


Nurses' Lived Experiences of Happiness Determinants: A Qualitative Study

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Abstract

Introduction: Nurses are the largest working group in hospitals, and due to numerous responsibilities and 24-hour communication with patients, attention to their issues, including happiness and the study of its related factors, and providing practical solutions, is of particular importance. Therefore, the present study aimed to determine the effective components of happiness in nurses.

Methods: The current qualitative study used Silva's systematic review approach and phenomenology. The studied population consisted of nurses from Ardabil province. In the phenomenology section, 10 nurses were selected by target sampling based on criteria such as at least 3 years of experience, direct experience of working challenges related to happiness and burnout, and a tendency to participate in research. 10 participants were adequately identified based on the principle of data saturation in qualitative research. Because after this number, no new information was obtained, and the main themes were repeated. Each interview lasted between 40 and 90 minutes. Silva and Colaizzi's methods were used to analyze interviews and examine the experience of participants.

Results: In the first part of the study, three main themes (theoretical concepts of happiness and job burnout, factors affecting nurses' happiness, and strategies for enhancing happiness and reducing burnout) and 15 axial codes were extracted as components of happiness. In the second part of the study, one main theme and three axial codes were identified, in which barriers and challenges were extracted.

Conclusion: The results showed that various factors, including individual, family, educational, occupational, and financial elements, affect the happiness of nurses. Additionally, by identifying the challenges and obstacles in the nursing profession, we can provide solutions to improve conditions and increase the happiness of nurses. Therefore, it is suggested that other factors influencing the happiness of the nursing community be analyzed and identified to support this vital group.

Keywords: Nurses, happiness, burnout, systematic review, phenomenology.

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Introduction

Nursing is the largest working group in hospitals, whose professional mission is to maintain and improve the quality level of care at the standard level ¹. So, nursing is an important part of the health care system, and nurses play a vital role in the health care system of each country. attention to their occupational issues is of particular importance and leads to better service and patient care ². In this regard, happiness is one of the most important

components of human life. Since ancient times, special attention has been paid to positive human emotions, including happiness ³.

Happiness is one of life's most important values and a complex concept defined in different ways ⁴. At the end of the 20th century, psychologists began to pay attention to positive emotions, and after that, happiness was considered as one of the topics studied by

psychologists and sociologists, and this topic entered the field of medical sciences as well ⁵. Happiness as a positive internal experience and one of the indicators of mental health is the result of people's cognitive and emotional evaluation of their lives, which has a direct impact on the physical and mental health of nurses and can improve the quality of services that patients receive ⁶. In other words, happiness is a feeling of inner well-being that empowers people to benefit from thoughts, intelligence, self-awareness, common sense, and spiritual values ⁷. There are several definitions of happiness in the dictionary, such as instant pleasure, long-term pleasure, and the pleasure of the whole life, and it is one of the essential components of the quality of life, so the WHO has considered it as part of the concept of health ³. In mental health, happiness increases positive emotions and decreases negative emotions, and on the other hand, it leads to increased satisfaction and productivity. Happiness, as one of the fields of positive psychology, has taken a special place in the field of mental health, developmental psychology, and family psychology in the last decade ⁸. In the definition of happiness, psychologists refer to mental happiness, a comprehensive term that includes all kinds of values that a person realizes about himself/herself and his/her life ⁹. Happiness has different dimensions and components, including the emotional, social, and cognitive dimensions. The position of happiness is so important that prominent researchers in psychology, such as Seligman, believe that instead of studying depression, research studies should be directed toward studying people's happiness ³. Therefore, happiness has many consequences, and it has several effects in the field of nursing; for example, a person who enjoys more happiness has more peace and security, easier decision-making, more participation, and, ultimately, a more satisfying life. Many research studies have shown that happy people are successful in various areas of life, including marriage, friendships, income, work, and health ¹⁰.

