

Original Article

Happiness at work and family interaction in nurses: cross-sectional study*

Felicidade no trabalho e interação familiar em enfermeiros: estudo transversal

Felicidad en el trabajo e interacción familiar en enfermeros: estudio transversal

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Abstract

Objective: to analyze the association among happiness at work, family interaction and sociodemographic/professional variables in nurses in the hospital context. **Methods:** cross-sectional study with a convenience sample of 363 nurses. Questionnaires for sociodemographic/professional characterization, Shorted Happiness at Work Scale and Survey Work-Home Interaction Nijmegen were applied. In data analysis and processing, descriptive and inferential statistics were used. **Results:** moderate levels of happiness at work (4.44 ± 1.15) and moderate to low levels of family interaction (1.02 ± 0.31) were observed. Marital status, leisure activities, place of work, length of professional experience, professional category, working hours and perception of stressful work were associated with happiness at work. Age, gender, children, dependents, leisure activities, length of professional experience, working hours and perception of stressful work were associated with family interaction. **Conclusion:** nurses showed moderate levels of happiness at work and moderate to low levels of family interaction, associated with specific sociodemographic and professional variables.

Descriptors: Happiness; Work-Life Balance; Nurses, Male; Nurses; Occupational Health

Resumo

Objetivo: analisar a associação entre felicidade no trabalho, interação familiar e variáveis sociodemográficas/profissionais em enfermeiros do contexto hospitalar. **Métodos:** estudo transversal

com amostra de conveniência de 363 enfermeiros. Foram aplicados questionário para caracterização sociodemográfica/profissional, *Shorted Happiness at Work Scale* e *Survey Work-Home Interaction Nijmegen*. Na análise e tratamento de dados, recorreu-se à estatística descritiva e inferencial. **Resultados:** observaram-se níveis moderados de felicidade no trabalho ($4,44 \pm 1,15$) e níveis moderados a baixos de interação familiar ($1,02 \pm 0,31$). Estado civil, atividades de lazer, local de trabalho, tempo de experiência profissional, categoria profissional, horário de trabalho e percepção de trabalho estressante associaram-se à felicidade no trabalho. Idade, sexo, filhos, dependentes, atividades de lazer, tempo de experiência profissional, horário de trabalho e percepção de trabalho estressante associaram-se à interação familiar. **Conclusão:** os enfermeiros apresentaram níveis moderados de felicidade no trabalho e moderados a baixos de interação familiar, associados a variáveis sociodemográficas e profissionais específicas. **Descritores:** Felicidade; Equilíbrio Trabalho-Vida; Enfermeiros; Enfermeiras e Enfermeiros; Saúde Ocupacional

Resumen

Objetivo: analizar la asociación entre felicidad en el trabajo, interacción familiar y variables sociodemográficas/profesionales en enfermeros en el contexto hospitalario. **Métodos:** estudio transversal con muestra por conveniencia de 363 enfermeros. Se aplicaron un cuestionario de caracterización sociodemográfica/profesional, el *Shorted Happiness at Work Scale* y el *Survey Work-Home Interaction Nijmegen*. En el análisis y procesamiento de los datos, se utilizó estadística descriptiva e inferencial. **Resultados:** se observaron niveles moderados de felicidad en el trabajo ($4,44 \pm 1,15$) y niveles moderados a bajos de interacción familiar ($1,02 \pm 0,31$). El estado civil, las actividades de ocio, el lugar de trabajo, la duración de la experiencia profesional, la categoría profesional, la jornada laboral y la percepción de trabajo estresante se asociaron con la felicidad en el trabajo. La edad, el sexo, los hijos, las personas dependientes, las actividades de ocio, la duración de la experiencia profesional, la jornada laboral y la percepción del trabajo estresante se asociaron con la interacción familiar. **Conclusión:** los enfermeros mostraron niveles moderados de felicidad en el trabajo y niveles moderados a bajos de interacción familiar, asociados a variables sociodemográficas y profesionales específicas. **Descritores:** Felicidad; Equilibrio entre Vida Personal y Laboral; Enfermeros; Enfermeras y Enfermeros; Salud Laboral

Introduction

The study of working conditions and workers' health has become increasingly important. Specifically in Nursing, work contexts have undergone several changes (teleworking, new technologies and demands), making it difficult to separate work and family, which can increase psychosocial risks (stress, bullying, burnout) and undermine professional and family life, health and well-being.¹ It is therefore essential to analyze work from a positive perspective, exploring constructs such as well-being, motivation and happiness.

