

Happiness: Bhutanese Nurses, Who Work in One of the Happiest Districts, Perspectives

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Abstract. *Happiness is not only important to our personal lives, but is also important to our global community. Happiness in nursing is of vital importance to motivate nurses to demonstrate their competency with interest to work beyond what they are supposed to do, adding to the quality of care through patient or customer satisfaction, improving the organizational product and profiting through transformation of workforce attitude of willingness. This qualitative research study explored the perspective of nurses working in the happiest district in the Eastern region of Bhutan, through qualitative enquiry, to find the real world of nurses working in this district. Data were collected through in-depth interviews with 14 nurses in one of the hospitals in Eastern Bhutan. The findings in this study generated four major sections: (1) Happiness, (2) Factors that influence the feelings of happiness, (3) Job related factors that influence feelings of happiness, and (4) Job related factors that should be changed, including an independent nursing organization, better incentives and benefits for nurses, regular and justice training or education for nurses. There are two interesting implications for practice, an implication for the organizational level and at the government or policy making level.*

Keywords: Happiness, Experiences, Nurse, Bhutan

Introduction

Happiness in nursing is of vital importance to motivate nurses to demonstrate their competency, with interest to work beyond what they are supposed to do, add to the quality of care through patient or customer satisfaction, improve the organization's product and profit through transformation of the workforce attitudes of willingness, dedication, creativity and innovation, having a clear mindset and emotional competency towards the work they do, and being compassionate with high ethics and integrity. The nurse in the happiest district is expected to be happy at their work as the district index shows and intends to explore their experiences of happiness. The importance of happiness is to achieve many personal ambitions and goals that we all seek. Happiness helps to transform people to become more compassionate, more creative, more energetic, and more successful in life (Sasson, 2011a). True happiness comes from within and does not depend on circumstances. True security begins as a mental state, as inner strength, as faith in oneself and the feeling of happiness and security will lead to easier attainment of happiness and security in the material world (Sasson, 2011b). Happiness is not only important to our personal lives, but is also important to our global community. The other reason why happiness is important is that positive feelings change the chemical makeup of our bodies, producing chemicals that enhance immunity and cell repair; therefore, happiness is important for a healthy body. Happiness makes it easier to be romantically involved and have multiple close friendships. Happier people are more attractive and happiness brings an undying quest for life (Yang, 2007).

Nursing philosophically resides in managing and giving the highest degree of quality, comprehensive patient and family-centered care to regain or maintain the highest level of wellness on the grounds of spiritual, physical and emotional needs, rather than only critical care. Nursing is a disciplined profession that requires patience, responsibility, punctuality, commitment and dedication. The job requires a lot of hard work, stamina, alertness of mind, adaptability to follow difficult time

schedules, ability to think in crises and a good team spirit. Apart from possession of these qualities, the person who is willing to take up this profession, should be calm, pleasant, compassionate, understanding and should have the instinct to help and serve the needy people with unconditional love and sentimental attachment.

All in all, the consequences of happiness would exhibit the following positive qualities: 1) a happy nurse would demonstrate competency with interest and work beyond what she/he is supposed to do; 2) happiness in nurses would add to the quality of care through patient or customer satisfaction; 3) happiness would improve the organizational product and profit through transformation of the workforce attitude to work with willingness, dedication, creativity and innovation; 4) a happy nurse would have a clear mindset and emotional competency towards the work she/he does; 5) happy nurses would have less turnover, absenteeism and dissatisfaction in their work; And 6) happy nurses are very kind, caring, and compassionate and they will have high ethics and integrity (Atkinson & Hall, 2009; Bekhet, Zauszniewski & Nakhla, 2008; Scott, 2011). Therefore, happiness in nursing is very crucial to providing quality of care, satisfied clients, and achieving organizational goals.

Research on the perspectives of happiness in nurses in the Bhutanese context is limited. There are few pieces of research done on nurses' 'job satisfaction', which is believed to be one of the factors of happiness. Pemo (2004) found moderate job satisfaction of Bhutanese nurses in her quantitative studies that included three levels of health facilities in Bhutan. After five years, Norbu (2010) found the same result and noted that Bhutanese nurses have moderate job satisfaction with a high perception of work load and nurse-patient ratio.