Furthermore, people with higher degrees of happiness progress better in their jobs, have better performance, and have more problem-solving abilities. The presence of a sense of happiness in an individual makes him/her have a better working relationship with his/ her colleagues ³. The happiness of nurses will improve health conditions, provide a better quality of life, increase self-esteem and self-confidence, and strengthen job performance ¹¹. In this regard, different research studies have been conducted in Iran and other countries. The findings of Yanik and Ediz indicated that psychological capital, interactive justice, and supervisor support, through the mediating role of nurses' trust in their supervisors, improve their job satisfaction and

happiness¹². The results of Keshky and Sarour's research, relying on positive psychology, showed that self-compassion and thanksgiving personality traits can lead to life satisfaction and happiness in nurses ¹³. The findings of Faridi et al. showed that strengthening professional independence can increase nurses' happiness. Creating supportive work environments that promote professional independence is essential to improve the well-being of nurses and improve the overall quality of health services ¹⁴. The findings of Dunn et al. showed that the use of positive psychological interventions can increase the happiness of health system staff, thereby helping to reduce their job exhaustion and improve their emotional welfare ¹⁵.

Masrouh Rudsari et al. in their study found that the perceived appropriate organizational situation had a significant relationship with the positive results of employees' mental health, including lower levels of job burnout, depression, and anxiety ¹⁶. Selagi et al. in their study titled "The relationship between emotional intelligence and happiness and job burnout of nurses working in covid-19 department" concluded that considering the inverse relationship between job burnout and happiness and the direct relationship between emotional intelligence and nurses' happiness, it is possible to prevent the adverse effects of negative emotions felt at work and job burnout in nurses by holding emotional intelligence training workshops and also promoting happiness with fun programs ¹⁷. Moreover, in another research conducted by Niknam and Gudratifar as the mediating role of emotional intelligence in the conceptual model of the relationship between primary maladaptive schemas and job burnout in nurses, according to the findings, it can be concluded that in job burnout, four primary maladaptive schemas and emotional intelligence are involved ¹⁸. On the other hand, Rezaei et al. in their research, which was conducted under the title of the relationship between psychological capital and job burnout with the mediation of the perception of social responsibility in nurses, demonstrated that to reduce the job burnout of nurses, it is possible to improve the level of psychological capital and perception of social responsibility in them through educational workshops ¹⁹. Qara-Guzlu et al. in their study titled The relationship between the quality of work life of nurses working in teaching treatment hospitals in Kermanshah City and their understanding and evaluation of workload in 2016, concluded that workload affects reducing the quality of work life, taking actions to improve the quality of work life, removing the underlying factors, prevention, treatment and teaching the correct methods and skills of adaptation and communication, and it is one of the current

necessities of policy making in health and treatment in such environments ²⁰. Therefore, based on the above-mentioned points and awareness of the existence of burnout in the nursing profession and its direct impact on the health of the patients, the researchers tried to investigate the components of happiness in nursing students and answer the following research questions:

1. What factors and components affect the happiness of nurses?
2. What obstacles and harms are there in the direction of the happiness of the nursing community, and what solutions can be offered?

Objectives

This study aimed to investigate the nursing students' lived experiences and the practical components of happiness.

Research Methodology

Research Design and Participants

The current research was a qualitative study that gathered data in two stages using systematic review and phenomenological methods. In the first stage, a systematic review was conducted according to Silva's method to collect data. This systematic review is one of the qualitative research methods employed to investigate phenomena and identify categories based on research literature, theoretical foundations, and accessible scientific databases. Given the rich literature and scientific articles obtained in this regard, the underlying categories of the studied phenomenon were identified, classified, and summarized using a systematic method based on Silva's method as follows:

1. Identifying and extracting articles from scientific databases while removing duplicate records.
2. Screening titles and abstracts of the extracted articles, selecting related articles, and removing unrelated ones.
3. Re-screening and examining the introduction and conclusions of the previously screened articles to select related articles and exclude irrelevant ones.
4. Conducting a final evaluation of the selected articles.