Happiness at work is acquired through the experience of positive feelings and

experiences, involving the need to be meaningful to the worker. It is a broad construct that includes organizational and individual factors in the work context, which can be transitory (emotions and moods) and stable (dispositions and attitudes), as well as the concepts of engagement (affective and cognitive involvement and pleasure in doing the job), affective organizational commitment (feelings of attachment, belonging and identification with organizational values) and job satisfaction (judgments about salary, hierarchy and colleagues).² Considering the characteristics of the contexts in which nurses work, it is essential that these professionals are happy in order to be more productive and provide quality care. The happiness of nursing professionals is related to independence and values and influences turnover intention.³⁻⁴

Evidence shows that nurses have moderate to low levels of happiness,³⁻⁵ and, in a hospital context, one in seven feels happy in the exercise of their profession.⁴ Thus, fostering the happiness of these professionals is crucial, helping to increase productivity, improve working conditions, reduce absenteeism, abandonment and occupational illnesses, with an impact on guaranteeing the quality of work and health systems.^{4,6} It is also highlighted the existence of organizational and individual predictors that promote or hinder happiness in nurses. Favorable work environments, incentives for training, higher salaries and well-defined hierarchies^{2-4,7} are factors that promote happiness, while poor relationships with colleagues and superiors, instability in personal and professional life and barriers to career progression are factors that hinder happiness at work.³⁻⁴

On the other hand, work-family and family-work interaction have also been pointed out as possible variables that impact on the performance of these professionals, since the “process in which the functioning (behavior) of the individual in one domain (example: home) is influenced by the reactions (positive or negative) that have been developed in the other domain (example: work)”.^{8:322} However, the opposite can also happen, as changes in family dynamics and the effect they have on its members can also have repercussions on the way they perform their different roles in society, including that of worker.⁸ In this sense, the construct of family interaction reflects the integrative perspective of the analysis of the relationship between work and family, since it associates the direction (work-family and family-work) and the type of influence (positive and negative). This is a complex and increasingly topical issue, given that family

interaction is considered to be one of the main factors influencing nurses' physical and mental health.⁹ In addition, nurses are constantly exposed to professional demands (overlapping roles, care-related responsibilities, coordination with the multidisciplinary team, interaction with patients and families) and family demands (children, dependent people), which worsened during the Covid-19 pandemic.

Nurses are exposed to both subtypes of interaction, but experience more work-family interaction, which can be related to increased turnover intention, deterioration in health status, exhaustion, professional dissatisfaction and burnout.¹⁰ Likewise, family interaction influences the safety, performance and well-being of nurses, and can lead to dissatisfaction, stress, increased absenteeism, decreased productivity and the intention to leave work.¹

Nurse managers play a leading role in promoting healthy working environments. Assessing happiness at work and family interaction is essential, since it contributes to the quality of the provided care and the well-being of nurses.^{1,5}

This study is relevant due to the scarcity of evidence identified in research carried out in the most diverse scientific publication databases in the areas of happiness at work and family interaction, with nurses working in the hospital context as the target population, both nationally and internationally. The objective was to analyze the association among happiness at work, family interaction and sociodemographic and professional variables in nurses in the hospital context.

Methods

A cross-sectional survey was developed with nurses from the hospital context, who held management positions or provided care directly to patients, working day and night hours, 35 hours a week, in a Local Health Unit (LHU) in the north of Portugal, which covers a population of around 175,000 inhabitants. This LHU has around 370 inpatient and outpatient beds, including, among others, inpatient services in medical-surgical specialties, operating room, urgency and emergency services, pediatrics, gynecology and external consultation. The writing of the article was guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool.

The inclusion criteria were defined as having worked at the institution for six months or more and the exclusion criterion was being absent on some type of leave:

parental, wedding or vacation. From an eligible population of 696 nurses, the convenience sample selected consisted of 363, representing an adherence rate of 52.2%.

