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A Study To Assess The Level Of Happiness Among Nursing Officers Working In Jipmer Hospital

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Abstract:

A descriptive cross sectional study was conducted among single group nursing officers working in JIPMER hospital, Puducherry in morning and general shift. The result was calculated using expected proportion level of happiness from previous study which showed 28.9% of nurses having very good level of happiness. The sample size estimated using 10% precision, 5% significance level and sample size is 274, rounded of to 275. The sampling technique used was simple random sampling. The data was collected by using Oxford happiness scale questionnaire and association with demographic variables was done like- age, gender, education, years of experience, occupation, family income, marital status, and type of family. Overall it took around 15-20 minutes only. After one week, same nursing officers were asked to assemble in a common place at the same time. The same questionnaire was given to them to assess the reliability of the tool – by test and re-test method. Descriptive statistics, mean, standard deviation and t test were used to statistically analyze the data. Mean value of happiness was 66 +_ 0.365, there was no significant correlation between happiness and socio demographic variables like- age (P=0.84), gender (P=0.26), occupation (P=0.60), education (P=0.61). However there was a significant relationship between years of experience and happiness level (P=0.047)

Keywords: 1. Assess 2. happiness level 3. JIPMER nursing officer.

Introduction: Happiness is the most basic human issue and the most central stimulus for human response¹. Happiness is not the opposite of depression or lack of it², rather lack of depression is needed condition to reach happiness³. It is an emotional or affective state that is characterized by feelings of enjoyment and satisfaction which is often equated with morale, contentment, well being, life satisfaction, successful aging, life quality, and the good life.⁴

Happiness causes environmental stability and reduces tension and, on the other hand, has a significant impact on staff morale⁵.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 rates 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. Positive self concept, physical-mental health, emotional health, increased future hope, favorable attitude towards self and others, promoting social relationships and other happiness benefits.^{6,7}

Rationale:

The 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 Being happy is one of the factors contributing to economic, cultural, social^{5,6} and political development leading to good performance and increased production.⁷

Novelty:

Very few studies have been done among nurses in India. The study has not been conducted among nursing officers in JIPMER hospital. This study is an attempt to assess the level of happiness among nursing officers working in JIPMER.

Expected outcome and application:

Most of the nurses working in emergency department, Intensive care unit and emergency department are less happy compared to nurses working in other areas. This study would help to assess the happiness level among nursing officers in JIPMER towards their working fields.

Research questions:

- 1. What is the level of happiness among nursing officers working in JIPMER?
- ^{2.} What is the association between the levels of happiness with selected demographic variables?

Aim and objectives:

- **Primary objective-** To assess the level of happiness among nursing officers working in JIPMER.
- **Secondary objective-** To check the reliability of happiness tool among nursing officers.

Review of literature:

Khosrojerdi z et al conducted a cross sectional study to assess happiness and its predictors among a group of 620 nurses by using oxford happiness inventory scale. The study concluded that nurses working in teaching hospital have moderate happiness which was affected by salary, life quality, current hospital ward, length of working hours, work shift, age, job satisfaction and satisfaction with physician conduct and performance.⁸

Rahighee F et al did a cross sectional study on nurses happiness. On 73 nurses by using Fordyce happiness scale used to gather data. The study revealed that there was significance relationship between happiness and work places.⁹

Meng R et al did study on nurses well being index and factors influencing this index among 206. The study revealed that the positive emotions had the greatest impact on happiness index. 10

Baruch et al conducted study on staff happiness and work satisfaction in tertitary psychiatric centre out of 450 staff (46%) 290 staff was satisfaction with life scale. Also found that the highest level of happiness were reported by psychologists and social worker followed by administrative staff, the psychiatrists the nursing staff.¹¹

Jun W.H et al conducted study to identify factors affecting happiness among student nurses. A cross sectional study data were collected from 241 nursing students. Self administered questionnaire used to

identify the happiness predictors. The study concluded that disposition and support from intimate people significantly predict happiness among nursing students.¹²

Hwang E1 conducted cross sectional study on Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness: among 226 participants the study concluded that development of personal health improvement programs for nurses' happiness should be required and hospitals need to be stably operated and managed to ensure organizational safety and the nurse managers should encourage the nurses to carry out their tasks with autonomy.¹³

Hahn B1 et al conducted study about Dimensions of Luck and Happiness in Psychiatric Nursing. The method used in this study Personal factors; work characteristics and work environment were included and combined with case studies from a local hospital. The study found that Fortune and happiness are important factors for nursing situations and outcomes of care.¹⁴