In the second stage, to saturate the findings of happiness from the perspective of graduates and employees, the phenomenological method was employed to extract the lived experiences of participants. By using this method, a deeper understanding of the experiences of nursing students and employees in the context of happiness was explored. Phenomenology is the study of lived experiences in the realm of life and focuses on how the world is perceived by individuals, rather than on realities detached from human experience ¹⁷. In other words, phenomenology is an approach used by researchers to seek the structure or essence revealed in people's lived experiences of a phenomenon, uncovering integrated

meanings that illuminate the essence of that phenomenon. Phenomenology does not aim to discover rules and regulations; instead, it focuses on performing descriptive analyses that lead to a profound and interpretive understanding of social phenomena ¹⁸. Analyzing the components of happiness in nursing students is a social phenomenon that can be examined from a phenomenological perspective during their experiences. The sampling for this research was conducted purposefully until data saturation was achieved. Considering that the number of subjects in phenomenological studies typically ranges from 5 to 25 ¹⁹, this study selected a total of 10 nurses based on theoretical saturation of the components, including 8 participants with a bachelor's degree in nursing and 2 with a master's degree in nursing. They were interviewed until the findings reached saturation.

In the first step, following the Silva method, the subsequent actions were carefully executed to avoid bias:

1. Forming a research team comprised of several researchers for the independent review of articles and comparison of results.
2. Defining the precise entry and exit criteria for articles before initiating the screening process.
3. Reviewing the articles independently by two researchers and resolving any disagreements with the participation of a third researcher.
4. Documenting all decisions made during the article selection process.

In the second phase, the following solutions were implemented to mitigate bias and promote neutrality:

1. Peer review: Research colleagues were invited to review the findings and assess the researchers' interpretations.
2. Participant review: The initial interpretations made by the researchers were shared with participants for confirmation of their accuracy.
3. Thorough documentation of the research process: All decision-making, coding, and analysis procedures were recorded.
4. Detailed descriptions: Findings were presented with rich details and direct quotes from participants.
5. Research reflection: Researchers documented their assumptions and preconceptions prior to the study and remained aware of them throughout the research.

In the analysis phase, coding was conducted independently by multiple researchers to minimize bias. Negative samples (cases that did not align with the main findings) were also meticulously reviewed. These strategies assisted researchers in ensuring both the internal and external validity of the study while maintaining impartiality.

Instruments and Intervention

At the beginning of the study, efforts were made to establish mutual trust among the interviewees. Data collection was conducted through semi-structured interviews. These interviews took place face-to-face at participants' workplaces and in hospitals in relatively quiet locations, using a tape recorder to capture the discussions. After each interview, all content was transcribed verbatim. The interviews continued until classifications and themes emerged and information reached saturation. Although there is a possibility of subjectivity and the influence of the researcher's views in qualitative studies, including phenomenology, efforts were made to approach the subject with neutrality.

Data Analysis

Data analysis in phenomenology requires a strong interaction between the reader and the text. To analyze the data in the current research, the Colazzi analysis method, which includes nine steps (description of the phenomenon by the researcher, reading all the participants' descriptions of the phenomenon, extracting the main sentences from the original manuscripts, retelling the primary meanings of each sentence, organizing the sum of the meanings into a cluster of classes, writing a comprehensive description by the researcher, returning it to the participants for comparison with their descriptions of the phenomenon, and modifying the findings if new data arise during the change stage), was employed. Based on these steps, the researchers studied the participants' descriptions multiple times to understand and empathize with them. After immersing themselves, important sentences related to the phenomenon under investigation were extracted. The codes and categories were then organized. In the next stage, by combining the inferred main and minor themes, a complete and comprehensive description of the details of the phenomenon was obtained. This approach allowed for the gathering of a main theme and three axial codes from all the interviews, identifying the harms and obstacles to happiness. Finally, solutions were proposed to improve the situation. An effort was made to ensure the scientific accuracy and strength of the research findings through verification, validity, and reliability. Verifiability was achieved by comparing with the literature review, adhering to the phenomenological research method throughout the study, continuously monitoring the research from start to finish, using an adequate and appropriate sample, and continuing the interviews until data saturation was reached. Validity was assessed by having an experienced and independent researcher

analyze and code the data, comparing it with the researcher's analysis, and providing the analysis results to the participants for their feedback. In qualitative research, the researcher acts as the study tool, and a qualitative study's reliability hinges on his/her skills and efforts. To this end, a thorough research process was designed to ensure that the research was free from bias and that the researchers' preconceptions did not influence the apparent experiences of nursing graduates, allowing the phenomenon to express itself authentically. In this study, participants were assured that their identities would be protected, that they would receive sufficient information about the research, and that their information would be kept confidential. Additionally, following the researchers' recommendations in this field, all participants were fully assured that all databases, including tape recordings, manuscripts, and other related materials, would be deleted after the analysis was completed.