Data collection took place between March 11 and April 22, 2021, with the application of an online questionnaire, prepared using the Microsoft Forms program, containing three groups of information: sociodemographic/professional (gender, age, marital status, presence of children, dependents, help with providing care, leisure activities, place of work, educational qualifications, length of professional experience, professional category, working hours, perception of stressful work); the Shorted Happiness at Work Scale (SHAW);^{2,11} and the Survey Work-Home Interaction Nijmegen (SWING).^{8,12} Participants were previously informed by the researcher about the objectives of the study. Following the institution's procedure, the LHU communications office simultaneously sent an email to all nurses working in a hospital context containing the link to access the questionnaire. This was also published on the LHU intranet page. When accessing the link, participants could only respond to the questionnaire after expressly granting and expressing their free and informed consent. The standards of the General Personal Data Protection Law were met.

The SHAW is validated for the Portuguese population,^{2,11} consisting of nine items and three dimensions: engagement, job satisfaction and affective organizational commitment, assessed on a seven-point Likert scale (1- completely disagree and 7- totally agree), which can take values between 1 and 7, where the higher the obtained score, the higher the level of happiness at work.^{2,11} The values of the total SHAW and its dimensions are calculated by averaging the items. The internal consistency of the SHAW was analyzed based on Cronbach's Alpha coefficient values, which ranged between 0.682 and 0.896, representing a good consistency of this instrument and like the values of the original study, which ranged between 0.631 and 0.867.¹¹

The SWING is validated for the Portuguese population,^{8,12} including 22 items, with responses formulated on a four-point Likert scale (0- never and 3- always), distributed into four subscales: negative work-family interaction (eight items); negative family-work interaction (four items); positive work-family interaction (five items); and positive family-work interaction (five items). Using this scale allows obtaining a result for each subscale, with values between 0 and 3, with high values representing high levels of interaction

between work and family, positive and negative.¹² The internal consistency of the SWING was analyzed based on Cronbach's Alpha coefficient values, which ranged between 0.76 and 0.86, representing a good consistency of this instrument and analogous to the values of the original study, which ranged between 0.72 and 0.87.¹² The values of the total SWING and its subscales are calculated by averaging the items.

The data obtained through the Microsoft Forms program in online format were digitally transferred for analysis and processing to the IBM®SPSS® statistical analysis software, version 26.0. In the exploratory data analysis, absolute and relative frequencies, average and standard deviation were calculated. With regard to inferential statistics, given the sample size (n=363), it was considered that the sampling distribution of averages for the scales and their dimensions can be approximated by a normal distribution. Accordingly, Pearson's correlation, Student's t-test and analysis of variance - one-way ANOVA were used. Multiple comparisons, when required, were carried out using the Scheffé's test. The level of statistical significance assumed in all analyses was 0.05.

The Health Ethics Committee and the LHU Administrative Board approved this study (N°103/CE/JAS of 12/11/2020).

Results

From the eligible population of 696 nurses, after removing 10 participants due to the exclusion criteria and for not completing any question in the questionnaire, 363 nurses were included in the convenience sample. This consisted of female professionals (n=317; 87.6%), with an average age of 37.9(±10.1) years, with a partner (n=208; 57.3%), with children (n=187; 51.5%), without dependents (n=212; 58.4%), without help with providing care (n=78; 51.7%), with leisure activities (n=221; 60.9%), generalist nurses (n=247; 68%), from the medical-surgical area (n=218; 60.1%), with an average professional experience of 14.8(±10.0) years, with a graduation or post-graduation degree (n=318; 87.6%), with a turnover schedule (n=284; 78.2%) and who considered the work stressful (n=320; 88.2%).

Regarding levels of happiness at work, nurses had an average score of 4.44 (±1.15) in the total SHAW. The dimension with the highest average was engagement (5.02 ±1.32) and the dimension with the lowest average was job satisfaction (3.34 ±1.20)

(Table 1).

In the relationship between happiness at work and sociodemographic and professional variables, it was found that participants with a partner had higher averages of affective organizational commitment ($p=0.018$). Nurses who practiced leisure activities had higher engagement averages ($p=0.011$). Nurses who worked in the areas of women, children and young people showed higher averages in the total SHAW ($p=0.005$), engagement ($p=0.008$) and affective organizational commitment ($p=0.002$), when compared to nurses in the medical-surgical area. There was a positive linear association between length of professional experience and affective organizational commitment ($p=0.018$). Nurse managers and nurses with fixed schedule had higher averages on the total scale ($p=0.001$) and all dimensions ($p=0.004$; $p=0.020$; $p=0.002$). Nurses who considered their work stressful had lower averages on the total scale ($p<0.001$) and all dimensions ($p<0.001$; $p=0.001$; $p=0.016$) (Table 1).