The Nursing Service in Bhutan started in the early 1970s and has evolved in response to changes in the healthcare system and increasing societal demand for effective health services. Today, despite free basic healthcare services, the demand for quality healthcare and the shortage of human resources in the health sector is a pressing issue (Ministry of Health, 2010). There are about 550 nurses serving in the various health facilities in Bhutan, despite the requirement for about 1,042 nurses, as per the Human Resource Master Plan of the 10th five year plan which will end in 2013 (Ministry of Health, 2011). The nursing profession constitutes the largest working group of people in health care settings. It comprises different categories of nursing professionals, such as Assistant Nurses (AN), Auxiliary Nurse Midwives (ANM), General Nurse Midwives (GNM), Bachelor's Degree Nurses (B Sc) and Master's Degree (M Sc) Nurses (Ministry of Health, 2007).

In the Eastern region of Bhutan, there are six districts and the districts ranked fourth, twelfth and the rest serially follow sixteenth to nineteenth for the whole nation. However, among those districts in the East of Bhutan, the setting is ranked second. The happy index is measured from the population, but there is nothing to indicate whether nurses working in the happiest district feel as happy as the whole district index. Therefore, the researcher was interested to explore how nurses working in the district feel and what they think about happiness, as they are expected to be happy at work as shown in the district index. Consequently, the present study explored the perspectives and real world of nurses working in the happiest district of the Eastern region of Bhutan. The study also aimed to establish the basis for future studies in the Bhutanese nursing context of perspectives and happiness. There is hardly any relevant literature found to have explored nurses' happiness and wellbeing in Bhutan, and I am convinced that this study is certainly the first one. The researcher also expected to obtain information to understand nursing administration, management, staff welfare, quality of care and organization.

The happiest district in Eastern Bhutan was chosen as the study setting for the following reasons: 1) it is the second happiest district in the Eastern region of Bhutan, as per the results of the national population and housing census conducted in 2005; and 2) the researcher was curious to know the perspectives of nurses working in the district where the survey results had shown it to be one of the happiest districts in Eastern Bhutan.

In this study, the qualitative method was chosen as the best method. This is because the qualitative method is literally said to be suitable to explore the perspectives and real world of an individual. On the other hand, the essence of happiness is a subjective perspective, and the most desired answer was thought to be achieved through personal conversations and exchanges of words.

Purpose of the Study

The purpose of this study was to explore the perspectives and the real world of nurses working in the happiest district of Bhutan.

Research Question

The research question to be investigated was “What is the perspective of being a nurse working in the happiest district in the Eastern region of Bhutan?”.

Literature Review

Concept of Happiness

Conceptually, the word happiness is often used interchangeably with the terms quality of life (Veenhoven, 2005), subjective well-being (Levett, 2010), life satisfaction, peak experiences, and is said to be important in maintaining health (Bekhet *et al.*, 2008).

Abdel-khalek (2005) stated that the ultimate aim of a human being is happiness, and every person seeks happiness and wants to be happy. The meaning of happiness is different to different people, with different means and ways to achieve it. Therefore, human happiness cannot be guaranteed, since people make choices of their own and it differs from person to person. Argyle (1987) in (Bekhet *et al.*, 2008) has conceptualized happiness as a positive inner experience, the highest good, and the ultimate motivator for all human behaviors and as the degree to which an individual judges the overall quality of his or her life favorably.

On the basis of happiness being a non-materialistic state of mind, Tashi (2005) insisted that happiness must be cultivated through the right efforts and an understanding of the causes and conditions which lead to happiness. Lynch (2008) supported this view with the following points to understand and cultivate happiness: 1) the starting point is to realize that happiness is an inside job, and it comes from within; 2) the way of increasing happiness is to practice an attitude of gratitude; 3) nothing in the world can make a person happy, but everything in the world can encourage one to be happy; 4) no amount of money, fame or glory can make one happy; 5) money only helps someone to live a better lifestyle, and is not inside happiness. Evans (2006) presented his discussion in one of the Gross National Happiness (GNH) conferences that “changing how people live, what they do, how they think and what they believe” cannot ensure a happier, more contented and satisfied people, until and unless a person is fully changed through a change in his/her belief system.

Happiness in Nursing

Bayliss (2005, cited in Atkinson & Hall, 2009) suggested that happiness is not only a result of things going well, it is also a cause of them and that having high spirits helps one function better in any work environment. In a conversation with *Ward Manager and Nurse*, Atkinson & Hall (2009) found that a flexible working system promotes happiness. It improves relationships, removes a significant amount of work/life stress and gains ‘trust’ for both the manager and the employee.