Results

In the systematic review process of this study, strict criteria were used to select articles. Articles published in English or Persian between 2014 and 2025 that examined the components of happiness and well-being among nurses were considered. Eligible studies included scientific research articles, qualitative studies, quantitative studies with appropriate sampling, and valid systematic reviews. On the other hand, articles unrelated to the topic, studies lacking appropriate scientific methodology, research without a control group, conference abstracts without full text, and duplicate studies were excluded. Also, domestic and foreign databases, including SID, Magiran, Noormags, Bokzz, Irandoc, Google Scholar, ScienceDirect, Springer, and reputable Iranian and foreign publication sites have been used.

Table 1 shows the titles of the studies, the year of publication, and the authors regarding the components of happiness in nursing students.

Table 1. Studies conducted regarding the practical components of happiness

Number	Research title	Name of researchers and year of publication
1	Investigating the level of burnout of nurses in different special departments, obstetrics and gynecology departments, and neonatal departments in government hospitals.	Aghili, et al. ²¹
2	The effect of positive thinking skills training on the happiness and resilience of nurses in special care units: a randomized clinical trial.	Kiyani, et al. ²²
3	Predicting happiness based on neuroticism and self-differentiation with the mediation of body image and optimism in fat women and men.	Vahidi, et al. ⁷
4	Prediction of happiness based on self-efficacy and quality of life with the mediation of psychological well-being.	Morteza Beigi, et al. ²³
5	Testing a model to explain happiness based on marital compatibility and life satisfaction: the mediating role of forgiveness.	Kermani Mamazandi, et al. ²⁴
6	Investigating the effect of the Fordyce happiness training program on nurses' happiness levels.	Ghazavi, et al. ²⁵
7	The relationship between job satisfaction and burnout among nurses.	Sadeghi, et al. ²⁶
8	Examining the effect of job stress on job burnout among nurses.	Biganeh, et al. ²⁷
9	Factors associated with burnout in nurses: A systematic review.	Shorofi, Karimzadeh. ²⁸
10	Job burnout in emergency department nurses: A systematic review.	Ahmadi, et al. ²⁹
11	Relationship between emotional intelligence and happiness, and job burnout of nurses working in the COVID-19 department.	Solgi, et al. ¹⁷
12	The mediating role of emotional intelligence in the conceptual model of the relationship between primary maladaptive schemas and job burnout in nurses.	Niknam, et al. ¹⁸
13	The relationship between psychological capital and job burnout with mediating social responsibility perception in nurses.	Rezaei, et al. ¹⁹
14	The relationship between the quality of working life of nurses working in educational-therapeutic hospitals of Kermanshah city and their understanding and assessment of workload in 2016.	Gharagozlou, et al. ³⁰
15	Examining the level of happiness of nurses working in the emergency department of hospitals of the University of Medical Sciences of Ilam province in 2017.	Javanmardnejad, et al. ⁶
16	The role of individual factors in nurses' job performance: a case study of selected hospitals in Tehran.	Zakerian, et al. ³¹
17	Happiness in the poorest communities: Subjective well-being among adolescent garbage collectors in Cambodia	Hoer, ⁸
18	Beyond happiness: Scientific construction of discrete positive emotions.	Shiota, et al. ⁹
19	A unifying perspective: strategies that affect nurses' self-care practices.	Parks, ³²
20	Relationship between Life Meaning and Emotional Intelligence with Happiness of Nursing Students	Ghodrati, et al, ³³
21	Burnout in nursing: a theoretical review.	Dall Ora, et al, ³⁴
22	Investigating nurses' burnout in the pandemic of COVID-19.	Galanis, et al, ³⁵
23	Predictors of happiness in Iranian nurses.	Khosrojerdi, et al. ³⁶

Table 2 shows the codes obtained from the theoretical foundations of the practical components of happiness. Then, the researchers schematically

showed the relationship between the conceptual model of examining and analyzing the practical components of happiness in nursing students (Figure 1).

