Predictive Effect of Self-Esteem on Happiness, Life-satisfaction and Hopelessness Level of Nurses

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ABSTRACT

Objective: The aim of this study is to determine the effect of self-esteem on the level of happiness, life satisfaction, and hopelessness of nurses. **Material and Methods:** This descriptive study was carried out with 450 nurses working in 5 hospitals in the province of Gaziantep. Data were collected by using the Individual Information Form, as well as the Oxford Happiness Questionnaire (OHQ), Life Satisfaction Scale (LSS), Rosenberg Self-Esteem Inventory; (RSEI), and Beck Hopelessness Scale (BHS). Study data were analyzed using the package program SPSS 24.0. Number and percentage distribution, multiple regression analysis and stepwise regression analysis, Mann-Whitney U, and Kruskal Wallis tests were used in the evaluation of the findings in the study. **Results:** The mean total score of the nurses' LSS was 21.99 ± 6.53, their BHS total score was 5.40 ± 4.62, OHQ total score 111.74 ± 18.29, and RSEI total score average was 18.26 ± 4.03. As a result of the regression analysis, it was determined that self-esteem is a factor that predicts happiness, life satisfaction, and hopelessness. While 15.6% of the change in RSEI, and LSS scores were explained ($Y_{LSS\ puanı}=33.71-0.645*X_{RSEI}$), 30.5% of the change in RSEI, and OHQ scores were explained ($Y_{OHQ\ puanı}=157.63-2.513*X_{RSEI}$). 21.9% of the change in RSEI, and BHS scores were explained ($Y_{BHS\ puanı}= -4.42+0.538*X_{RSEI}$). **Conclusion:** Nurses' self-esteem was found to be a predictor of happiness, life satisfaction and hopelessness.

Keywords: Nurses; Self-Concept; Happiness, Personal Satisfaction, Hope.

Benlik Saygısının Hemşirelerin Mutluluk, Yaşam Doyumu ve Umutsuzluk Düzeylerine Yordayıcı Etkisi

ÖZ

Amaç: Bu araştırmanın amacı, hemşirelerin benlik saygısının mutluluk, yaşam doyumu ve umutsuzluk düzeylerine etkisini belirlemektir. **Gereç ve Yöntem:** Tanımlayıcı tipteki bu araştırma, Gaziantep ilindeki 5 hastanede çalışan 450 hemşire ile yapıldı. Veriler, Tanıtıcı Bilgi Formu, Oxford Mutluluk Anketi (OHQ), Yaşam Memnuniyeti Ölçeği (LSS), Rosenberg Benlik Saygısı Envanteri (RSEI) ve Beck Umutsuzluk Ölçeği (BHS) kullanılarak toplanmıştır. Veriler SPSS 24.0 paket programı kullanılarak analiz edildi. Araştırmada bulguların değerlendirilmesinde sayı ve yüzde dağılımı, çoklu regresyon analizi ve kademeli regresyon analizi, Mann-Whitney U ve Kruskal Wallis testi kullanıldı. **Bulgular:** Hemşirelerin LSS toplam puan ortalaması 21.99 ± 6.53, BHS toplam puanı 5.40 ± 4.62, OHQ toplam puanı 111.74 ± 18.29 ve RSEI toplam puan ortalaması 18.26 ± 4.03 idi. Yapılan regresyoın analizi sonucunda benlik saygısının mutluluk, yaşam doyumu ve umutsuzluğu yordayan bir faktör olduğu belirlendi. RSEI ile LSS puanlarındaki değişimin %15.6'sı açıklanırken ($Y_{LSS\ puanı}=33.71-0.645*X_{RSEI}$), RSEI ile OHQ puanlarındaki değişimin %30.5' i açıklandı ($Y_{OHQ\ puanı}=157.63-2.513*X_{RSEI}$). RSEI ile BHS puanlarındaki değişimin %21.9'u açıklandı ($Y_{BHS\ puanı}= -4.42+0.538*X_{RSEI}$). **Sonuç:** Hemşirelerin benlik saygısının mutluluk, yaşam doyumu ve umutsuzluğun bir yordayıcısı olduğu bulunmuştur.

Anahtar Kelimeler: Hemşireler, Benlik Kavramı, Mutluluk, Kişisel Memnuniyet, Umut.