In a qualitative study on “Uncovering the lived experience of well-being”, Healy-Ogden and Austin (2010) discovered that the experience of well-being holds a significant place within nursing practice for clients and nurses. While happiness is noted as being the same as well-being, it is said that nurses paying attention to their own well-being is not a selfish endeavor. It is a professional duty in essence of the possibility so that both the client and nurse could experience well-being during their journey together in a caring, relational, and nurturing space. Similarly, if nurses ignore their happiness, their relationship with others and others’ well-being will be undermined.

Nurses’ job satisfaction is the component of happiness in nursing that is of great value and concern to any organization in the light of nurses holding the majority of positions in health care settings. The replacement/losing of licensed personnel in the organization is costly and time-consuming. Improved job satisfaction results in lower turnover, better quality patient care, less physical and mental injuries to nursing staff, and the betterment of the entire organization (Kettle, 2011).

The consequences of happiness in nursing would lead to nurses' exhibiting the positive and possibility for improved quality of care: 1) Happy nurses would demonstrate competency with interest and work beyond what they are supposed to do; 2) happiness in nurses would add to the quality of care through patient or customer satisfaction; 3) happiness would improve the organizational product and profit through transformation of the workforce attitude to work with willingness, dedication, creativity and innovation; 4) happy nurses would have clear mindsets and emotional competency towards the work they do; and 5) happy nurses would have less turnover, absenteeism and dissatisfaction with their jobs (Atkinson & Hall, 2009; Bekhet *et al.*, 2008; Scott, 2011).

In summary happiness is an indispensable goal for humans to achieve. Happiness is important in many ways, such as to keep good health, motivate to work, and improve production and quality. Hence happiness in nursing is crucially important to improve patient care, retaining nursing staff and combat a nursing shortage.

Research Design

A descriptive qualitative research approach was considered the most effective one for this study. This is because qualitative research is said to be the most appropriate tool for studying people's subjective experiences and understanding the meanings and interpretations that individuals have within the context of their lives (Liamputtong, 2009). The best answer was desired to be obtained through qualitative exploration, as happiness is the person's subjective live experiences which are intangible, incomparable and highly individualized to one's focus of mind and spirituality.

Qualitative research aims to provide an in-depth understanding of people's experiences, perspectives and histories in the context of their personal circumstances or settings. It employs a variety of methods, including: exploratory interviews; focus groups; observation; conversation, discourse and narrative analysis; and documentary and video analysis (Marshall & Rossman, 1995; Spencer, Ritchie, Lewis & Dillon, 2003).

Data Collection and Analysis

In qualitative research, data collection and analysis occur simultaneously. In this study, data were collected through in-depth conversational interview perspectives of being a nurse working in the happiest district which is a subjective phenomenon. The researcher had taken part with the participants, talking to them face-to-face and recording the conversation using a voice recorder. Data collection was done in a natural setting to ensure the convenience of the participants. A semi-structured and open-ended questionnaire was used to guide interviews or conversations with the participants. Data analysis began with listening to participants' verbal descriptions and was followed by reading and rereading the verbatim transcriptions or written responses (Streubert & Carpenter, 1999). Data management in qualitative research does not aim merely to protect the researcher from overload or wastage of data. In developing a data management system, the researcher will discover that well managed data informs and leads the process of inquiry (Richards & Morse, 2007).

The process of data analysis for this study began right after the conversation with every individual who took part in the research study. All data in this study were collected from primary sources. The tape-recorded data of interviews were transcribed and saved in hard and soft copy formats. The transcribed data were compared with tape recorded data many times to ensure that the descriptions and statements of participants were unaltered and free of bias. The verbatim interview was coded and grouped together to generate themes. Every participant's views and conversations were reviewed several times until the meaning was drawn out from the content. Once the entire interview was completed, the transcribed coded data were collapsed together to generate core themes. Then, the researcher looked for relevant theory and previous findings to compare with the present findings.

Rigor of the Study and Ethical Protocol

In this study, detailed reflexive notes were kept throughout the study to assure credibility, since

the investigator's conceptualization, background, psychological and emotional responses would contribute to the outcome of the study. The researcher also documented all the research process to give ample evidence to the people interested to know how the investigator reached the conclusions.