Table 2. Coding of the theoretical bases of the practical components of happiness

Open coding	Axial coding	Selective coding	Row
<ul style="list-style-type: none"> -The Relationship between happiness and mental health -The psychological needs of all human beings - Formation of character and life - Dealing with problems - A sense of internal well-being - Ability to think, self-awareness, and intelligence - Common sense and spiritual value - Maintaining and providing mental health - Increasing positive emotions and decreasing negative emotions - Increasing satisfaction and productivity - mental happiness - Part of health psychology - Part of the field of mental health - Part of the psychology of transformation and family - Paying attention to it in the context of transformation and development 	Definition of happiness	Theoretical concepts of happiness and burnout	1
<ul style="list-style-type: none"> - Positive excitement - Life satisfaction - Not having negative emotions 	Components of happiness		
<ul style="list-style-type: none"> - Peace of mind and a sense of security - Easy decision-making - More desirable work and participation - A healthy life and lots of energy - Satisfaction in life 	The effects of happiness		
<ul style="list-style-type: none"> - Introduced by Freudenberg - Loss of vitality and energy at work - A psychological reaction 	Definition of burnout		
<ul style="list-style-type: none"> - Emotional burnout - Depersonalization - Reduction of individual success 	Burnout characteristics		
<ul style="list-style-type: none"> - High stress in the work environment - Health risk - Depression and agitation - Increase in emotional and occupational pressures - Lack of job satisfaction - Physical and emotional stress - Lack of social support - Conflict with colleagues - difficult working conditions and high workload - Death of patients - Low levels of staff - Long shifts and little control - Undesirable occupation characteristics 	Factors causing burnout		
<ul style="list-style-type: none"> - Relationship with physical, mental, and mental illnesses - Sleep disorders, depression, and anxiety - Communication with medical errors - Fatigue and unusual behaviors - Decreased motivation and poor occupational performance - Impact on psychological well-being 	Effects of burnout		
<ul style="list-style-type: none"> - Frequent absences - Desire to relocate - Leaving the profession - Interpersonal conflicts - Decrease in the quality of patient care 	Harms of burnout		
<ul style="list-style-type: none"> - Gender - Age - Self-care - Satisfaction with mental health 	Individual factors		
<ul style="list-style-type: none"> - marital status - Quality of Life 	Family factors		
<ul style="list-style-type: none"> - Educational degree 	Educational factors	Factors affecting nurses' happiness	2
<ul style="list-style-type: none"> - Employment status - The current department of the hospital - Duration of work in the current department - Shift work - Job Satisfaction - Satisfaction with disruptive behavior and efficiency 	Occupation factors		
<ul style="list-style-type: none"> - Income - Salary - Satisfaction with salary 	Financial factors		
<ul style="list-style-type: none"> - Attention to the emotional intelligence of nurses - Holding emotional intelligence workshops - Fun programs - Paying attention to the four primary incompatible schemas - Promotion of psychological capital through the workshop - Promotion of the perception of social responsibility through the workshop - Eliminating underlying factors 	Ways to reduce burnout		
<ul style="list-style-type: none"> - Prevention, treatment, and skills training - High level of education of nurses - Reducing the number of working hours for nurses - Holding happiness workshops - Teaching humor to supervisors - Expression of humor by supervisors 	Solutions to increase happiness and occupational satisfaction	Solutions to increase happiness and reduce exhaustion	3

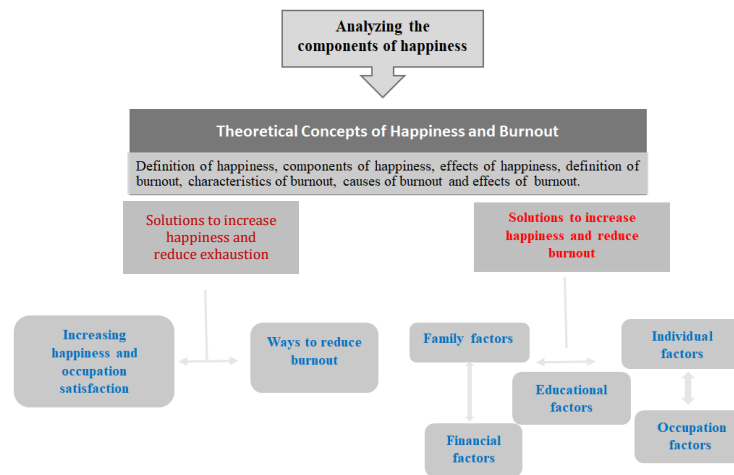


Figure 1. Conceptual model of examining and analyzing the practical components of happiness in nursing students