INTRODUCTION

While the average life expectancy continues to increase with improved living standards and medical technologies, the desire to lead a healthy, happy, and hopeful life has become an important issue (Hwang, 2018). In the literature, it is emphasized that individuals who are happy and have high levels of life satisfaction are more successful in achieving their goals, and fulfilling their responsibilities; thus, they take less sick leave, tend to change work less, and experience burn-out due to work stress much less frequently (Khosrojerdi et al., 2018). Although the pursuit of happiness is as old as the history of mankind, research on the concept of happiness is relatively new (Ülker and Recepoğlu, 2013). Happiness or unhappiness can affect nurses' ability to help patients (Hwang, 2018). Because it is emphasized that while nurses are responsible for providing holistic care to sick, injured, traumatized, or weakened patients, they may also be prone to experience negative emotions while doing their jobs (Kerfoot, 2012). Furthermore, nurses often work under very difficult conditions that affect their happiness levels, life satisfaction, and caregiving competencies all over the world. Patient-related problems, heavy and intensive workload, shortage of personnel, aging nurse workforce, insufficiency of policies supporting nurses in the management system, inadequate support of nurse managers, unfair wages, poor working conditions, lack of resources and materials to work effectively, limited career and training opportunities and unstable work environments are among the key components of the difficult conditions mentioned (Hwang, 2018; Khosrojerdi et al., 2018; Mirfarhadi et al., 2013; Abdollahi et al., 2014). Life satisfaction and self-esteem are indispensable components of spiritual and emotional health and happiness (Padhy et al., 2011). It is also known that satisfaction with one's living standards is an important factor that affects happiness (Mirfarhadi et al., 2013). Also, self-esteem is an important part of subjective quality of life and is strongly associated with positive sentiments and life satisfaction, less anxiety, and fewer depressive symptoms (Padhy et al., 2011). In light of these explanations, nurses who often interact with suffering people in need of care, often become happy at the thought of having helped another individual and get life satisfaction out of it. While nurses improve the well-being and quality of life of patients despite the difficulties they face in fulfilling their duties and responsibilities, many factors are affecting their life satisfaction levels, happiness, and self-esteem (Hwang, 2018; Khosrojerdi et al., 2018; Mirfarhadi et al., 2013). It is thought that determining these factors and interventions in these areas will contribute to the literature.

This descriptive study tends to determine the effect of self-esteem on the level of happiness, life satisfaction, and hopelessness of nurses and become a reference work for related studies.

MATERIALS AND METHODS

Study type

This cross-sectional study was conducted five hospitals.

Study group

The research was carried out 1 June 2017 - 30 October 2017 with nurses working in five hospitals, four state and one university hospitals affiliated to the Public Hospitals Association in Gaziantep. Since there are sub-unit groups in the selection of the sample, at least 20% of the nurses in each hospital were included in the sample using the proportional stratification sampling method, and a sample of 450 nurses was formed (Esin, 2015) (Tablo 1).

Table 1. Distribution of nurses by hospitals.

Hospitals	Number of nurses	Ratio	Number of samples	Number of nurses included in the study
Gaziantep University Şahinbey Research Hospital	527	0.226	119	128
Şehitkamil Public Hospital	220	0.227	50	50
Av.Cengiz Gökçek Gynecology and Children's Hospital	300	0.227	68	110
25 Aralık Public Hospital	220	0.227	50	53
Dr.Ersin Arslan Public Hospital	480	0.225	109	109
Total	**1747**	**0.23**	**396**	**450**

Data collection tools

Data were collected using the Individual Information Form, the Oxford Happiness Questionnaire (OHQ), Life Satisfaction Scale (LSS), Rosenberg Self-Esteem Inventory (RSEI), and Beck Hopelessness Scale (BHS) developed by investigators in light of the literature.

The Individual Information Form: This form contains 35 questions about different sociodemographic characteristics of nurses and was prepared by the investigators in accordance with studies in the literature (Hwang, 2018; Khosrojerdi et al., 2018; Mirfarhadi et al., 2013; Abdollahi et al., 2014).