To make this study trustworthy, the researcher used reflexive notes, documenting all the research process, a full description of settings, keeping all tape-recorded interviews, transcribing notes and a personal diary for an audit trail to give ample evidence to the people who are interested to know how the investigator reached the conclusions. All tape-recorded interviews, transcribed notes and the personal diary were kept as an audit trail to assure the dependability of the study.

Human subject protection is the first and foremost step to be considered in conducting research. Therefore, it is essential and important to acquire ethics approval from the concerned body or agency, prior to beginning the research. Ethical responsibilities of researchers should be taken seriously as research procedures might have the potential to impose unfair and unethical demands on the participants (Polit & Beck, 2006; Burns & Grove, 2009). One principle of human ethics is dignity, which allows human participation to be voluntary and informed. Anonymity must be maintained, as participants have a right to privacy and confidentiality.

Although this proposed study was non-invasive, the nature of the study involved human interaction. Therefore, to protect individual feelings and ensure correct information, the researcher provided detailed information of the research study verbally and in writing to every participant. This was to create consciousness in taking part in the study and obtaining consent both verbally and in writing from the participants. The researcher must bear an obligation to protect the participants and respect their right of refusal and withdrawal from the study if they so desired.

An approval to conduct this study was obtained from the Institutional Review Board (IRB), Faculty of Nursing, Burapha University, Thailand, and the Research Ethics Board of Health (REBH), Ministry of Health, Thimphu, Bhutan. In line with the ethical boards' approval, permission was also obtained from the head of the institute of the research setting. The completed application form was submitted, along with copy of the proposal and a participants' consent form for approval.

To protect the privacy of human subjects with a general consensus of the researcher's obligation to minimize harm and risks and maximize benefits, the results of the study are presented without indicating the names of the study participants. The participants' identity are kept confidential to ensure the confidentiality of the participants' information, and the relevant documents will be kept under lock and key, accessed only by the researcher and the individual participants. A coding number was assigned for each participant, instead of using the participant's name while presenting the results of this study.

Findings

The findings in this study have four major sections: (1) happiness: the participants' view; (2) factors that influence the feelings of happiness; (3) job-related factors that influence feelings of happiness; and (4) job related things that should be changed to assist the participants to become happy nurses.

1. Happiness: The participants' view

This part of the findings presents an overview of participants' understanding and perception of happiness in the light of their beliefs, attitudes and feelings. Almost all the participants demonstrated their meaning of happiness as complex and dynamic: complex in terms of it being difficult to explain and dynamic since it depends on individual feelings, opinions and attitudes that differ from person to person. However, the researcher drew four categories from the participants' views, feelings and opinions: (1) State of satisfaction; (2) Healthy (emotional health and physical health); (3) A good environment (good social environment and a good physical environment); and (4) Sufficient basic needs.

2. Factors that influence the feelings of happiness

This part of the findings is about the factors that influence feelings of happiness in response to the question, "what are the factors that influence feelings of happiness from your point of view?" This includes seven infrastructural facilities which are detailed below.

2.1 Good coverage and good quality of communication facility

This includes the communication devices and technology and includes the information resources, such as the telephone, mobile, internet, television and radio broadcasting services.

2.2 Comfortable and accessible network of transportation facility

This includes the route, the mode and the ways that people and things move from one place to another. In the city or towns by buses, taxis, and domestic air services and in the farm or community through a road network that brings one closer to centers, such as health, education and marketing services.

2.3 Affordable and good housing facility

Housing facility means the residence provided by the government or employing agency. Government quarters are cheaper, affordable and close to the hospital or health facility to attend duty, since they are located in the hospital compound. Some of the participants stated that, for an average salary earner like them, it is a blessing to have government housing, whereas private quarters are very expensive and difficult to afford. All participants in this study had good housing provision provided by the government and felt themselves to be enjoying their lives.

2.4 Good accessibility and free modern healthcare facility

This included the latest equipment, specialty and tertiary care. The new structure of the hospital provides a free service and enough space, thus creating a comfortable work environment. Thus, good accessibility and availability of the health care facility influence their feelings of happiness.

2.5 Free and good educational facility

A free and good educational facility nearby includes different levels of schools, like high schools, junior schools and private schools which are available and accessible. There is also a private school which gives choices and opportunity for students who did not qualify in the government educational institute and for those private and government employees who desire to pursue distance and continuing education.

