

ORIGINAL ARTICLE

Perception of Happiness among Health Care Providers in United Arab Emirates: a Cross Sectional Study

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ABSTRACT

Introduction: Happiness is one of the main pillars of the individual's existence. It entails several aspects and forms based on an individual's outlook; it can be linked to spiritual, physical, mental and psychological domains of the human beings among all age groups. People vary in terms of their perspective of their happiness. It is a source of good outcomes, which contributes to vital social bonds, , broadens people's scope of attention, facilitates the pursuit of important goals and increases psychological comfort

Aim: To evaluate the perception of happiness among health care providers in a selected hospital in Ras Al Khaimah, United Arab Emirates .

Materials and Methods: A descriptive cross-sectional research was carried out among health care providers population using convenience-sampling techniques. Data was collected using Oxford happiness questionnaire online due to the pandemic.

Results: A total of 130 health care providers with Mean ± SD of the participants' age of 36.56 ± 7.9 years with years of experience 12.40 ± 7.39. There was no correlation between happiness score and psychological wellbeing sub scale of health care providers, there was significant relationship between happiness and some socio demographic variables, however there was association between doctors and nurses' happiness level.

Conclusion: There was substantial link between happiness and marital status, age, gender, designation and work experience, it also revealed that happiness of health care providers was majorly " rather happy" that's important to ensure better delivery of quality of care. Important factors of human happiness are good and cordial relations with others, including family and colleagues. The research has given a beneficial thrust in order to do more research on happiness among health care providers in another setting. The study laid credence to UAE initiative of creating happiness ministry for workers in the country, first of its kind globally.

Keywords: Healthcare providers, perceptions, happiness, oxford questionnaire

INTRODUCTION

Background of the study: Happiness is one of the main pillars of the individual's existence. In the field of mental health it is considered as the most important concepts and is characterized as a pleasant feeling and sustainable methodology. Happiness is characterized by positive emotions while concurrently perceiving one's life as meaningful and worthwhile. It includes self and life satisfaction, wellbeing and psychological health that involves interest criteria to every human being. People vary in terms of the perspective of their happiness; some people believe it lies in wealth, while others believe it is mainly about good health. Health is defined as a state of complete social, physical, and mental well-being, rather than simply the absence of disability or disease according to¹. The foremost aim and main concern of each family and community is to secure and improve people's health.

Researches have shown the techniques which highlight that happiness increases well-being and psychological health, broadens people's scope of attention, facilitates the pursuit of important goals and contributes to vital social bonds². Happiness entails aspects and forms based on an individual's outlook; that can be linked to spiritual, physical, mental and psychological domains of the human beings of all age groups. It has different meanings among individuals, and these variations stem from the uniqueness of self. Hence, assessing the term of happiness requires examining the psychological wellbeing

of the people themselves. The psychological health or wellbeing lies in being relaxed and in balance in terms of body, mind- feelings and cognition.

Regarding the relationship between happiness and psychological health status; the chances of developing mental illness can be increased if the 3 elements of mental health are changed. Emotional wellbeing is the 1st element of mental health which includes happiness, satisfaction and interest. Psychological well-being is the 2nd element. It comprises people liking the majority of their personality traits, being satisfied with one's own life, managing the responsibilities of daily life and having good relationships with others. Social well-being is the 3rd and he last element. This shows concern to functioning in a progressive way and incorporates a belonging to community or to have something that helps in contribution towards society³ The higher the earnings, the higher the chances of happiness which enhances the opportunity to access the desires, opportunities to perform one's favorite activities, needs, self-esteem ,problems solving and, enhances the social support, also Error! Bookmark not defined. revealed positive associations among aspect of pleasure parameters and employment satisfaction. Comradeship and thrust to attain the objective of professional and personal growth raises the happiness level that cherishes their work life which is observed. A cross sectional research was carried out to evaluate the perception of happiness amongst health care providers in a selected hospital in the United Arab Emirates