Table 1 - Levels of happiness at work and their variation according to sociodemographic and professional characteristics. Porto, Portugal, 2021 (n=363)

Variables	<i>Engagement</i>	<i>Job satisfaction</i>	<i>Affective organizational commitment</i>	<i>Total SHAW</i>
Happiness at work				
Average (Standard deviation)	5.02 (1.32)	3.34 (1.20)	4.96 (1.47)	4.44 (1.15)
Gender				
Female	5.06 (1.32)	3.37 (1.20)	4.98 (1.48)	4.47 (1.16)
Male	4.79 (1.36)	3.16 (1.19)	4.88 (1.41)	4.28 (1.13)
p-value	0.203	0.258	0.685	0.293
Age (years) [†]	0.015	-0.005	0.096	0.045
p-value	0.769	0.931	0.067	0.288
Marital status				
With partner	5.06 (1.27)	3.29 (1.16)	5.13 (1.26)	4.49 (1.04)
Without partner	4.97 (1.39)	3.42 (1.26)	4.74 (1.70)	4.38 (1.29)
p-value	0.503	0.294	0.018*	0.364
Children				
Yes	5.00 (1.39)	3.24 (1.16)	5.10 (1.34)	4.45 (1.12)
No	5.05 (1.25)	3.45 (1.24)	4.82 (1.59)	4.44 (1.19)
p-value	0.723	0.108	0.080	0.995
Dependents				
Yes	4.96 (1.42)	3.25 (1.19)	5.12 (1.34)	4.44 (1.13)
No	5.07 (1.25)	3.41 (1.21)	4.85 (1.55)	4.44 (1.17)
p-value	0.440	0.225	0.078	0.990
Leisure activities				

Yes	5.17 (1.23)	3.43 (1.18)	5.00 (1.50)	4.54 (1.13)
No	4.80 (1.43)	3.20 (1.23)	4.91 (1.44)	4.30 (1.18)
p-value	0.011*	0.069	0.548	0.058
Place of work				
Medical-surgical	4.85 (1.37) [‡]	3.30 (1.29)	4.78 (1.56) [‡]	4.31 (1.24) [‡]
Women, children and young people	5.52 (1.13) [‡]	3.65 (1.16)	5.66 (1.08) [‡]	4.94 (0.96) [‡]
Critically ill patients	5.16 (1.24)	3.30 (1.00)	5.00 (1.35)	4.49 (0.97)
Technical committees	5.07 (1.55)	3.00 (0.53)	5.07 (0.64)	4.38 (0.74)
p-value	0.008*	0.233	0.002*	0.005*
Educational qualifications				
Graduation/Post-graduation	4.98 (1.34)	3.33 (1.23)	4.93 (1.50)	4.42 (1.18)
Master/Doctorate	5.31 (1.18)	3.40 (1.01)	5.19 (1.26)	4.63 (0.93)
p-value	0.120	0.694	0.283	0.165
Length of professional experience (years) [†]	0.041	0.003	0.125	0.070
p-value	0.441	0.958	0.018*	0.186
Professional category				
Specialist	5.34 (1.17) [‡]	3.54 (1.14)	5.24 (1.42) [‡]	4.71 (1.05) [‡]
Generalist	4.81 (1.35) ^{‡§}	3.20 (1.20) [‡]	4.76 (1.48) [‡]	4.26 (1.16) [‡]
Manager	6.01 (0.78) [§]	4.04 (1.17) [‡]	6.07 (0.88) [‡]	5.38 (0.78) [‡]
p-value	<0.001*	0.001*	<0.001*	<0.001*
Working hours				
Fixed	5.41 (1.30)	3.62 (1.22)	5.43 (1.35)	4.82 (1.10)
Turnover	4.92 (1.31)	3.27 (1.19)	4.84 (1.48)	4.34 (1.15)
p-value	0.004*	0.020*	0.002*	0.001*
Stressful work				
Yes	4.92 (1.33)	3.27 (1.20)	4.90 (1.46)	4.36 (1.15)
No	5.80 (0.94)	3.90 (1.03)	5.47 (1.49)	5.06 (0.99)
p-value	<0.001*	0.001*	0.016*	<0.001*

* p<0.05; †Pearson's coefficient; ‡Adjustment for multiple comparisons – Scheffé's test;

§Adjustment for multiple comparisons – Scheffé's test

In family interaction, nurses had a total SWING scale average of 1.02 (± 0.31), with the positive family-work interaction subscale having higher averages (Table 2).

