

The Relationship of Happiness and Social Health with Psychological Well-Being of Nurses in the Western Region of Mazandaran Province

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Abstract

Background and Aim: Nurses, due to the nature of their job, are exposed to psychological pressures, occupational burnout, and continuous interaction with patients and their families. Therefore, the present study aimed to investigate the relationship between happiness, social health, and psychological well-being among nurses in the western region of Mazandaran Province.

Materials and Methods: The research method employed a descriptive-correlational approach, and the statistical population consisted of all nurses in the west region of Mazandaran Province in 2025, comprising 297 individuals. The sample size was determined using Cochran's table, resulting in 168 nurses who were selected through random sampling. They were assessed using the Oxford Happiness Questionnaire (Argyle & Lu, 1989), the Keyes Social Well-being Questionnaire (KSWBQ, 2007), and Ryff's Psychological Well-being Scale (1989), all of which have appropriate validity and reliability. Data were analyzed using Pearson correlation and stepwise multiple regression methods via SPSS software.

Results: The results indicated a significant positive relationship ($p < 0.001$) between happiness and social health with psychological well-being among nurses in the western region of Mazandaran. Furthermore, happiness and social health were predictors of nurses' psychological well-being. Among the happiness components, social coherence (0.379), and among the social health components, positive affect (0.448) had the greatest impact on psychological well-being.

Conclusion: It can be concluded that enhancing happiness and improving social health indicators in

nurses' work environment can play an important role in increasing their psychological well-being. Therefore, health policymakers and hospital managers can improve nurses' mental conditions and job quality of life by creating supportive work environments, welfare programs, and strengthening positive social relationships.

Keywords: Happiness, Social Health, Psychological Well-being, Nurse.

Introduction

Nurses, as key members of the healthcare team, play an important role in improving society and are constantly exposed to various stressors in the workplace due to their professional responsibilities (1). These pressures can lead to consequences such as decreased job satisfaction, burnout, psychological disorders, and decreased quality of services. Therefore, it is of particular importance to pay attention to the components that can maintain and improve the mental health of nurses. Psychological well-being is one of the key indicators of mental health. Psychological well-being is a state of mental health that includes a sense of self-satisfaction, the ability to manage the environment, having positive relationships with others, independence in decision-making, purposefulness in life, and personal growth, and indicates optimal performance and meaningfulness in an individual's life (2). Moreover, psychological well-being is not only crucial for individual nurses' personal development, but it also significantly affects patient care outcomes, organizational efficiency, and overall healthcare quality, emphasizing the multidimensional impact of mental health in clinical settings (3).

Recent research shows that happiness and social health are important and influential factors on psychological well-being; higher levels of these two components can lead to better coping with job pressures and improved quality of work life (4). Studies have further indicated that interventions aimed at enhancing happiness and social health in healthcare workers result in measurable improvements in resilience, reduced absenteeism, and increased professional commitment (5).

Happiness refers to a state in which an individual feels satisfied and happy with their life, including frequent experience of positive emotions and fewer negative emotions. This concept is a combination of cognitive life satisfaction and everyday positive emotions that improve an individual's mental health and quality of life (6). Research has shown that happiness has a positive effect on psychological well-being; in that an increase in the level of happiness increases the feeling of satisfaction, personal growth, and self-acceptance in individuals (7). Furthermore, happiness contributes to the development of adaptive coping strategies, reduces stress perception, and enhances interpersonal interactions in professional environments (8). Another influential factor is social health. Social health is referred to as an individual's ability to establish and maintain positive and supportive relationships with others, a sense of belonging to society, and active participation in social activities, which improves psychological well-being and quality of life (9). In healthcare contexts, strong social health among nurses has been associated with better team collaboration, higher patient satisfaction, and a supportive workplace culture that mitigates the negative effects of occupational stress (10). Research shows that people with high social health are better able to manage workplace pressures and maintain their psychological quality of life (11). Therefore, given the necessity of conducting research and since such research has not been conducted in the country, the researcher decided to conduct a study aimed at determining the relationship between happiness and social health with the

psychological well-being of nurses in western Mazandaran province in 1404.

Materials and Methods

The present study is a descriptive-correlational study nurses in western Mazandaran province in 1404. 168 nurses were selected using random sampling. The inclusion criteria for the study included the following: nurses must be from one of the hospitals in western Mazandaran province and must not have a chronic illness or mental illness for which they are receiving medication. The exclusion criterion for the study was failure to complete the questionnaires.