2.6 Good climatic conditions

The climatic condition in the setting is said to be good in which the winter is not so cold and summer not too hot. A suitable climate has an effect on health and wellbeing that promotes fitness of health. Good climatic conditions reduce health- related problems and enhance work activity and production.

2.7 Accessibility of needed facility

The needed facility here includes departments and organizations, including private, corporate and government-owned. For example, financial institutions provide financial support through loans, credit and insurance coverage to all sections of the population. An agricultural research center and a marketing system help to promote production through the scientific study of crops and finding marketing outlets. A hydroelectric project promotes income for the community through providing job opportunities.

3. Job related factors that influence feelings of happiness

In conducting this study, the researcher performed in-depth interviews starting with the conversation about the participants' views of happiness, then went deeply into their opinions concerning nursing as the participants' career. It is not surprising that all participants agreed that they felt nursing is a noble profession. For example, several participants stated that "nursing is serving for the sick, poor, needy and disadvantaged people". However, asking about "does working as a nurse in a district where the index of happiness of the nation indicates the high degree of happiness make the participants happy?" Almost all expressed some unhappiness related to their jobs. Therefore, a category of the findings emerged. The following are expressions of the participants' deprivation of their happiness in working as a nurse, despite the profession being viewed as noble: 1. Nursing has a poor image and low status; 2. Not enough nurses and so they over-worked; 3. Nurses have limited opportunity for further education; 4. There is no independent nursing organization; 5. A low quality of people entering the nursing profession; 6. Inefficient administrative services; and 7. Inadequate incentives or benefits for nurses.

4. Job related factors that should be changed to make me a happy nurse

The earlier findings of this study demonstrated that most participants were not happy with their jobs. Later, participants stated things that could make them happy in relation to their job scenarios. This entailed the things about their feelings, views and opinions that could influence them to be happy. The expected things that would influence their job-related happiness were: 1. Having an independent nursing organization; 2. Better incentives and benefits for nurses; 3. Regular and fair training or education for nurses; 4. Good nursing career counseling; and 5. Having an efficient administrative service in the setting.

In summary, the findings of this present study constitute the meaning or concept of happiness, as told by the participants according to their perceptions. Next are the factors that influence their feelings of happiness, that range from factors such as infrastructural development activities to the natural environment. The others are job related factors which comprise two things: 1. Job related factors that influence feelings of happiness which showed, in fact, that the participants in this study were not happy; and 2. Factors that, if changed in a way that the participants wished, would make the participants happy.

Discussion

In this discussion, the findings are compared with Gross National Happiness (GNH) questionnaires (Center for Bhutan Study, 2011) and their relationship with other literature. The comparison of the present findings with the GNH questionnaire was done for the following reasons: First, the present study was conducted in Bhutan and the topic was about happiness. Therefore, it should be compared to the questionnaire that has been used to study happiness in the same context. The GNH questionnaires have been used several times to survey issues about happiness in Bhutan. Second, even though the GNH questionnaires have been used to survey happiness in Bhutan, they have not been used to conduct a study on nurses. Moreover, this present study is the very first study that was ever conducted on Bhutanese nurses concerning happiness. The researcher anticipated that the discussion can be used to fill the gap that there might be in the GNH questionnaires.

GNH is the development philosophy of Bhutan that measures progress and development of the country non-economically and as an alternative to GDP (Gross Domestic Product). The concept of GNH was inspired by His Majesty Jigme Singye Wangchuck, the fourth king of Bhutan in 1972 (Thinley, 1998). It has been exercised on the concepts of four pillars: good governance, sustainable socio-economic development, cultural preservation, and environmental conservation over the past four decades. Of late, this alternative measurement of progress and development to GDP is gaining momentum in the rest of the world. The "Happiness" on the global agenda was unanimously adopted in the United Nations (UN) General Assembly resolution 65/309 in July 2011. On this Happiness resolution, Bhutan hosted the UN Happiness Conference from April 2-5, 2012 and more than 600 participants from governments, academia, civil society and religious bodies all over the world attended at UN Headquarters (UN News Centers, 2012). Now Bhutan appears to be well known around the globe for its GNH philosophy.