Rahighee F et al. conducted study on Effect of life skills education on nurses' happiness. A total of 32 volunteer nurses participates this study revealed that life skills education could significantly increase nurses' happiness and suggested that it can be used as a beneficial intervention. ¹⁵

Methodology:

- A. Study design: Descriptive cross sectional study
- B. Study participants (human only):
 - ❖ Inclusion criteria- Only Nursing officers working in JIPMER.
 - **Exclusion criteria-** Nil.
 - **❖ Number of groups to be studied, identify groups with definition:** Single group.
- C. Sampling
- Sampling population: Nursing officers of JIPMER hospital.
- ❖ Sample size calculation: Calculated using expected proportion level of happiness from previous study which showed 28.9% of nurses having very good level of happiness. The sample size estimated using 10% precision, 5% significance level and sample size is 274. It was rounded off to 275.
- **Sampling technique**: Simple random sampling.

Study procedure:

The study was conducted among nursing officers in JIPMER, Puducherry. The subjects who meet the inclusion criteria were included. The total number of nursing officers working in JIPMER hospital is 523. Out of 523, the estimated sample size is 275. These 275 nursing officers who worked in morning shift and general shift were identified. The study detail was clearly explained to them and consent was taken. All the participants were informed to assemble in common place in same time at the end of the shift when they were free around 3:30 pm. The data was collected by using Oxford happiness scale questionnaire and association with demographic variables was done. It took around 15-20 minutes only.

After one week, same nursing officers were asked to assemble in a common place at the same time. The same questionnaire was given to them to assess the reliability of the tool – by test and re-test method.

Data collection methods including study settings and periodicity:

- Data collection method : Questionnaire method
- Setting: JIPMER hospital, Puducherry.
- ❖ Periodicity: The investigator meets the participants only 15-20 minutes.

List of variables and their measurement methods with standardization techniques: Independent variables: Socio demographical variable

- Age - Gender

-Education - Years of experience

-Occupation - Family income

-Marital status - Type of family

Outcome variables - Assess the happiness level among nursing officers

Confounding and interacting variables - Nil

Variable wise statistical tests to be used for data analysis:

- The distribution of categorical variables like age, education, occupation, type of family, marital status and continuous variables as income and years of experience will be expressed as frequency with percentage.
- Chi square test will be done to find the association between the variables.

Risks and benefits of the study:

Minimal risk is involved because only questionnaires were used.

Results:

Descriptive statistics, mean, standard deviation and t test were used to statistically analyse the data. Mean value of happiness was 66+_ 0.365, there was no significant correlation between happiness and socio demographic variables like- age (P=0.84), gender (P=0.26), occupation (P=0.60), education(P=0.61). However there was a significant relationship between years of experience and happiness level (P=0.047)

U	*		1.1	1//
STATISTIC	PERCENTAGE	N		
,				
t=1/17		61		Gender
	16.4	12	Male	
t=0/921	15.1	11	Single	Marital status
	84.9	62	Married	
R=0/019	37	27	20-29	Age
	37	27	30-39	
	26	19	40-49	
t=-o/478	94.5	69	Bachelor	
				Education
	5	4	m.sc	
R=0/051	31.5	23	5- Jan	Occupation
	23.3	17	10- Jun	
	24.7	18	15- Nov	
	16.4	12	16-20	
	4.1	3	20>	
t=-2/048	30.1	22	<5 yrs	Years of
				experience
	t=1/17 t=0/921 R=0/019 t=-0/478 R=0/051	t=1/17 83.6 16.4 t=0/921 15.1 84.9 R=0/019 37 37 26 t=-0/478 94.5 R=0/051 31.5 23.3 24.7 16.4 4.1	t=1/17 83.6 61 16.4 12 t=0/921 15.1 11 84.9 62 R=0/019 37 27 37 27 26 19 t=-0/478 94.5 69 5 4 R=0/051 31.5 23 23.3 17 24.7 18 16.4 12 4.1 3	STATISTIC PERCENTAGE N t=1/17 83.6 61 Female 16.4 12 Male t=0/921 15.1 11 Single R=0/019 37 27 20-29 37 27 30-39 26 19 40-49 t=-0/478 94.5 69 Bachelor R=0/051 31.5 23 5- Jan 23.3 17 10- Jun 24.7 18 15- Nov 16.4 12 16-20 4.1 3 20>

		69.9	51	>5 yrs	
0.094	t=1/699	13.7	10	Yes	Family income, type of family
		86.3	63	No	type or ranning

Table - demographic data distribution

The used questionnaire tool- the oxford happiness questionnaire:

The Oxford Happiness Questionnaire was developed by psychologists Michael Argyle and Peter Hills at Oxford University.