The questionnaires used in this study included:

Demographic characteristics questionnaire: including age, gender

Oxford Argyle and Lowe Happiness Questionnaire (1989): This questionnaire has 29 questions and measures 5 components including: life satisfaction, self-esteem, subjective well-being, satisfaction, and positive mood. The questionnaire is scored on a 4-point Likert scale including: not at all (0); low (1); medium (2) and high (3). As a result, the minimum score in it is zero and the maximum score in it is 87, and a higher score indicates greater happiness. Item number 8 is calculated jointly in the life satisfaction and health subscales, and item number 14 is calculated jointly in the life satisfaction and positive mood subscales. Test-retest reliability was reported to be 0.78 after 6 weeks and 0.67 after 5 months. Cronbach's alpha coefficient of the Oxford Happiness Inventory was reported to be 0.98, split-half reliability was 0.92, and test-retest reliability was reported to be 0.79 after three weeks. (8).

Keyes Social Health Questionnaire (2007): The Social Health Questionnaire was developed by Keyes at the MacArthur Foundation in the United States in 2004 and has been tested for validity and reliability in several studies. This questionnaire has 21 questions and aims to examine the level of social health from different dimensions (social health, social flourishing, social solidarity, social cohesion, social acceptance, social participation). The response scale is Likert type, and to obtain the total score of the questionnaire, the sum of the scores of all

questions is added together. Higher scores indicate higher social health and vice versa. The construct validity and reliability of this questionnaire were confirmed, and the reliability of the questionnaire or its trustworthiness was calculated using the Cronbach's alpha measurement method of 0.80 (9).

Riff Psychological Well-Being Questionnaire (short form). This questionnaire was designed by Riff in 1989 and the original form of this questionnaire has 120 items, but in subsequent studies, shorter forms of 84 items, 54 items and 18 items were also proposed. In the present study, the Riff Psychological Well-Being Questionnaire, short form 18 questions, was used to measure the psychological well-being variable, and its aim was to evaluate and examine psychological well-being from different dimensions (self-acceptance, positive relationships with others, autonomy, mastery of the environment, purposeful living and personal growth of self-acceptance). In this questionnaire, which was prepared for adults, the subject must indicate on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree) to what extent he or she agrees or disagrees with each statement. The scoring method for the options of the Riff psychological well-being scales is as follows: strongly disagree = 1; somewhat disagree = 2; slightly disagree = 3; slightly agree = 4; somewhat agree = 5; strongly agree = 6). By obtaining the score for each subscale, it is sufficient to add together the scores of all the statements related to the desired subscale, and the total psychological well-being score is obtained from the sum of the scores of the 18 statements. The reliability and Cronbach's alpha of this scale have been reported as 0.70 and 0.71, respectively (10). In order to standardize the psychological well-being scale in Iran, it was administered on a sample of 145 people, and the test-retest reliability coefficient of this scale was .82. It was found to be statistically significant (11). After explaining the purpose of the study and emphasizing the confidentiality of the responses, the questionnaires were distributed to the nurses and the data were collected. Finally, the collected data were analyzed using Pearson correlation coefficient and stepwise regression in SPSS version 24 software. In the descriptive section, central indices (mean), dispersion indices (variance

and standard deviation) were used, and in the inferential section, Pearson correlation coefficient test and multiple regression test (stepwise) were used.

In order to comply with ethical principles, the nurses were assured that their information was confidential and there was no need to state their names and surnames. Written consent was obtained from all of them to participate in the study.

Findings

In order to examine the status of the research variables, descriptive statistical indicators including frequency, mean, percentage and standard deviation as well as inferential statistics such as Pearson correlation test and multiple regression were used. The total number of subjects was 168, of which 139 were female (83%) and 29 were male (17%). The age of the participants ranged from 20 to 45 years, with most of the samples (60%) being 20 to 25 years old. Demographic information of the samples is given in Table 1.

Table 1: Demographic characteristics of nurses

variable		Number	Percentage
Gender	Woman	139	83
	Man	29	17
Age	20-25	101	60
	26-30	44	26
	Over 30 years old	24	14

The results of descriptive statistics showed that the highest average of the happiness variable components was related to the life satisfaction component with a mean of (46.64) and a standard deviation of (4.36). This finding indicates that life satisfaction as one of the dimensions of happiness is a significant strength in the sample group and probably plays an important role in their psychological well-being. The lowest mean of the happiness variable was related to the self-esteem component with a mean of (7.78) and a standard deviation of (2.37). The highest mean of the social health variable was related to the social flourishing component with a mean of

(16.30) and a standard deviation of (4.51). These results show that the nurses participating in the study obtained the highest social health score in the social flourishing dimension; the standard deviation also indicates that although the majority scored high in this component, the level of social flourishing experience was somewhat different between individuals. The lowest mean of the social health variable was related to the social solidarity component with a mean of (8.05) and a standard deviation of (2.71). The mean of the social well-being variable was (59.71) and a standard deviation of (6.30) (Table 2).