The GNH questionnaire is a multidimensional measure to determine the level of happiness of people and nations in order to increase the GNH. The GNH questionnaires are statistical determinants and the level of questionnaires included are questions-answers, self reports and are fixed-choice questions. Visual analog and Likert scales are used to measure the happiness of households in which usually the head of the household participates or where anyone from each household can be represented in the survey. One questionnaire is asked per household. The discussion of the head of the family represents the answers of all family members. It measures the progress of the country non-economically, in terms of happiness. People or households achieving six or more out of nine domains are considered as happy, according to the survey report, 2010 (Ura, Alkire & Zangmo, 2012). The GNH Index 2010 has nine domains, which are the predominant factors of GNH measurement, and 33 indicators, as shown in Table 1.

Table 1. Domains and Indicators of GNH Survey questionnaires, 2010

Domains	Indicators
1. Psychological wellbeing	-Life satisfaction -Positive emotion -Negative emotions -Spirituality
2. Health	-Mental health -Self reported health status -Healthy days -Long term disability
3. Education	-Literacy -Educational qualification (schooling) -Knowledge -Values
4. culture	-Language (speak native Language) -Socio-cultural participation -Artisan skills -Etiquette
5. Time use	-Working hours -Sleeping hours
6. Good governance	-Government performance -Political freedom (rights) -Service delivery -Political participation
7. Community vitality	-Social support (donation time and money) -Community relationship -Family -Victim of crime (safety)
8. Ecological diversity and resilience	-Pollution -Environmental responsibility -Public transport access -Wildlife conflict
9. Living standard	-Assets -Household income -Housing quality

Most of the findings in the present study showed similarities with GNH questionnaires and there were also found few differences. There are two differences, however, that were found in the present study that did not appear as factors to measure happiness in the GNH index. They were: 1. Low quality of people entering the nursing profession; and 2. Cultural Diversity and Resilience in the GNH questionnaires.

In the present study, the participants stated that the person entering the profession is the main thing that causes them to be happy or unhappy. If the people are good, then they feel happy. At the same time, if the people entering the profession are not very good, that will influence the existing generation to feel bad and make the situation worse by making them an unhappy professional. But, in the GNH questionnaire, there is no such indicator ever asked about the quality related to a job or professionals. In this study, participants mentioned that the new generation of people entering the nursing profession had behavioral and attitudinal problems. They experienced junior colleagues taking drugs (this topic was even highlighted as news in the Bhutan Today newspaper, 1st March, 2012, www.bhutantoday.bt), being irresponsive, and egoism making the work environment not conducive. In this regard, the participants stated that junior nurses are not groomed from the institute, or they just joined for survival, as they were given the opportunity and that does not solve the nursing shortage and, as well, cannot improve the quality of care. Participants were over burden with the attitudinal problems of people entering the nursing profession and being not happy with their work.

This awakening thought of participants in this present study about the quality of people related to the job is a great concern for nation building. Being a responsible citizen was an issue that the participants felt needs to be addressed earnestly before it becomes really bad. The fact that the country's future lies in the hands of the younger generation is an insight thought. Therefore, the researcher makes a recommendation for further study on the quality of job-related things to incorporate the GNH index to measure nationwide and to increase the nation's GNH in the future.

The other factor in the GNH questionnaires asked about "Culture Diversity and Resilience", but in the present study this factor was not mentioned by the participants as a factor that makes them happy. The researcher believed that it is because in the general population of Bhutan in this case: for nurses, the preservation of cultural tradition is one of Bhutan's primary policy goals, as traditions and cultural diversity contributes to identity, values, and creativity. People in Bhutan are so used to this cultural aspect and it has become an integral part of their lives that makes them unaware that culture is the dominant force of the nation. Therefore, this might be the reason that when the researcher conducted the in-depth interviews concerning nurse happiness, none of the nurses who participated in the present study would mention anything related to culture. However, this could not be concluded until a further study is conducted to answer this question.

Relationship of the present study to other literature

The literature on the happiness of nurses is very limited in the Bhutanese nursing context and as well in other databases. However, as happiness is interchangeably being used with other terminologies and words, such as wellbeing, life satisfaction and wellness in other disciplines like social and humanistic sciences, the findings in this present study would cite its relationship to literature on happiness in studies of disciplines other than nursing as well. The main purpose of looking at relationships to other literature is to compare the present findings with previous studies' findings. "Uncovering the lived experience of well-being" was a qualitative health research study conducted by Healey-Ogden & Austin (2010), that discussed the significance of happiness in nursing, and other quantitative studies conducted in Bhutan of nurses' job satisfaction (Norbu, 2010; Pemo, 2004) are a few related studies that were relevant to the present findings.