In the relationship between family interaction and sociodemographic and professional variables, it was found that women had higher averages in positive family-work interaction ($p=0.022$). It was found that there was a negative linear association between age and the total scale ($p=0.001$) and positive ($p=0.013$) and negative ($p=0.041$) work-family interaction ($p=0.004$), as well as a positive linear association between age and negative family-work interaction ($p=0.025$).

Professionals with children had higher averages in the negative family-work

interaction ($p=0.029$) and lower averages in the positive work-family subscale ($p=0.008$). Among nurses with dependents, there were higher averages in negative family-work interaction ($p=0.024$). Those who practiced leisure activities had lower averages in the negative work-family interaction ($p<0.001$) and higher averages in the positive work-family subscale ($p=0.007$). It was observed that there was a negative linear association between the length of professional experience and the total scale ($p<0.001$), negative ($p=0.022$) and positive ($p=0.005$) work-family subscale and positive work-family subscale ($p=0.003$). There was also a positive linear association between the length of professional experience and the negative family-work subscale ($p=0.030$). Professionals with turnover schedule had higher averages in negative work-family interaction ($p=0.014$) and those who considered their work stressful had higher averages in negative work-family interaction ($p<0.001$) and lower averages in positive family-work interaction ($p=0.020$) (Table 2).

Table 2 - Levels of family interaction and their variation according to sociodemographic/professional characteristics. Porto, Portugal, 2021 (n=363)

Variables	Negative work-family interaction	Negative family-work interaction	Positive work-family interaction	Positive family-work interaction	Total SWING
Family interaction					
Average (Standard deviation)	1.09 (0.46)	0.47 (0.42)	1.07 (0.59)	1.29 (0.73)	1.02 (0.31)
Gender					
Female	1.09 (0.45)	0.47 (0.42)	1.08 (0.60)	1.32 (0.73)	1.03 (0.30)
Male	1.10 (0.51)	0.45 (0.40)	0.94 (0.53)	1.06 (0.65)	0.94 (0.32)
p-value	0.916	0.746	0.127	0.022*	0.055
Age (years) [†]	-0.107	0.118	-0.130	-0.151	-0.168
p-value	0.041*	0.025*	0.013*	0.004*	0.001*
Marital status					
With partner	1.13 (0.44)	0.48 (0.40)	1.02 (0.56)	1.30 (0.70)	1.03 (0.30)
Without partner	1.04 (0.48)	0.46 (0.44)	1.12 (0.62)	1.28 (0.77)	1.01 (0.32)
p-value	0.070	0.694	0.102	0.787	0.611
Children					
Yes	1.14 (0.47)	0.52 (0.39)	0.99 (0.56)	1.29 (0.70)	1.02 (0.30)
No	1.05 (0.44)	0.42 (0.44)	1.15 (0.61)	1.29 (0.76)	1.01 (0.32)
p-value	0.069	0.029*	0.008*	0.999	0.719
Dependents					
Yes	1.15 (0.46)	0.53 (0.39)	1.02 (0.58)	1.34 (0.69)	1.05 (0.31)
No	1.06 (0.45)	0.43 (0.43)	1.10 (0.60)	1.26 (0.76)	1.00 (0.31)
p-value	0.057	0.024*	0.220	0.287	0.105