In order to examine the relationship between the research variables, the Pearson correlation test was used. The results showed that there is a positive and significant relationship between life satisfaction and psychological well-being ($p < 0.001$, $r = 0.367$); meaning that increasing life satisfaction is associated with improving psychological well-being. Also, positive mood was positively and significantly correlated with psychological well-being ($p < 0.001$, $r = 0.448$), which indicates the reinforcing role of positive emotional states in improving psychological well-being. Furthermore, the results showed that health ($p < 0.001$, $r = 0.336$), efficacy ($p < 0.001$, $r = 0.348$), and self-esteem ($p < 0.001$, $r = 0.330$) all have a positive and significant relationship with psychological well-being. These findings indicate that improving physical condition, feeling empowered, and self-worth can play an important role in improving psychological well-being. Also, among the components of social health, social flourishing ($p < 0.001$, $r = 0.360$), social solidarity ($p < 0.001$, $r = 0.354$), social cohesion ($p < 0.001$, $r = 0.379$), social acceptance ($p < 0.001$, $r = 0.360$), and social participation ($p < 0.001$, $r = 0.360$) all had a positive and significant relationship with psychological well-being. These results indicate that the higher the individuals' perception of social cohesion, acceptance, solidarity, and flourishing, the higher their psychological well-being will be (Table 3).

The findings showed that the regression models examined have appropriate adequacy and the variables studied have a positive and significant role in explaining the psychological well-being of nurses.

Table 3: Pearson Correlation of Happiness and Social Health Components with Psychological Well-Being in Nurses

Variables	Min value	Max value	Mean	Standard deviation	Number
Life satisfaction	36	54	46.64	4.36	168
Positive affect	12	40	33.43	6.28	168
Health	12	30	26.76	3.85	168
Competence	4	20	16.42	4.53	168
Self-esteem	2	10	7.78	2.37	168
Social flourishing	4	20	16.30	4.51	168
Social solidarity	2	14	8.05	2.71	168
Social cohesion	2	15	8.18	2.97	168
Social acceptance	4	20	16.28	4.46	168
Social problems	4	20	16.27	4.44	168
Social well-being	45	70	59.71	6.30	168

in the combined model including four variables: positive mood, social cohesion, life In the combined model including four variables: positive mood, social cohesion, life satisfaction, and social acceptance, the final multiple correlation coefficient was 0.689, the coefficient of determination was 0.475, and the adjusted coefficient of determination was 0.462; in other words, about 46.2 percent of the changes in psychological well-being were explained by these four variables. The standardized beta showed that positive mood, with $\beta=0.448$, had the largest contribution to predicting well-being. The Durbin-Watson statistic of 1.566 also indicated the independence of the residuals and the absence of significant autocorrelation. In the section related to the happiness variables (positive mood, self-esteem, life satisfaction, and efficacy), the final model had a correlation coefficient of 0.674, a coefficient of determination of 0.455, and an adjusted coefficient of determination of 0.441; meaning that about 44.1 percent of the variance in well-being was explained by these components. In this model, positive mood had the highest standard effect, and the Durbin-Watson statistic of 1.706 confirmed the adequacy and independence of the residuals. In the analysis of social health components, the combination of social cohesion and social acceptance resulted in a

model with a correlation coefficient of 0.465, a determination coefficient of 0.216, and an adjusted determination coefficient of 0.206; that is, about 20.6% of the changes in psychological well-being are explained. In this section, social cohesion had the highest contribution to prediction with $\beta = 0.379$, and the Durbin-Watson value of 1.536 confirmed the independence of the residuals. In general, all variables included in the models were significant and their effects were reported as positive. These results confirm the research hypotheses that there is a significant relationship between happiness and social health with psychological well-being in nurses and show that positive mood and social cohesion are the most important predictors, respectively (Table 4).

Discussion

This study was conducted with the aim of determining the relationship between happiness and social health with psychological well-being of nurses in western Mazandaran province. The findings showed that there is a positive and significant relationship between happiness and social health and psychological well-being of nurses. This result is in line with previous studies that have emphasized the simultaneous role of individual factors (happiness) and social factors (social health) in promoting psychological well-being (12). The researcher's view is that nurses, as an influential group in the health of society, need emotional balance, social health, and a sense of satisfaction in life in order to be able to deal with environmental changes and job pressures in an adaptive and efficient manner. The results showed that the components of happiness, especially "positive mood", are strong predictors of psychological well-being. This finding is in line with previous studies that have considered increased happiness to be associated with increased psychological well-being (13). From the researcher's perspective, happiness is not only a pleasant feeling, but also a cognitive and motivational factor that causes people to have a more positive and hopeful attitude when facing problems, and this attitude