The concept of happiness: Happiness was stated in some studies as an inner peace, positive thinking, and psychological well-being which is essential and important in maintenance of health and can be evaluated cognitively and affectively^{4,5}. In terms of cognitive and affective aspects, happiness is a personal assessment of one's life situation^{6,7}. The terms "happiness, quality of life and well-being" are frequently used inter-changeably and is pointed as social and individual well-being. It is proposed to contain both thoughts and affects⁸. The happiness cognitive and affective aspects are distinguished on the base how they are considered as overall happiness components. Emotional comfort is Hedonic well-being which involves the life satisfaction, factors of happiness and a balance of negative-positive affect. The sustainable happiness model proposes that an individuals' level of happiness can be increased and sustained afterwards by concerning the emotional component of well-being Error! Bookmark not defined.. In the field of psychology, happiness is a positive feeling that goes beyond a good disposition that lasts for a very short time. In case of mental health, happiness involves good sentiments such as calmness and enjoyment as well as sense of passion and participation in life⁹. A study on happiness and psychological health revealed that the impact of life satisfaction and happiness on health care providers, as well as the prevalence depressive symptoms among Korean population; the investigators reported that there was 13.4% of the health care providers diagnosed with depression, which resulted in health workers adopting risk behaviors such as smoking and drinking alcohol¹⁰. Another study stated that between these constructs indication of an upward spiral revealed that happiness match to positive mental health and life satisfaction might be an initial marker for positive change in people's life in critical period¹¹.

A systematic review by published in 2020, studied the happiness factors amongst the healthcare professionals from the time period of ten years between 2009 and 2019: confirmed a strong relationship between happiness and psychological well-being of health care professionals by identifying potential heterogeneity in the association depending on socioeconomic status (SES). The study showed that happiness is positively associated with physical health in general and psychological health in particular^{12,13}.

In United Arab Emirates, happiness has received significant attention from the government and it is the first country to apply this concept and to initiate a ministry/department of happiness and Positivity, to evaluate the employees in general and healthcare providers in particular among all Middle Eastern countries¹⁴. However, health care providers experience a rapid change in their academic, social, and personal lives due to their various duty hours, which may affect their mood, affect and their levels of satisfaction, and psychological welfare. UAE has its first Minister and executive head of Happiness and Positivity, Nada Hassan Al-Marzouq, at the Ministry of Health, with various activities to encourage application of two hours per duty per day of happiness for employees. The rationale behind this study was to emphasize that the work life quality, job satisfaction, psychological and subjective well-being of health care providers affect not only doctors and

nurses themselves, but also other people because their job directly involves caring for people. Hence, evaluating the happiness levels among health care providers in UAE is vital.

MATERIALS AND METHODS

Aim of the study: To evaluate the perception of happiness among health care providers in United Arab Emirates working in a selected hospital in Ras Al Khaimah..

Research design: Descriptive cross sectional survey design

Sampling method: Convenience sampling procedure was used to select participants; information was gathered from 130 health providers (Nurses and Doctors), in a selected MOHAP hospital in United Arab Emirates

Instruments: By using a validated Oxford happiness questionnaire developed by psychologists Michael Argyle and Peter Hills at Oxford University Scoring of instruments, data was collected. Cronbach's Alpha coefficient is 0.728 for internal consistency.

Oxford Happiness Questionnaire: 1-2: Unhappy. You got a very low score even if you answered honestly, an individual is most likely observing his/her and the situation appears to be much worse than it is. The author suggested taking the Depression Symptoms test (CES-D Questionnaire) at the University of Pennsylvania's "Authentic Happiness" Testing Center. A persons' registration is required, however it is worthwhile because there are numerous useful tests available and later, a person can take them again and can make a contrast of your scores

2-3: Somewhat unhappy. As stated immediately above, try out some of the activities on this place such as Gratitude Visit & Gratitude Journal, or the Gratitude Lists; or look at the "Authentic Happiness" site. The questionnaire shows

3-4: Not particularly happy or unhappy. An exact numerical average of happy and unhappy responses would be 3.5 score. In scientific studies some of the exercises mentioned, have been tested and presented how to make people eternally happier.

4: Somewhat happy or moderately happy. Well-pleased or Satisfied. This is the score of average person.

4-5: Rather happy; happy. Some of my recommendations can be looked out for other ranges of score.

6: Very happy. It is more beneficial to be happy rather than just have a good feeling. The linked benefits are attaining your goals, health and better marriages.

6: Too happy. That's right, you read that correctly. According to recent study, there is an ideal amount of happiness for certain things such as for being healthy, do well at work, and that being "too happy" might be related with such things of lower levels.

Data Analysis: For the entry and analysis of data statistical package for social science (SPSS) version 23 was utilized. Using descriptive and inferential statistics, data is presented. To analyze categorical variables, chi-square test was used and for continuous variables t-test was used. P-value is statistically significant at ≤ 0.05 .

Data collection procedure: All nurses and doctors were contacted through hospital Email via electronic mode

(google form) after ethical committee approval of RAK Medical and Health Sciences University (RAKMHSU-REC-099-2020/21-UG-N, the hospital setting and MOHAP/REC/2021/17-2021-PG-N and consent from the participation in view of the Covid 19 pandemic.