Based on the analysis of the interviews conducted with nurses, the open and axial codes of harms, obstacles, and suggestions related to happiness are presented in

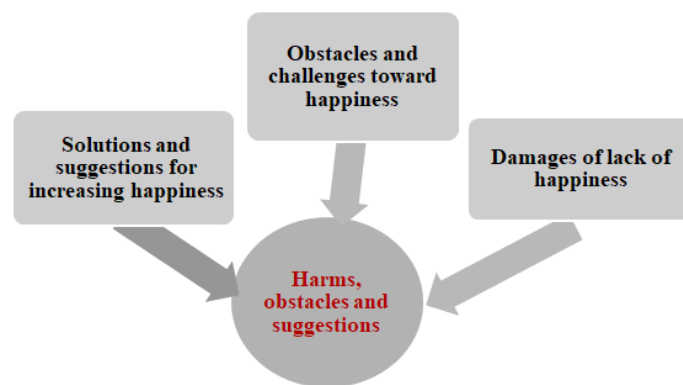
Table 2, and in Table 3, the central codes and sample interviews are given.

Table 3: Coding the lived experiences of nursing students regarding the practical components of happiness

Open coding	Axial coding	Selective coding	Number
<ul style="list-style-type: none"> - Mental damage and depression - Aggression and energy reduction - Lack of proper social communication - Boredom and burnout from work - Lack of hope and motivation - The effect on a person's mood - Lack of motivation to work - Completion of work and escape from the hospital - Inappropriate behavior with the client and bad manners - Increased worry and anxiety - occupational burnout 	Damages of a lack of happiness		
<ul style="list-style-type: none"> - Restrictions in the hospital - The work environment and behavior of officials - Laughter is prohibited - Excessive physical fatigue - Lack of opportunity to have fun and do favorite things - Intensive, numerous, and irregular shifts - High workload and inappropriate working hours - Low salary - Continuous observation of the suffering and hardship of patients - Competition and lack of real intimacy between colleagues - Lack of understanding by nurses - Unnecessary strictures in the workplace - Attention to marginal issues - Weak defense of nurses by officials - High expectations of patients' companions 	Obstacles and challenges to happiness	Damages, obstacles, and suggestions	1
<ul style="list-style-type: none"> - Increasing the value and respect of nurses - Recruitment of more nurses - Reducing the workload of nurses - Increasing the number of personnel in each department - Improving the number of shifts and the balance between them - Overtime is not mandatory - Group recreational programs and travel plans - Increase in salary and benefits - Increasing facilities and making services free - Reducing the number of patients per nurse - Supervisors' attention to the nurses' suggestions - Determining the desired number of offs for each month - Paying attention to physical and mental health - Paying attention to the vigilance of the supervisor - Determining shifts based on the friendliness of colleagues and proper shift planning - Conducting stress management skills training courses - Creating occupational security - Playing soothing music 	Solutions and suggestions for improving happiness		

Table 4. Axial codes and sample interviews of happiness components along with interviewee numbers

Sample interviews with some interviewees	Axial codes
<ul style="list-style-type: none"> - Lack of happiness causes depression and aggressiveness of nurses and a lack of proper social communication with patients and their companions (2). -The most significant harm of the lack of happiness is the impact on the mood of the person, and the reduction of the motivation and energy of the person to do things, even everyday tasks (5). - Lack of happiness in nursing causes a lack of encouragement to work, making us not enjoy our environment and job. This lack of happiness leads to dissatisfaction with ourselves and disappointment in our lives and future (6). 	Damages of a lack of happiness
<ul style="list-style-type: none"> - Creating a lot of restrictions, such as the prohibition of loud laughter by the officials (1). - Intensive and multiple shifts and long-term work with sick patients are obstacles and challenges to happiness (2). - The existence of competition and a lack of real intimacy among nurses (3). - Other obstacles are the lack of understanding of nurses, unnecessary strictness in the workplace, and attention to marginal issues such as hair color and low income (5). 	Obstacles and challenges to happiness
<ul style="list-style-type: none"> - Increase the value of nurses like doctors through media so that people do not have a poor view of the work of nurses (1). - Increasing the number of personnel in each department and decreasing the number of intensive shifts of nurses (2). - By reducing the number of shifts, increasing income, and reducing the number of patients per nurse, a step should be taken towards the happiness of nurses (4). - Holding travel tours and making some services free for nurses (6). - Supervisors should pay attention to the suggestions of each nurse when determining monthly shifts (9). 	Solutions and suggestions for increasing happiness