The findings from this study have evolved into four major sections: 1. Happiness: the participants' views; 2. Factors that influence the feelings of happiness; 3. Job-related factors that influence feelings of happiness; and 4. Job-related factors that should be changed to make the nurses happy. Happiness is the ultimate aim of human beings and every person seeks happiness and wants to be happy (Abdel-khelek, 2005). Conceptually happiness is used interchangeably with the term quality of

life (Veenhoven, 2005), subjective well-being (Levett, 2010), life satisfaction and the importance of maintaining good health (Bekhet *et al.*, 2008). Happiness is a non-materialistic state of mind, is non-transferable, and differs from person to person (Tashi, 2005).

There are several literatures and philosophical definitions of happiness where none has precisely the same definitions. There exists little variation and similarity of philosophical views and opinions. Twelve articles, including research studies and scholarly papers, were reviewed and it was found that there are five important aspects from the literature review: 1) happiness encompasses positive feelings, good emotions, experiences and enjoyment of life without negative feelings, such as anxiety and depression; 2) to attain happiness is the fundamental human aspiration, and most important goal and ultimate aim of human beings; 3) attainment of happiness is an elusive goal for some and not always achievable; 4) happiness has different meanings and purposes of life for different people, there are different ways to achieve it, and it is not transferable from one person to another; and 5) happiness is satisfaction, success, and achievement of wants and desires. The concept and definition of happiness from the reviewed literature and its five aspects of happiness drawn from this literature are consistent with the present study's findings and the GNH questionnaires.

1. Happiness: The participants' view

This is the first finding of the present study. This finding entails the meaning or concept of happiness according to participants' views, opinions and feelings. In general, the consensus expressed happiness as various and complex, dynamic and transient, how one perceives things, felt within one and cannot be expressed by others. These findings are consistent with the sense of being happy that varies from person to person and is non-transferable (Tashi, 2005). The view of happiness as complex, dynamic and transient nature resembles the common beliefs of impermanence and unfixed nature in the Buddhist context in Bhutan. Most participants highlighted their views on intangible forms of happiness, which is not fixed to a single time, object and person. Therefore, participants in this study were neither overwhelmed nor deprived of happiness, as they already had the concept of the limitations of happiness.

1.1 State of Satisfaction

Most of the participants in this study viewed happiness as a state of satisfaction. Fulfillment and achievement of demands, desires, and aims through professional services done effectively in everyday life lead to satisfaction and happiness. These findings are the statement of accomplishment of job-related desired goals and aims which, at the same time, influence happiness. This view is consistent with the meaning of job satisfaction as the product of individual thoughts, feelings and attitudes towards a job or profession (Norbu, 2010; Pemo, 2004).

1.2 Healthy

Happiness is a healthy means of living emotionally and physically sound. Emotional health means 'peace of mind' which contains emotional elements like feelings of ease, comfort and having a relaxed mind, stress free, sleeping soundly, having less tension, free from mental and social pressure. In other words, it means living without negative elements or emotions that give disturbance to mind sets, causing mental trauma and pressure. Physical health is viewed in relation to the freedom from illness and disease that brings impairment of physiological and bodily functions to themselves, their parents, relatives and siblings. The attainment of physical health free from diseases and sicknesses and ability to have sound health without physical challenges was regarded as happiness to the participants themselves. This finding correlates with the well-known and popular belief and saying that health means being without illness to the body and stress in the mind.

1.3 Good environment

Happiness as 'Good environment' meant to two things, as having a good social environment and good physical environment in the surroundings they live in. A good social environment is concerned with having good relationships with other people, such as family, relatives, neighbors and friends, which promotes happiness in the society and makes a kind of happy environment. This is about the interpersonal relationships and connectedness which support unity, sense of belongingness, attainment of emotional security and leading to a harmonious life in the social environment, and having these things, to the participants themselves, was considered as happiness.

The “Good physical environment” here means the safe surroundings from people’s behavior and acts like criminals, and pollution of air, water and noise. The threat to this physical environment was believed to be the consequences from the population increase and industries. It is an external force which is unsafe and affects their happiness. But, conversely the participants in this study articulated themselves as being happy, as there is no population exploitation and pollution, and they enjoyed the pristine and secure physical environment. They enjoyed clean water, fresh air, and quiet surroundings, less population, no gangsters and robberies, so that participants felt their happiness to be intact to themselves.