The Oxford Happiness Questionnaire: Form was Developed by Hills and Argyle (2002). OHQ is a 6-point Likert type measurement tool consisting of a single factor and 29 items. Hills and Argyle (2002) reported the Cronbach alpha value as 0.91. Its Turkish validity and reliability were determined by Doğan and Sapmaz, and the Cronbach's alpha internal consistency coefficient of the scale was 0.91, and the reliability coefficient obtained by the split-half method was 0.86 (Doğan and Sapmaz, 2012). In our study, Cronbach alpha was found as 0.87. The scores that can be taken from the scale range between 6-174. The higher the score, the higher the level of happiness.

The Life Satisfaction Scale: This scale was developed by Diener et al (1985). The Cronbach alpha internal consistency coefficient of the scale was 0.87 and the test-retest reliability was 0.82 (Diener et al., 1985). Turkish validity and reliability study of the scale was done by Dağlı & Baysal (2016). The Cronbach alpha internal consistency coefficient of the Dağlı and Baysal (2016) scales was 0.88, and the test-retest reliability was 0.97.

In our study, Cronbach alpha was found as 0.87. The scale consists of single factor, 5 items and has a 7-point Likert-type response scale. The scores that can be taken from the scale range between 5-35. A high score indicates a high degree of life satisfaction.

The Rosenberg Self-Esteem Inventory: This scale was developed by Morris Rosenberg in 1963. The Guttman repeatability coefficient of the scale was found to be 0.92 (Rosenberg, 1979). It is a self-report scale consisting of 63 multiple-choice questions and twelve subsets. RSEI in Turkish validity and reliability study of the scale was done by Çuhadaroğlu (1986). Çuhadaroğlu (1986) found the validity coefficient of the scale to be 0.71 and the test-retest reliability coefficient to be 0.75. In our study, Cronbach alpha was found as 0.81. In this study, the Self-Esteem subcategory was used. The Self-Esteem subcategory, of 10 items and has 4-point Likert-type response scale. The positively and negatively charged items are listed sequentially. Items 1, 2, 4, 6, and 7 questions positive self-evaluation and a score ranging from 3 to 0, while items 3, 5, 8, 9, and 10 questions negative self-evaluation and score from 0 to 3'. Scoring is made up to. The total score range is between 0-30, and a score between 15-25 indicates sufficient self-esteem, while below 15 points indicates low self-esteem (Tezcan, 2009; Çuhadaroğlu,1986; Tuğrul, 1994).

The Beck Hopelessness Scale: This scale was developed by Beck et al. in 1974. The Kuder-Richardson-20 internal consistency coefficient of the scale was found to be 0.93 (Beck et al., 1974). Turkish adaptation study of the scale was done by Seber et al (1993). According to Seber et al. (1993) found the internal consistency coefficient of 0.86 in the reliability studies of the scale. In our study, cronbach alpha was found as 0.87. The scale was developed to measure the negative expectations of the individual from the future. Beck Hopelessness Scale (Beck et al. 1974): 20 with 11 correct, 9 incorrect key answers. It consists of true-false propositions. Compatible with any key 1 point for each response and 0 for each inconsistent response points are awarded. The resulting arithmetic sum. It has been accepted as "Hopelessness Score" (Beck et al., 1974; Seber et al., 1993).

Statistical analysis

As descriptive statistics, mean ± standard deviation (X ± SD) for numerical variables, number and percentage values for categorical variables are given. The conformity of the data to the normal distribution was tested with the Shaphiro wilk test. The Mann Whitney U test was used to compare the mean of two independent groups in the variables that did not show normal distribution, and the Kruskal Wallis H test was used to compare the mean of more than two independent groups. (Coşansu, 2015). Relationships between numerical variables were tested with Spearman correlation coefficient. Multiple regression analysis and multiple linear regression analysis were used to examine the relationship between dependent and independent variables. Cronbach's alpha coefficients were calculated to test the reliability (Dağlı and Baysal, 2016). SPSS Windows version 24.0 package program was used for statistical analysis and $p<0.05$ was considered statistically significant.

Ethical consideration

The research data were collected through face-to-face survey management from the nurses who volunteered to participate in the research after obtaining written permission from the Clinical Research Ethics Committee of the relevant university (26.04.2017 date and 2017/179 approval number), and the Public Hospitals Association affiliated to the Ministry of Health and the University Hospital where the research was conducted. An informed consent form was signed by the nurses who agreed to participate in the study.