RESULTS

In current research, data was gathered from 130 health care providers in a selected MOHAP hospital in United Arab Emirates. Data was analyzed by using statistical package for social science version 23.

Section 1 Analysis of socio demographic variables of the participants

Table 1: Demographic characteristics of the participants (n=130)

Wards	Frequency	Percentage
1. Cardiac unit	17	13.08
2. ICU	16	12.31
3. Female Medical	25	19.23
4. Male medical	8	6.15
5. Male Geriatric	13	10.00
6. Female Geriatric	2	1.54
7. OPD	32	24.62
8. Isolation ward	17	13.08
Marital status.		
1- Unmarried	40	30.8
2- Married	90	69.2
Gender		
Female	113	86.92
Male	17	13.08
Nationality		
Arabic	100	76.92
Asia	28	21.54
Others	2	1.54
Age		
<25		
25 to 35		22.48
35 to 45		48.84
45 to 55		13.18
>55		2.33
Designation		
1- Staff Nurse	76	58.46
2. Unit Manager	9	6.92
3. Nursing manager	20	15.38
4- Nursing Director	2	1.54

Table 3: Correlations between happiness score and wellbeing sub scale

	Autonomy	Environmental mastery	Personal growth	Positive relation	Purpose in life	self-acceptance
Total score of happiness (r)	-.084	-.130	-.132	-.111	-.109	-.053
Sig(2 tailed)	.341	.341	.140	.207	.216	.551

0.05 is significant level of Correlation (2-tailed).

0.01 is significant level of Correlation (2-tailed).

There is no correlation between happiness score and psychological wellbeing sub scale of health care providers in a selected MOHAP hospital in the UAE."

Table 4 depicts that Wards and Nationality, are not significant while Marital status Age, Gender, Designation, work experience are significantly associated with happiness score.

5. Practical Nurse	10	7.69
6. Doctors	13	10.00
Experience		
Less than 5	25	19.23
5 to 10	32	24.62
10 to 15	27	20.77
15 to 20	31	23.85
More than 20	15	11.54

Table 1 : Majority of the health care providers that participated in the study were nurses (58.46%) followed by nursing manager (15.38%) while doctors were the least(10%) , the Out Patient Department was the most frequent ward of the participants. Majority of were married (69.8%) with 5-10 years of experience representing (24.62%) followed by 15 to 20 years (23.85%).The study findings showed that majority of participants were female (86.92%), while male were (13.08%) from Arabic countries (76.74%) followed by Asian (15.50%) with least from Western countries (1.55%). Most of them are aged 35 to 45 years (48.84%).

Table 2: Distribution of study sample responses for happiness score category

Happiness score category	Frequency Percent	Minimum	Mean ± SD	Maximum
Not particularly happy or unhappy	47	36.15%		
Rather happy	60	46.15%		
Somewhat happy or moderately happy	1	0.77%		
Somewhat unhappy	2	1.54%		
Very happy	20	15.38%		
			2.6-	
Total Score	130	100.00%	5.6	4.21±0.63

Table 2 findings depicts that most of participants are; "Rather happy" representing

46.15 % followed by "Not particularly happy or unhappy"; "Very happy", "Somewhat unhappy" and "Moderately happy" representing 36.15%, 15.38%, 1.54% and 0.77 % respectively

Table 4: Association between level of happiness and socio demographic variables

Variables	Pearson Chi-Square	df	Asymp. Sig. (2-sided)
Wards * Happiness	140.669 ^a	132	.287
Nationality * Happiness	11.544 ^a	12	.483
Marital status * Happiness	14.822 ^a	4	.005
Age * Happiness	221.405 ^a	148	.000
Designation * Happiness	124.576 ^a	68	.000
Work experience * Happiness	36.608 ^a	16	.002

Table 5: Chi-square tests of association of happiness between nurses and doctors

Item	Pearson Chi-Square	df	significance (P)
Association happiness category between nurses and doctors	56.458	28	.032

The Pearson chi -square test result for healthcare providers and Happiness 56.458 with 28 degree of freedom and the p- value (0.32) is less than 0.05 hence there is association between doctors and nurses at P value.0.32

DISCUSSION

Happiness among nurses is an experience that helps health care providers to continue their profession by increasing their job satisfaction. The study evaluated the perception of happiness on health care providers in a selected MOHAP hospital in United Arab Emirates. It was observed that there was no correlation between happiness score and psychological wellbeing sub scale of health care providers in the selected hospital. Furthermore, there was an association between happiness score and some socio-demographic variables, also findings that e happiness level between doctors and nurses were significantly associated; which concluded that both doctor and nurses are equally happy with their job.

