job satisfaction. To explore how nurses' happiness levels will lower the number of the problems and difficulties experienced by these health workers through necessary interventions that will increase their happiness level because in the nursing profession, problems may occur due to such problems as difficult working-condition, working by shifts, irregular sleep, role conflicts, lacking access to tools and devices and excessive workload and these may result in tension among nurses (Altay, Gonener & Demirkiran, 2010; Lee & Suh, 2014), as a result of which their happiness level decreases.

In this sense; in this study in which nurses' happiness levels were targeted at, more than half of the nurses who were aged 20–35 years, were female, had ≤10 professional and organisational experience, were employed at internal departments and nearly half of whom worked day/night shift worked ≥181 hours per monthly and were pleased and satisfied with nursing profession. However; more than half of these nurses were not satisfied with working at their organisation. Yet, as far as nurses' happiness levels were concerned, it was identified that nurses were happy at a moderate level. Similar to our study findings, a study done in China detected nurses' happiness levels at the moderate level (Meng, Luo, Liu, Hu & Yu, 2015). In the study of Karakus, it was reported that only 42% of the nurses were not pleased with the nursing profession but the majority of them were happy with the nursing profession (Karakus, 2011). In another study, similar to our study findings, 64.7% of nurses did their job happily (Taskin Yilmaz, Tiryaki Sen & Demirkaya, 2014). On the other hand, it was identified that most of the nursing students preferred to be a nurse because they loved the nursing profession and helping (Koc & Saglam, 2009). Considering the fact that happiness is a mental orientation, it may be argued that happiness is effective upon increasing employee motivation (Ozgun, Yasarturk, Ayhan & Bozkus, 2017) and enhancing quality of care (Doganli & Demirci, 2014). Therefore, the happier the nurses, the more energetic and productive they will be; which are the outcomes of job satisfaction and effects of happiness and thus the high level of work commitment and engagement may be achieved. The fact that nurses who were pleased with working at the organisation were happier and supports the above-mentioned conclusion.

In the study, it was noted that high monthly working hours affected nurses' happiness levels negatively. Nurses who worked for 120–180 hours per month were happier than those who worked for ≥181 hours per month. Likewise, in the study of Kocasli et al., it was identified that half of the nurses told that their reason to leave the organisation was excessive overwork and the high number of night shifts (Kocasli, Aktas & Avci, 2017).

Depending on these results, it may be suggested that the correct working hours affected nurses' happiness positively or prevented them from being unhappy. Similarly, in the study of Leinweber, it was found that working hours influenced nurses' dissatisfaction with the work environment and intention to quit the job (Leineweber et al., 2016). In another study, it was found that more than one-fourth of nurses thought of quitting nursing profession due to individual and organisational reasons (Flinkman, Laine, Leino-Kilpi, Hasselhorn & Salantera, 2006). However, working conditions that meet nurses' expectations will end up with the elevated quality of work-life among nurses and elevated patient satisfaction (Ozturk, Gulec, Guneri, Sevil & Gurmen, 2013).

5. Result

Among nurses who were employed at public hospitals in Rize Province, those who had professional experience of ≤10 years, graduated from vocational health high schools/2-year universities and had happiness at moderate level worked ≥180 hours and they were not satisfied with working at the organisation. Moreover, excessive working hours and dissatisfaction with organisation affected their happiness levels negatively. Therefore, interventions to assess these factors that affect nurses' happiness levels negatively and necessary corrective modifications are required in terms of happiness for nursing work power. Besides, it may be recommended to other researchers that relevant and prospective studies be done by covering and comparing more than one organisation because the current study was undertaken in only one hospital. In order to assess students individually and to explore whether or not they really will love the nursing profession; as a precondition of university education, students are recommended to make observations for 6 months at a hospital.

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