RESULTS

The mean total score of the nurses was 21.99±6.53 from the LSS (Min: 5, Max: 35), 5.40±4.62 from the BHS (Min: 0, Max: 19), and 111.74±18.29 from the OHQ (Min: 46, Max: 167) and 18.26±4.03 from the RSEI (Min: 10, Max: 32).

Table 2. Correlation between LSS, BHS, OHQ and RSEI.

Scales	Correlation values	LSS	BHS	OHQ	RSEI
LSS	r	1.000	0.552**	0.556*	-0.375
	p		0.000	0.001	0.001
BHS	r		1.000	-0.581*	0.459*
	p			0.001	0.001
OHQ	r			1.000	-0.544*
	p				0.001
RSEI	r				1.000
	p				

* $p \le 0.01$,   ** $p \le 0.001$

It was found that there was a statistically significant negative correlation between the total RSEI, OHQ, and LSS scores of the nurses while there was found to be a statistically significant positive correlation between their total BHS scores ($p \le 0.001$) (Table 2). Self-esteem was found to be a predictor of happiness, life satisfaction and hopelessness. 15% of the Self-Esteem Inventory and Life Satisfaction Scale Scores were explained ($Y_{LSS score}=33.77-0.645*X_{RSEI}$)(Figure 1). 30% of the change in Self-Esteem Inventory and Oxford Happiness Questionnaire Scores were explained ($Y_{OHQ score}=157.63-2,513*X_{RSEI}$) (Figure 2).
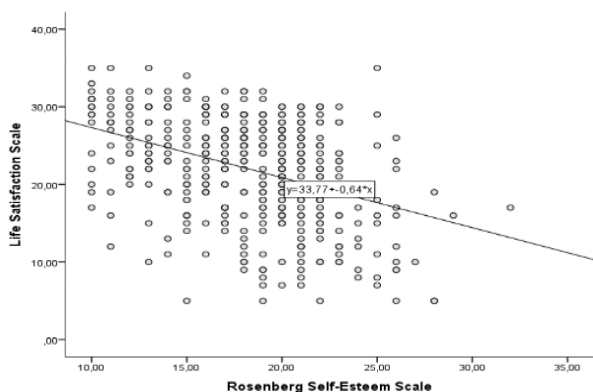
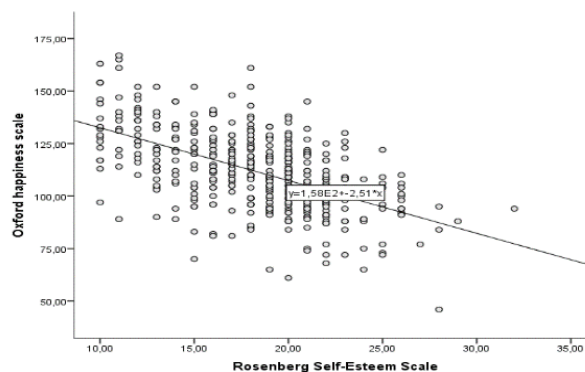**Figure 1. The Relationship between the Rosenberg Self-Esteem Scale and the Life Satisfaction Scale.**

Figure 2. The Relationship between the Rosenberg Self-Esteem Scale and the Oxford Happiness Questionnaire.

21% of the change in the Self-Esteem Inventory, and Beck Hopelessness Scale scores were explained (Y_{BHS} score= -4.42+0.538*X_{RSEI}) (Table 3) (Table 4). It was

determined that self-esteem affects happiness by 15%, hopelessness by 21%, happiness by 30% with a total impact of 66% (Table 3).

Table 3. Regression analysis between LSS, BHS, OHQ and RSEI.

Scales		Unstandardized Coefficients		β	t	p
		B	Std. Error			
Life Satisfaction	(Constant)	33.771	1.315		25.684	0.001
	Rosenberg Self-Esteem Inventory	0.645	0.070	-0.398	-9.171	0.001
Beck Hopelessness	(Constant)	-4.424	0.895		-4.946	0.001
	Rosenberg Self-Esteem Inventory	0.538	0.048	0.469	11.253	0.001
Oxford Happiness Questionnaire	(Constant)	157.630	3.340		47.190	0.001
	Rosenberg Self-Esteem Inventory	-2.513	0.179	-0.554	-14.068	0.001

Table 4. Results of stepwise regression analysis for predictors of self-esteem.