1.4 Sufficient basic needs

The basic needs are the essential needs of human survival and entail their food, clothing and shelter. Participants in this regard have prioritized their basic needs in three forms, such as having enough to eat, enough clothing to wear, and a beautiful and comfortable house to live in. This context is the common belief of lay Bhutanese people, like village folk and the community, that sufficiency to eat and drink, sufficient to wear and cover the body, and having a place to live in is a basic need for happiness. Therefore, having those requirements of basic necessities would lead to a comfortable and meaningful life to be appreciated by them as being happy.

Implications and Recommendations

This section presents the implications that are drawn from the findings of the present study. The implications are divided into two sections: for the Hospital Administration or Organization level and for the Ministry of Health or policy maker’s level.

Implication for practice #1: for the hospital or organization level

These findings will benefit administrators and heads of organizations for planning and implementation of activities in a better way, as these findings provide feedback to them. For example, the needs of “efficient administrative services in the settings, regular and fair training or education for nurses, better incentives and benefits for nurses” are some of the findings that are related to the roles of administrators and heads of organizations. The findings in this study suggest that irregular supply, under-utilization of facilities and not conducting meetings for discussions and problem solving are some of the weaknesses existing in the setting. Therefore, the concerned administrator and heads of organizations must rethink the issues to increase professional happiness. “Regular training and education” includes courses like refresher, upgrading, and higher education in nursing education which would update new knowledge, skills and enhancement of qualifications for promotion benefits. Participants noted that training and education is a part of lifelong learning which is inevitable for professional development and quality services. Regular, unbiased and timely training and educational opportunity is participants’ consensus of meeting the job-related happiness. “Better incentives and benefits” are opportunities for earnings, payments and service to gain income. Participants stated that such opportunities are limited for them and there is the issue of staff shortages and heavy workloads in their work area. They felt that such incentives and benefit measures need to be put in place, such as subsidized payment for extra working hours, addressing staff shortages, heavy workloads and staff burnout through improvement of staffing patterns. Staffing pattern means those who are willing to work and earn extra payments will cover the staff shortages and, as well, reduce the workload and prevent burnout. Moreover, this would motivate, and retain the staff to work with high spirits and happiness, which would improve the quality of care and services.

This study’s findings are based on the views of participants who were very small in number and not transferable to nurses all over the country. However, the researcher here emphasizes the need for the realization of the concerned authority of the fact that participants were from the happy district and, if they are not happy, then other nurses would be even likely to be more so in other districts which are less happy. To determine and address the issues of implications in this study, focusing on the GNH philosophy and good governance, further studies of nurses’ happiness are required.

Implication #2: for Ministry of Health or policy making level

The findings in this present study have profound implications for organizations and for the policy level. These findings would lead to new horizons of professional growth to new heights, if top level personnel, decision makers and policy makers are convinced to use them with the realization and clear thoughtfulness to bridge the gaps, fill the loop holes and strengthen the weaknesses of the existing system in the organization or system. For happiness, as a matter of fact to motivate and encourage people for accomplishment of goals, objectives and quality production, the top level management and policy makers must have food for thought of their nurses' happiness and its importance as a social service to the people, government and the country in line to the country's development philosophy, the "Gross National Happiness (GNH)" and its main pillar, "Good Governance". The ironical happiness of nurse participants related to their jobs in this study is an awakening and reminder messages to the top level managers, decision makers and policy makers to realize and find new policies for changing the following areas, such as enhancement of nursing administration by establishing a nursing organization and nursing professional development, including education, benefits and career counseling.

Having a separate nursing body or department is thought to be suitable for professional development with prestige, image and status in the job market, where it is the profession and service to human beings and is an indispensable service. So, they feel that, if such a body or department is there, they will be guided, they will have a place to put their grievances and improve the profession and achieve their happiness related to their work. Therefore, the issue of a separate nursing body or organization in the country must be realized at the top policy level that nursing is a different discipline that constitutes a majority in the hospital organization. Nursing is an indispensable social service that needs continuing education to update knowledge and skills to provide quality services in order to achieve happiness in patients and nurses by having a good and motivating work environment. There must be incentives and benefits, as this would be a good governance philosophy of equality. Next, career counseling for the younger generation entering the nursing profession is important for them to choose the profession with the right attitudes and interest. However, this present study findings are not a conclusive and further studies need to be conducted, involving participants from different hospitals and health settings in the country to draw conclusions for the findings of this study.

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