More than half of the health care providers who were aged 35-45years, were female, few providers were aged 55 years, which was consistent with a study that nursing is a career that is dominated by women, although the amount of males pursuing the career in nursing in recent times is on the increase¹⁵

Socio demographic variables: Happiness is a personal measure of life satisfaction and represents comfort of individual and social wellbeing. It has impact on durability, and happier people live better and longer life¹⁶. The findings of this study on relationship between happiness and socio demographic variables revealed that marital status , age , gender , designation and work experience are in conformity with the finding of a study by Error! Bookmark not defined., that revealed positive significant relationship between happiness and socioeconomic status (SES); as being positively associated with physical health in general and psychological health in particular.

Various studies complemented findings of this study on association between happiness and socio demographic variables, further different goals to determine people's happiness, financial circumstances, sex and main occupational position Error! Bookmark not defined. ¹⁷. Another study found that the main effective factors of human happiness are education level; health promotes education, increased knowledge, gender, job satisfaction, income and married status¹⁸. Our current study supports these past findings, that there was significant differences in happiness scores between different marital status, age, designation and work experience.

The highest professional experience was ≤10, and nearly half of them worked day/night shift with 12 hours per shift and were pleased and satisfied with nursing profession. However, health workers happiness levels was identified to be rather happy at a moderate level. Similar to

the study findings, was a study done in China, which depicts that nurses' happiness levels are at the moderate level. It also stated that there were positive correlations among job satisfaction and happiness components, it concluded that the Comradeship and thrust to attain the objective of professional and personal growth raises the happiness level that cherishes their work life which is observed.¹⁹. Majority of the study's participants were from Arabic Countries, while Western countries was the least due to the setting and location of the study , most of the health care workers providing care to patients are predominantly Arabic with few other nationality .

Correlation: There was no correlation between happiness score and psychological wellbeing sub scale of the health care providers in the selected MOHAP hospital in the UAE. Analysis of the correlation coefficient at the level of 0.05 (two-tailed), shows that there is no relationship between the degree of happiness score and the psychosocial wellbeing of health care providers. Researchers have been trying to analyze and understand happiness factors for decades. According to several researchers, happiness is influenced by genetic and hereditary variables while some other says that happiness is influenced by environmental factors like: education, high income and staying active throughout one's life. Previous research suggests that happiness is the consequence of a complex interaction of multiple elements, rather than simply one or two.

Managers of health service must evaluate and acknowledged health care providers' happiness by considering the aspects that influence their happiness, provide them with care to encourage nurses' enthusiasm, active psychological direction and motivate their loyalty to their profession. This would assist nurses in achieving actual job satisfaction and increasing their commitment to their workplace.

Providers: Hypothesis that there will be no difference in the level of happiness between groups of health care providers (nurses and doctors), was not supported as the findings reveals that there is association of happiness between nurses and doctors; the result was 56.458 with 28 degree of freedom and the P value (0.032). It is essential for the professionals that attempt to make others happy to be happy themselves. Study findings on happiness have revealed that cheerful people feel better and have more pleasant feelings in addition to being more effective in interpersonal relationships. When people feel pleased, they are more likely to concentrate on the necessities and wishes of othersError! Bookmark not defined..

CONCLUSION

The findings of the present study showed that happiness of health care providers was important for better delivery of health services, and quality of care, as happiness was significantly related to some sociodemographic variables.

It opined that the main sources and the most important factors of human happiness are good and cordial relations with others, including family, friends relatives, and colleagues (informal social participation). Marital status, Age, Gender, Designation, job experience) are significantly associated with happiness score which can further enhance the probability to enhancing the social support, self-esteem, to approach the needs, desires, and

probabilities to perform one's duties and other interested activities. The study finding also revealed that there is no difference in the level of happiness between the nurses and doctors, which may imply that happiness is a personal emotional feeling in all human beings irrespective of the profession or specialty.

For more investigation, the research provided a useful catalyst to assess the happiness of health care providers in a large sample, many hospitals and other Emirates. In addition, providing and supporting health care providers with recreational opportunities, creating health worker's campaign or social forum to develop charming occasions that provide physical, psychological and educational activities that might be helpful to raise the happiness of health workers.

Practice implications: This research suggests that happiness among health care providers is necessary to ensure that quality care is giving to the patients they care for as a sound and happy mind will reflect on performance of duties. However providing and supporting recreational opportunities, along with developing health providers' campaign, social forum and counseling with physical, psychological and educational programs, that might be helpful to raise the happiness of health and lay credence to the existing UAE policy.

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Conflict of Interest: None declared

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