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	R	R²	Corrected R²	Pred. Std. Error
Life Satisfaction	0.398*	0.158	0.156	6.00444
Beck Hopelessness	0.469*	0.220	0.219	4.08534
Oxford Happiness Questionnaire	0.554*	0.306	0.305	15.2540

1

*Predictors: (Constant), Rosenberg Self-Esteem Inventory

It was determined that the majority of the nurses were female (77.3%), born in Southeastern Anatolia (40.9%), married (57.3%), have two children (51.1%), and have a bachelor's degree (72%).It has been determined that 34% of the participants have 1-5 years of work experience, 57.8% are irregular, 35.2% work on duty, 34.4% work in internal medicine clinics, 74% are not affiliated with a professional association.

It was determined that the majority of the nurses were spent their free time watching television (32.9%), felt capable of expressing themselves in every environment (48.4%), didn't use smoking (73.8%), alcohol (82.4%) and drugs (98.9), didn't physical (91.3%), and mental health (93.8%) problems, waited until they got better when they had a health problem, but immediately visited a health center if it does not (68.9%).

It was established that there was a statistically significant difference between gender, and total score averages from the LSS (p≤0.05); an advanced statistically significant difference between nurses whose fathers were not alive and the total score averages from the BHS (p≤0.01), and statistically significant difference from the OHQ (p≤0.05); an advanced statistically.

Table 5. Comparison of the LSS, BHS, OHQ and RSEI scores according to socio-demographical characteristics of the nurses.

Characteristics	n (%)	Life Satisfaction Scale (LSS)	Beck Hopelessness Scale (BHS)	The Oxford Happiness Questionnaire (OHQ)	Rosenberg Self-Esteem Inventory (RSEI)
Gender					
Female	348 (77.3)	22.3±6.71	5.32±4.56	110.99±18.41	18.15±4
Male	102 (22.7)	20.97±5.81	5.72±4.85	114.31±17.76	18.64±4.11
Test value / p		Z=-2.362 p=**0.018***	Z=-0.499 p=- 0.618	Z=-1.928 p=- 0.054	Z=-0.762 p=- 0.446
Is your father still alive?					
Yes	373 (82.9)	22.25±6.31	5.13±4.49	112.43±18.31	18.17±4.07
No	77 (17.1)	20.78±7.45	6.74±5.02	108.43±18	18.69±3.82
Test value / p		Z=-1.264 p=-0.206	Z=-2.784 p= **0.005****	Z=-1.961 p= **0.050***	Z= -1.085 p= 0.278
Mother's attitude					
Authoritarian	50 (11.1)	19.36±7.31	7.42±5.47	111.64±18.1	19.14±4.38
Democratic	72 (16)	22.15±6.37	5.03±4.8	112.22±18.5	18.28±4.02
Protective	319 (70.9)	22.54±6.31	5.09±4.27	111.88±18.2	18.07±3.91
Negligent	9 (2)	16.22±5.76	8.56±6.62	103.56±22.12	20.22±5.65
Test value / p		X^2= 14.976 p= **0.002****	X^2=10.285 p=**0.016***	X^2= 2.020 p= 0.568	X^2 4.453 p= 0.216
Department of the Nurse					
Internal clinics	155 (34.4)	22.96±6.39	5.33±4.45	112.31±20.42	17.88±3.97
Surgical clinics	114 (25.3)	21.07±6.42	5.63±4.74	109.93±15.69	18.50±3.72
Intensive care	105 (23.3)	20.41±6.85	5.92±5.25	110.69±18.44	18.39±4.35
Polyclinics	8 (1.8)	23.62±5.06	5.25±5.11	107.50±12.37	19.32±4.08
Management	2 (0.4)	25.50±2.12	0.500±0.707	124.50±12.02	15.50±4.94
Other	66 (14.7)	23.53±6.13	5.53±3.51	115.30±17.42	18.50±4.16
Statistics		X^2=16.86 p=**0.005****	X^2=5.34 p= 0.375	X^2=6.45 p=0.265	X^2= 3.42 p=0.635
Membership to an association					
Yes	117 (26)	21.75±6.68	5.32±4.69	110.02±20.9	18.87±3.84
No	333 (74)	22.08±6.49	5.44±4.6	112.35±17.28	18.05±4.08
Test value / p		Z=-0.512 p=0.609	Z=-0.315 p=0.753	Z=-1.475 p=0.140	Z=-2.049 p= **0.040***

* p≤ 0.05   ** p≤ 0.01

Table 6. Comparison of LSS, BHS, OHQ and RSEI scores according to habits of the nurses.