Instructions below are a number of statements about happiness. Please indicate how much you agree or disagree with each by entering a number in the blank after each statement, ac cording to the following scale:

1 = strongly disagree, 2 = moderately disagree,

3 = slightly disagree, 4 = slightly agree,

5 =moderately agree, 6 =strongly agree.

Please read the statements carefully, some of the questions are phrased positively and others negatively. D on't take too long over individual questions; there are no "right" or "wrong" answers (and no trick questions). The first answer that comes into your head is probably the right one for you. If you find some of the q uestions difficult, please give the answer that is true for you in general or for most of the time.

The Questionnaire:

- 1. I don't feel particularly pleased with the way I am. (R)
- 2. I am intensely interested in other people.
- 3. I feel that life is very rewarding.
- 4. I have very warm feelings towards almost everyone.
- 5. I rarely wake up feeling rested. (R)
- 6. I am not particularly optimistic about the future. (R)
- 7. I find most things amusing.
- 8. I am always committed and involved.
- 9. Life is good.
- 10. I do not think that the world is a good place. (R)
- 11. I laugh a lot.
- 12. I am well satisfied about everything in my life.
- 13. I don't think I look attractive. (R)
- 14. There is a gap between what I would like to do and what I have done. (R)
- 15. I am very happy.
- 16. I find beauty in some things.
- 17. I always have a cheerful effect on others.
- 18. I can fit in (find time for) everything I want to.
- 19. I feel that I am not especially in control of my life. (R)
- 20. I feel able to take anything on.
- 21. I feel fully mentally alert.
- 22. I often experience joy and elation.
- 23. I don't find it easy to make decisions. (R)
- 24. I don't have a particular sense of meaning and purpose in my life. (R)
- 25. I feel I have a great deal of energy.
- 26. I usually have a good influence on events.
- 27. I don't have fun with other people. (R)
- 28. I don't feel particularly healthy. (R)

29. I don't have particularly happy memories of the past. (R)

Calculate your score

Step1. Items marked (R) should be scored in reverse:

For example, if you gave yourself a "1," cross it out and change it to a "6." Change "2" to a "5" Change "3" to a "4" Change "4" to a "3" Change "5" to a "2" Change "6" to a "1"

Step2. Add the numbers for all 29 questions. (Use the converted numbers for the 12 items that are reverse scored.)

Step3. Divide by 29. So your happiness score = the total (from step 2) divided by 29.

Your Happiness Score:

Interpreting the score, by Stephen Wright

- 1-2: Not happy. If you answered honestly and got a very low score, you're probably seeing yourself and you r situation as worse than it really is. I recommend taking the Depression Symptoms test (CES-D Question naire) at the University of Pennsylvania's "Authentic Happiness" Testing Center. You'll have to register, b ut this is beneficial because there are a lot of good tests there and you can re-take them later and compare your scores.
- 2-3: Somewhat unhappy. Try some of the exercises on this site like the Gratitude Journal and Gratitude lists, or the Gratitude Visit; or take a look at the "Authentic Happiness" site mentioned immedia tely above.
- 3-4: Not particularly happy or unhappy. A score of 3.5 would be an exact numerical average of happy and unhappy responses. Some of the exercises mentioned just above have been tested in scientific s tudies and have been shown to make people lastingly happier.
- 4: Somewhat happy or moderately happy. Satisfied. This is what the average person scores.
- 4-5: Rather happy; pretty happy. Check other score ranges for some of my suggestions.
- 5-6: Very happy. Being happy has more benefits than just feeling good. It's correlated with benefitslike he alth, better marriages, and attaining your goals. Check back I'll be writing a post about this topic soon.
- 6: Too happy. Yes, you read that right. Recent research seems to show that there's an optimal level of happ iness for things like doing well at work or school, or for being healthy, and that being "too happy" may be associated with lower levels of such things.

Conclusion:

Happiness is one of the major human mental needs. In the health care system, nursing is one of the stressful jobs that face many occupational stresses. So in this regard, happiness among the nursing officers and assessing their mental condition amidst all odds they face in their working areas is very essential. According to this study results, generalization of happiness among all nursing officers could not be done. It was noted that there was significant state of happiness among them but was affected by their workplace. So concerned about happiness of personnel and providing proper interventions to alleviate mental health problems among nursing officers should be done by health care providers.

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