Leisure activities					
Yes	1.00 (0.39)	0.43 (0.38)	1.13 (0.59)	1.29 (0.75)	1.00 (0.29)
No	1.23 (0.52)	0.52 (0.47)	0.96 (0.58)	1.29 (0.70)	1.06 (0.33)
p-value	<0.001*	0.056	0.007*	0.969	0.070
Place of work					
Medical-surgical	1.10 (0.47)	0.45 (0.39)	1.06 (0.57)	1.29 (0.73)	1.01 (0.31)
Women, children and young people	1.00 (0.39)	0.44 (0.40)	1.07 (0.65)	1.45 (0.72)	1.02 (0.25)
Critically ill patients	1.13 (0.47)	0.54 (0.48)	1.06 (0.60)	1.22 (0.72)	1.03 (0.33)
Technical committees	1.05 (0.36)	0.65 (0.52)	1.40 (0.80)	1.12 (0.73)	1.07 (0.48)
p-value	0.409	0.239	0.647	0.310	0.968
Educational qualifications					
Graduation/Post-graduation	1.10 (0.47)	0.46 (0.42)	1.08 (0.60)	1.29 (0.75)	1.02 (0.31)
Master/Doctorate	1.03 (0.37)	0.51 (0.44)	0.97 (0.52)	1.33 (0.58)	0.99 (0.32)
p-value	0.343	0.479	0.245	0.661	0.515
Length of professional experience (years) [†]	-0.120	0.114	-0.147	-0.156	-0.185
p-value	0.022*	0.030*	0.005*	0.003*	<0.001*
Professional category					
Specialist	1.03 (0.44)	0.53 (0.40)	1.00 (0.58)	1.27 (0.74)	0.99 (0.29)
Generalist	1.13 (0.46)	0.45 (0.43)	1.08 (0.59)	1.31 (0.72)	1.03 (0.32)
Manager	0.98 (0.47)	0.47 (0.36)	1.17 (0.68)	1.23 (0.84)	0.98 (0.23)
p-value	0.092	0.212	0.397	0.848	0.420
Working hours					
Fixed	0.98 (0.48)	0.54 (0.41)	1.07 (0.60)	1.31 (0.75)	1.00 (0.27)
Turnover	1.13 (0.45)	0.45 (0.42)	1.06 (0.59)	1.29 (0.72)	1.02 (0.32)
p-value	0.014*	0.086	0.887	0.790	0.489
Stressful work					
Yes	1.14 (0.45)	0.48 (0.42)	1.06 (0.58)	1.26 (0.71)	1.03 (0.31)
No	0.73 (0.37)	0.41(0.36)	1.13 (0.69)	1.53 (0.83)	0.94 (0.31)
p-value	<0.001*	0.295	0.476	0.020*	0.089

* p<0.05; †Pearson's coefficient

In the relationship between happiness at work and family interaction, there was a positive correlation among happiness at work and work-family interaction ($p<0.001$) and positive family-work interaction ($p<0.001$) and a negative correlation among happiness at work and work-family interaction and negative family-work interaction ($p<0.001$; $p=0.011$) (Table 3). It was also found that the increase in levels of engagement and job satisfaction work boosted the increase in positive interaction and the decrease in negative interaction, in both directions, and the increase in levels of affective organizational commitment boosted the increase in positive interaction, in both directions, and the decrease in negative work-family interaction.

Table 3 – Correlation between happiness at work and family interaction. Porto, Portugal, 2021 (n=363)

Scales	<i>Engagement</i>	Job satisfaction	Affective organizational commitment	Total
Negative work-family	-0.330	-0.335	-0.225	-0.338
p-value	<0.001*	<0.001*	<0.001*	<0.001*
Negative family-work	-0.141	-0.114	-0.093	-0.133
p-value	0.007*	0.030*	0.077	0.011*
Positive work-family	0.378	0.337	0.317	0.363
p-value	<0.001*	<0.001*	<0.001*	<0.001*
Positive family-work	0.368	0.286	0.370	0.397
p-value	<0.001*	<0.001*	<0.001*	<0.001*
Total	0.150	0.092	0.193	0.172
p-value	0.004*	0.082	<0.001*	0.001*

*p<0,05

Discussion

The levels of happiness at work identified in the professionals in this study were moderate. The engagement dimension obtained the highest score, while job satisfaction was the lowest, values like those of other researchers.²⁻³

Happiness is related to feelings of pride, achievement of personal and organizational goals, professional fulfillment and meaningful actions for others,⁴ factors that are related to engagement and affective organizational commitment. The higher obtained levels of engagement and affective organizational commitment may be associated with motivation, a sense of mission for being on the front line in the fight against the pandemic and the desire that these professionals have in terms of providing the best health care in the midst of the Covid-19 pandemic. However, the pandemic context led to profound changes in work contexts (organizational changes, mobility of nurses to services intended for patients with Covid-19, changes in work shifts, absence of breaks during the working day due to personal protective equipment, use of teleworking), further accentuating the scarcity of human and material resources, poor working conditions, low salaries and work overload, thus contributing to increased professional dissatisfaction.⁴

Participants with a partner showed higher levels of affective organizational

commitment, a fact corroborated by other researchers, which can be justified because nurses with a partner have more economic burdens and family responsibilities, being more committed to the organization, thus enhancing the guarantee of your job and, inherently, financial safety.