Habits of the Nurses'	n (%)	Life Satisfaction Scale (LSS)	Beck Hopelessness Scale (BHS)	The Oxford Happiness Questionnaire (OHQ)	Rosenberg Self-Esteem Inventory (RSEI)
Leisure time activities					
Doing sports	53 (11.8)	22.42±6.56	4.51±4.04	116.53±17.80	17.68±4.41
I read books	122 (27.1)	22.54±5.85	4.79±4.24	112.45±16.58	18.53±4.11
I watch TV	148 (32.9)	23.14±6.08	5.39±4.71	112.95±17.13	17.93±3.93
I go out with friends	42 (9.3)	20.40±6.94	5.93±4.36	110.00±17.77	18.81±3.85
I spend time with my hobbies	28 (6.2)	23.11±5.86	5.25±4.52	114.71±17.74	18.25±3.12
Other	57 (12.7)	18.09±7.59	7.32±5.45	102.46±22.83	18.70±4.28
Test value / p		X^2=24.15, p=**0.001****	X^2=10.90, p= 0.053	X^2=19.72, p=**0.001****	X^2=4.36, p= 0.498
Self-expression					
I can express myself in all sorts of environments	218 (48.4)	23.28±6.34	4.62±4.38	118.12±18.39	16.96±4
Sometimes I can, sometimes and at other times can't	214 (47.6)	21.06±6.33	5.85±4.66	106.5±15.94	19.38±3.66
I have difficulty expressing myself	15 (3.3)	17.87±8.44	9.8±4.52	97.2±13.77	21.53±2.64
Other	3 (0.7)	16.67±5.03	9.33±2.52	94.33±25.42	17 ± 6
Test value / p		X^2=18.85, p=**0.001****	X^2=25.32, p=**0.001****	X^2= 53.60, p=**0.001****	X^2=46.60, p=**0.001***
Physical health problems					
Yes	39 (8.7)	18.9±6.33	7.08±4.86	103.26±16.55	19.46±3.4
No	411 (91.3)	22.29±6.49	5.25±4.57	112.55±18.27	18.15±4.07
Test value / p		Z=-3.131, p=**0.002****	Z=-2.544, p=**0.011***	Z= -3.112, p= **0.002****	Z=-1.919, p=0.055
Mental health problems					
Yes	28 (6.2)	16.25±5.41	10.21±5.38	98.54±17.5	21.07 ± 4.11
No	422 (93.8)	22.38±6.43	5.09±4.39	112.62±18.03	18.08 ± 3.96
Test value / p		Z= -4.848, p= **0.001****	Z=-4.760, p=**0.001****	Z= -3.711, p= **0.001****	Z= -3.439, p=**0.001****
Time spent on the internet					
1-2 hours	243 (55.7)	21.98±6.53	5.53 ± 4.52	110.55±17.17	18.14±4.09
3-4 hours	132 (30.3)	21.48±6.6	5.68 ± 5.05	111.73±19.53	18.94±3.76
5 hours and above	61 (14)	23±5.83	4.25 ± 4.18	117.34±20.32	17.18±4.4
Test value / p		X^2=-2.09, p=-0.351	X^2=5.28, p=0.071	X^2=5.47, p= 0.065	X^2= 7.19, p=**0.027***
Smoking					
I do not smoke	332 (73.8)	22.74±6.28	5.05 ± 4.49	112.04±18.15	18.35±4.01
I smoke 1-10 cigarettes a day	55 (12.2)	20.56±7.47	5.55 ± 4.44	112.02±18.94	17±3.78
I smoke 11-20 cigarettes a day	48 (10.7)	19.08±6.33	6.98 ± 5.26	110.31±19.43	18.63±3.96
I smoke more than 20 a day	15 (3.3)	20.07±5.82	7.87 ± 4.61	108.67±16.66	19.73±4.95
Test value / p		X^2=17.835, p=**0.001****	X^2=11.947, p=**0.008****	X^2=0.953, p=0.813	X^2= 6.249, p=0.100
Taking drugs					
I don't take drugs	445 (98.9)	22.01±6.56	5.36±4.61	111.75±18.34	18.22±4.02
I take drugs	5 (1.1)	20.40±3.65	9.40±4.22	110.8±15.51	21.8±3.49
Test value / p		Z=-0.874, p=0.382	Z=-2.046, p=**0.041***	Z=-0.297, p=0.766	Z=-1.758, p=0.079