increases their psychological resilience. The results showed that the components of social health, especially "social cohesion", are strong predictors of psychological well-being. This result is in line with previous studies that have emphasized the role of healthy social relationships and social support in promoting mental health (14). From the researcher's perspective, social health causes nurses to establish more positive and effective relationships with their patients and colleagues, to have a greater sense of belonging and security, and as a result, to have a greater ability to cope with psychological stress. Key findings from this study indicate that "positive mood" as a dimension of happiness and "social cohesion" as a dimension of social health are the strongest predictors of psychological well-being among nurses. This is important because, according to Ryff's theory of psychological well-being, positive affect and meaningful social ties are central components in achieving higher levels of well-being. Moreover, this study confirms the principles of the broaden-and-build theory (Fredrickson, 2001), which posits that positive emotions broaden individuals' thought-action repertoires and build enduring personal and social resources. From this perspective, nurses with higher happiness and stronger social health are more resilient and adaptive in the face of occupational stressors. In comparison with more recent studies, the results of the present research are consistent with previous findings (15), which emphasized that social well-being, particularly social integration and cohesion, is critical for mental health among health-care workers. Similarly, recent large-scale studies in nursing populations (16) highlight that workplace social support and positive affectivity significantly reduce burnout and enhance psychological well-being. However, in contrast to studies conducted in Western contexts where structural factors such as organizational justice and workload are emphasized as stronger predictors of well-being, our findings underscore the primary role of individual (happiness) and relational (social

cohesion) variables in an Iranian nursing population. This suggests that cultural and contextual differences may shape which factors most strongly predict well-being. Therefore, while the current study demonstrates strong associations, it also faces certain limitations in terms of theoretical integration and generalizability. A more critical reading of the results reveals that although positive mood and social cohesion are significant predictors, they might interact with organizational-level determinants such as leadership style, job autonomy, and institutional support, which were not measured in this study. Future research should therefore examine the interaction between individual, social, and organizational predictors of psychological well-being within a more comprehensive theoretical framework. The following are some of the limitations of this study: Positive or negative correlations between variables in this study may be due to other causes that cannot be identified through cross-sectional studies. Therefore, it is recommended to use longitudinal (continuous) studies in this field if possible. Also, there was a lack of complete access to similar research in the field of the research topic, especially regarding the social health variable and its relationship with psychological well-being, which in fact did not have enough resources in this field. It is suggested that educational workshops be held to increase the level of happiness and life expectancy and given the importance of psychological well-being, and to generalize the results, a similar study be conducted on a larger scale. And since social health directly predicts the psychological well-being of nurses, it is suggested that a favorable environment be created to increase the level of social health of this group by increasing indicators related to material and social well-being and life satisfaction indicators, each of which will in turn be effective in increasing the level of satisfaction with nurses' lives.

Conclusion

In general, the present study showed that paying attention to individual (happiness) and social (social health) dimensions can

pave the way for improving the psychological well-being of nurses. Strengthening these components is recommended both through life skills training programs and by creating supportive and interaction-oriented environments in health centers.

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Conflict of Interest

There were no conflicts of interest in this study.

Sponsorship and Ethical Considerations This study had no sponsor.

Table 2: Statistical Characteristics of Research Variables — Components of Happiness and Social Health Variables and the Variable of Psychological Well-being

Variables	1	2	3	4	5	6	7	8
1.Life satisfaction	1	0/372**	0/290**	0/113	0/168	0/112	0/143	0/127
2.Positive affect	-	1	0/723**	0/057**	0/114	0/075	0/084	0/070
3.Health	-	-	1	0/081	0/054	0/082	0/045	0/039
4.Self-efficacy	-	-	-	1	0/279**	0/491**	0/260**	0/279**
5.Self-esteem	-	-	-	-	1	0/279**	0/557**	0/396**
6.Social flourishing	-	-	-	-	-	1	0/263**	0/274**
7.Social solidarity	-	-	-	-	-	-	1	0/403**
8.Social cohesion	-	-	-	-	-	-	-	1
9.Social acceptance	-	-	-	-	-	-	-	-
10.Social participation	-	-	-	-	-	-	-	-
11.Social participation	-	-	-	-	-	-	-	-

Table 4: Regression Table Predicting Psychological Well-Being Based on Happiness and Social Health Components in Nurses

Model	Correlation coefficient (R)	Coefficient of determination (R ²)	Adjusted coefficient of determination (Adjusted R ²)	Standardized Beta (β)	Predictor Variables	Social Health (Social Cohesion and Social Acceptance)
Combined Model (Happiness and Social Health)	0/689	0/475	0/462	-	Positive affect, Social cohesion, Life satisfaction, Social acceptance	1/566
Happiness (Positive Affect, Self-Esteem, Life Satisfaction, Self-Efficacy)	0/674	0/455	0/441	0/448 (Positive Affect)	Positive affect, Self-esteem, Life satisfaction, Self-efficacy	1/706
Social Health (Social Cohesion and Social Acceptance)	0/465	0/216	0/206	0/379 (Social Cohesion)	Social cohesion, Social acceptance	-

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