Practicing leisure activities was associated with higher levels of engagement. Similar results were obtained in studies with identical populations in other countries.^{3,5,7} Carrying out leisure activities influences the adoption of self-care behaviors, promoting well-being, quality of life and mental health, which promote happiness.⁵

Working in the areas of women, children and young people represented higher values in engagement, affective organizational commitment and happiness at work, when compared to the medical-surgical area. In relation to this variable, other researchers have identified the existence of a correlation between happiness and the place of work.^{5,13} The characteristics of the services that integrate the areas of women, children and young people may justify the obtained results, as they may provide more pleasant working environments by allowing nurses to experience positive experiences and dynamic routines. On the other hand, in these services, the presence of the family in the health care environment and a family-centered approach can be verified, which could be a stimulus to motivation, involvement, professional fulfillment and, consequently, promote happiness at work.

The results demonstrated that, with increasing time of professional experience, nurses showed an increase in levels of organizational commitment, which corroborates the evidence obtained by other researchers in Portugal³ and Iran.⁵ As people get older, they are happier because they have greater work experience and, usually, occupy stable professional positions with the likelihood of progression to management positions, providing visibility and institutional and social recognition.

Nurses with the manager category showed higher levels of happiness at work, engagement, job satisfaction and affective organizational commitment, corroborating the evidence obtained in another investigation.³ These professionals have fixed schedule, higher salaries and better career positioning, contributing to job satisfaction, engagement, affective organizational commitment and happiness at work.⁵

Professionals with fixed schedule showed higher levels of engagement, job

satisfaction, affective organizational commitment and happiness at work, data identical to those obtained by other researchers.⁵ Working shifts involves working at night, weekends and during festive seasons, with turnover and/or night schedule having negative consequences on professionals' health (changes in sleep and metabolism), with an impact on job satisfaction, mental health and professional performance.¹⁴

Participants who considered work stressful had lower levels of happiness at work and all dimensions, which is corroborated by a study carried out with Portuguese nurses.³ The Nursing profession is one of the most exposed to stress due to the physical and emotional demands it is subjected to on both a personal and professional level, and the pandemic context that was experienced at the time of data collection may have led to an increase in situations of distress that these professionals experience daily and that affect their physical and psychological well-being.^{1,4,8}

In family interaction, the results showed higher levels of positive family-work interaction and lower levels of negative family-work interaction, results like those of the study carried out with Portuguese and Spanish nurses.¹ The negative interaction was higher in the work-family direction and the positive interaction was higher in the family-work direction, like other results.¹ These findings may be related to the existence of good family support and the pandemic context that accentuated the painful and exhausting characteristics in which these professionals practiced their profession. Furthermore, the family has greater permeability, adapting better to professional demands, and it is more common to postpone carrying out a family activity than a professional activity.¹

Women showed higher levels of positive family-work interaction. There are many studies that demonstrate that women have higher interaction values,^{1,9,15} but there are different results in the direction (positive and negative) and the type of influence (work-family and family-work). Culturally, women take on complementary work commitments and family responsibilities, which can make family interaction difficult.¹ However, playing multiple roles can lead to the acquisition of skills to deal with different challenges and the development of negotiation and problem and time management skills, which can be an added value for work performance.

Increasing age and length of professional experience were associated with a

decrease in negative work-family interaction, positive work-family interaction and positive family-work interaction and an increase in negative family-work interaction, as observed in Portuguese, Spanish and Brazilian professionals working in a hospital context.^{1,10} There is evidence that length of professional experience is a predictor of work-family interaction and family-work interaction.¹⁰ Younger people experience a greater multiplicity of roles and career demands, while older people are more experienced and have greater autonomy and decision-making capacity, facilitating the resolution of problems related to work and personal and family life.^{1,16}

Having children corresponded to higher levels of negative family-work interaction and lower levels of positive work-family interaction, indicating the same trend already found in the same population.¹⁶⁻¹⁷ Family and professional conflicts can be more common in workers with children, due to increased responsibilities, demands and tensions in family life, which can cause conflict with demands in professional life when they are not managed properly.¹⁶⁻¹⁸