**Figure 2.** Conceptual model for investigating harms and obstacles toward happiness and providing suggestions

Discussion

The present study aimed to determine the components of happiness in nursing students of hospitals in Ardabil province. Nursing is an important part of care, and nurses play a vital role in the health care system of each country. Attention to their work and life issues significantly improves service and patient care. One of the most important issues that makes the family and professional life of nurses face many challenges is the lack of happiness. Therefore, factors affecting happiness should be investigated and identified. One of the human's most important psychological needs, which significantly impact the formation of human personality, is happiness. Based on the definitions, happiness can be defined as being in a positive mental state or being at the highest level of life satisfaction, positive emotions, and low negative emotions. The existence of happiness can affect other aspects of people's lives. The existence of happiness among the members of a society will significantly increase their mental and physical health ³⁷. In response to the first research question (what factors and components

affect the happiness of nurses?) and based on the results obtained through a systematic review using the Silva method, factors affecting the happiness of nurses include individual, family, educational, occupational, and financial factors. In this section, solutions to reduce job burnout and solutions to increase happiness and job satisfaction were also investigated. In response to the second research question (what obstacles and damages are there in the direction of the happiness of the nursing community? and what solutions can be offered?), in the second part of the findings, which was a phenomenological method and was conducted in the form of a semi-structured interview with the nurses, damages, obstacles and solutions to increase happiness were obtained. The results showed that nurses have moderate to low happiness and are involved in job burnout. In this section, solutions and suggestions for improving happiness are presented. The second part of the research was almost in line with the study of Vakili et al., who had reported the level of happiness in most of the nurses at an average level ³. However, it was inconsistent with the

study of Javanmardjad et al., who reported the happiness of nurses working in the emergency department of the hospitals of the University of Medical Sciences of Ilam province as good ³⁸. One of the factors affecting happiness that was obtained through a systematic review was the academic degree, which was located in the coding section of the educational factors. The results of Mozaffarinia et al.'s research, which was conducted under the title of investigating the relationship between spiritual health and happiness of Tarbiat Modares University students, showed that there is no significant relationship between the level of happiness and academic degree, which is not consistent with the present study ³⁹. By planning interventions focused on the spiritual cognition and emotional dimensions of students, we can enhance the level of happiness in this large and important segment of society, with greater hope that this happiness will have more durability and stability.

In this study, one of the components of happiness was the marital status, which is consistent with the research of Dashti Bozorgi et al. on nurses working in public hospitals in Ahvaz city ⁴⁰. Research studies indicated that married nurses are happier than single, divorced, and separated nurses or those who have lost their spouses. Also, the evidence showed that happier people have had more successful marriages ⁴¹. Married nurses tend to report higher happiness levels due to spousal emotional support, shared life responsibilities, and stability from committed relationships, critical buffers against occupational stress in nursing.

Socio-demographic factors, especially age, gender, and marital status, are related to increased occupational burnout ⁴². The results of a study showed that there was a statistically significant relationship between the age of the participants and high emotional burnout in such a way that 94.8% of people between 31 and 35 years old, compared to 78.4% of people between 25 and 30 years old, had high emotional burnout. Also, female healthcare professionals had higher emotional burnout compared to men (93% vs. 78%). It was also observed that females and individuals with an increase in age, depersonalization, and lack of personal success at work increase ⁴³. Because nurses work in environments where life and death and ensuring the patient's health are one of the most important issues, their happiness and having a happy spirit can affect their health and that of their patients. Another significant component of happiness was employment status, which was consistent with the study of Vakili et al. ³. The results of this study showed that satisfaction with health status, liking the job, and liking the work environment had a significant relationship with happiness. So, people who feel unhappy have more

physical problems on average ³. In another study, it was shown that increasing the working hours of nurses per week from the standard amount causes a significant decrease in their job performance and happiness ⁴⁴. Considering the results of the present study and other similar studies, it was found that many factors affect the happiness of nurses. Factors such as marital status are consistent with the present study's findings. In this regard, the research results indicated that marriage brings happiness. Based on the results of the studies, people who do not enjoy proper happiness are more likely to suffer from depression, anxiety, and its consequences, and abnormal social behaviors are more common in them. They also have a shorter life expectancy than other people. Therefore, it is necessary to pay attention to this important matter ²⁰.