Among participants with dependents, higher levels of negative family-work interaction were observed, like other developed studies.^{17,19} Providing informal care is a challenge for many workers, with an impact on family interaction, and there is an increasing need to be full-time caregivers, that is, caregivers at the place of work and caregivers at home.¹⁶

The practice of leisure activities was associated with higher levels of positive work-family interaction and lower levels of negative work-family interaction, which was corroborated by work carried out with Portuguese and Spanish professionals.¹ Authors argue that carrying out leisure activities helps workers to recover psychologically from professional demands, increases the experience of positive emotions and provides an improvement in family relationships, thus reducing work-family conflict.¹

Nurses who work in turnover schedule showed higher levels of negative work-family interaction, corroborating evidence from other studies carried out in different countries.^{1,19} Shift work requires an effective organization of family life and negatively affects the social and family life of workers, as there is a mismatch with the schedules of family, friends and public services and a reduction in the time available for family responsibilities,¹⁸ thus interfering in the need for leisure, which is essential for the restoration of physical and mental health.

Workers who considered work stressful had higher levels of negative work-family interaction and lower levels of positive family-work interaction, data like those obtained in the comparative study between Portuguese and Spanish workers.¹ This is because Nursing is one of the most stressful professions, a result of emotional demands, interaction with other professionals, patients and families, work overload and shift work.⁴ The impact of stress on family conflicts should be highlighted, which can emerge due to expectations and demands within the family environment.

In the relationship between happiness at work and family interaction, it was observed that, with an increase in happiness at work, there was an increase in positive interaction and a decrease in negative interaction, corroborating evidence from other investigative studies.²⁰ Furthermore, it was found that positive interaction promotes increased levels of engagement, affective organizational commitment and job satisfaction, a trend also verified by other researchers.¹⁰

The relationship between happiness at work and family interaction is still little studied because no studies were found that analyze their relationship, but it is known that Nursing is one of the professions with the greatest exposure to stress factors in the place of work and in the family environment, which impacts happiness at work. The observed results demonstrate that happiness at work is influenced by the quality of the relationship between work and family, that is, it can be inferred that family interaction is a factor that facilitates happiness at work¹⁵ and that engagement, affective organizational commitment and job satisfaction are predictors of family interaction.¹⁰ Therefore, improving the quality of the relationship between work and family could contribute to increasing levels of happiness at work.

The literature has recognized the importance of support from the nurse manager, which permeates different areas of the nursing work process (assisting, administering, teaching and researching), in the quality of the provided care, in the domain of family interaction and in the connection with the occupational health team, essential for identifying factors that may harm nurses' health. In this way, the research carried out on happiness at work and family interaction in Portuguese nurses provides an important contribution to expanding the scientific body of knowledge in Nursing, besides allowing nurse managers to understand the implications that happiness at work and family

interaction have in promoting healthy work environments, which are fundamental for the physical and mental health of these professionals and for the safety and quality of care.

Considering the current situation, it is essential to develop strategies that promote happiness at work and family interaction, namely, effective communication, mindfulness, flexible schedules, stress management and physical activity.¹

Limitations include the fact that data collection was carried out in a pandemic context and online, which may have affected participants' adherence; the convenience sample and the study design, which does not allow extrapolation of the obtained results; and, finally, being limited to a LHU may have conditioned the responses, since all nurses were under the influence of the same organizational climate.

This research work can contribute to raising awareness among nurses, managers and organizations regarding the importance of promoting health in the place of work, as promoting happiness at work and family interaction brings benefits to the worker and the organization, reducing absenteeism, presenteeism and occupational diseases, with a consequent improvement in workers' productivity and quality of life.

Therefore, research in this area must continue, considering the analysis of other variables, such as organizational climate, leadership styles, motivation and social support.

Conclusion

Nurses showed moderate levels of happiness at work, which were associated with the variables: marital status, leisure activities, place of work, length of professional experience, professional category, working hours and perception of stressful work. The levels of family interaction found here were moderate to low and were associated with the variables: age, gender, having children, dependents, leisure activities, length of professional experience, working hours and stressful work. The study showed the existence of a positive correlation between happiness at work and positive interaction in both directions (work-family and family-work) and a negative correlation between happiness at work and negative interaction in both directions.

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