One of the limitations of the present study was the difficulty of interviewing nurses and coordinating with them due to their busy schedules. In this study, only nurses from Ardabil hospitals were interviewed. The present study was conducted only on nurses in hospitals in Ardabil city. Therefore, the results may not be generalizable to other geographical areas with different cultural and organizational characteristics. The research population was limited to hospital nurses and did not include nurses from other healthcare centers, such as clinics or nursing homes. The study was conducted over a specific period, and results may change during different seasons of the year or under different working conditions. Therefore, other researchers should investigate and analyze other factors affecting the happiness of the nursing community in future similar studies to identify the existing challenges and harms and provide solutions to overcome them. Also, it is suggested that the officials promote the value of the nursing profession in society, pay attention to their concerns, and take action to solve their problems. At the time of dividing the monthly shifts, the opinions of the nurses should be taken into consideration, and travel plans should be considered for their mental health and happiness. To create and improve happiness, educational courses and workshops should be held, and the hospital's atmosphere should be as happy as possible. Supervisors should talk to the nurses with humor as much as possible, and under appropriate conditions, to improve their mood and motivation. Additionally, accessible and standard restrooms should be established in all hospital departments, incorporating amenities such as massage chairs, proper ventilation, and green spaces, allowing nurses to unwind during their breaks. The incentive and reward system should be scientifically designed and implemented, encompassing performance awards, official recognition, and material benefits for

exemplary nurses. A committee composed of nurses, managers, and psychologists should be formed to continuously review and update happiness enhancement programs. The physical space of the hospital should be designed to utilize appropriate colors, adequate lighting, and motivational messages in the workplace. Individual and group counseling programs should be available free of charge to nurses to address their psychosocial issues and challenges. Periodic surveys of nurses should be conducted to assess and improve the effectiveness of happiness programs.

Conclusions

This study demonstrated that various factors influence nurses' happiness, including personal, family, educational, occupational, and financial elements. By identifying these factors, effective solutions can be developed. According to interviews with the nurses, many issues and obstacles in their work have diminished their happiness. Therefore, by analyzing and recognizing the factors that affect happiness and addressing the existing challenges, practical solutions can be proposed to enhance nurses' happiness. Increasing happiness among nurses can improve work quality, foster a positive environment, boost productivity, reduce job burnout, and lower the desire to leave the job.

Highlights

What Is Already Known?

Nurses face significant occupational stress, which negatively impacts their mental health and job satisfaction. Since happiness and well-being play a crucial role in their performance and the quality of care they provide, understanding the factors that contribute to their happiness is important. Although various personal and professional elements affect nurses' overall happiness, there is still a limited understanding of these factors specifically from the perspective of nursing students.

What Does This Study Add?

This study employs a combined approach of systematic review and phenomenological analysis to deeply explore nursing students' lived experiences regarding the factors influencing their happiness. It identifies key personal, educational, occupational, and financial elements that affect nurses' happiness, while highlighting the specific challenges and barriers they face. Drawing on participants' perspectives, the research proposes practical strategies to enhance happiness and alleviate exhaustion within the nursing profession. Ultimately, the findings emphasize the importance of addressing both individual and systemic factors to establish a supportive environment that promotes nurses' happiness and overall mental health.

Authors' Contributions

The authors participated in all stages of the research.

Consent For Publication

We declare consent for publication.

Ethics approval

This study adhered to the principles of confidentiality, informed consent, and respect for the rights of the participants. Prior to filling out the questionnaires, participants provided oral informed consent. Throughout the research, all personal information was securely protected to ensure privacy.

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The extent of AI use

None.

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Conflict of interest

The authors declare that they have no conflict of interest.

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