* p≤ 0.05   ** p≤ 0.01

significant difference between the mother's attitude and the total score averages from the LSS (p≤0.01) and statistically significant difference from the BHS (p≤0.05); an advanced statistically significant difference between the length of professional experience and the total score averages from the BHS (p≤0.01); an advanced statistically significant difference between the department and the total average scores from the LSS (p≤0.01); statistically significant difference between association membership and the total score averages from the RSEI (p≤0.05)(Table 5).

It was established that there was an advanced statistically significant difference between leisure activities and the total average scores from the LSS and OHQ scales (p≤0.01); an advanced statistically significant difference between self-expression and total score averages from the LSS, BHS, OHQ, and RSEI (p≤0.01); an advanced statistically significant difference between physical health problems and the total score averages from the LSS, BHS (p≤0.01), and statistically significant difference from the OHQ (p≤0.05); an advanced statistically significant difference between mental health problems and the total score averages from the LSS, BHS, OHQ and RSEI (p≤0.01); statistically significant difference between the duration of internet use and the total score averages from the RSEI (p≤0.05); an advanced statistically significant difference between smoking and the total score averages from the LSS and BHS (p≤0.01); an advanced statistically significant difference between taking drugs and the total score average from the BHS (p≤0.05) (Table 6).

DISCUSSION

In this study, it was found that self-esteem was a strong factor predicting the happiness, life satisfaction, and hopelessness levels of nurses. As nurses' self-esteem increases, their expectations from life and their perspectives on events change, and accordingly, their life satisfaction and happiness levels decrease, and their hopelessness levels increase. In addition to factors related to irregular working conditions, a unit of employment, father's survival status, mother's attitude, personal factors such as leisure time, self-expression, physical and mental health, smoking, alcohol, and drug use also affect their unhappiness, life satisfaction, self-esteem affect their self-esteem and hopelessness levels. We can interpret the relationship between the increase in nurses' self-esteem scores and the decrease in their happiness and life satisfaction scores as a result of the increase in their expectations regarding quality of life. It was found that nurses' life satisfaction levels were good; hopelessness was low; happiness was moderate, and self-esteem was found to be sufficient. Hwang (2018), Meng et al. (2015) also found the happiness of nurses was slightly above moderate in their research. In this study, it was determined that there was an advanced statistically significant positive relationship between the satisfaction levels of the nurses and their happiness levels. It was determined that life satisfaction and happiness had a mutual impact on one another, and positive feelings and

satisfaction are related to a state of happiness. If an individual lives a life that fulfills his expectations and is satisfied with all aspects of it, they feel a sense of happiness. In the literature, many studies supporting the results of the study, stating that happiness level and life satisfaction are positively related (Hwang, 2018; Mirfarhadi et al., 2013; Abdollahi et al., 2014; Brajsa-Zganec et al., 2017; Demir and Murat, 2017; Aboallshamat et al., 2018). Nursing, which is based on helpfulness is a challenging profession with the highest burden of stress (Abdollahi et al., 2014). Helpfulness is one of the main sources of happiness for nursing. The moderate level of happiness of the nurses in this study can be explained as emanating from the satisfaction and intense emotions they feel after helping patients despite the problems they face while fulfilling the requirements of this difficult profession. Nurses' happiness and life satisfaction are impacted by their expectations from life, economic conditions, educational status, as well as the difficulties they face while working with physicians, mental states of patients, sadness due to inpatients with long-term severe diseases, and the despair they feel at not being able to meet the needs of the patients and problems with patients and patient relatives.

Female nurses were found to have significantly higher levels of life satisfaction compared to male nurses, and it was determined that there was no difference between their hopelessness levels, happiness levels, and self-esteem. Many studies pointing towards the same result (Demir and Murat, 2017; Aboallshamat et al., 2018; Yüksekbilgili and Akduman, 2016).

It was determined that the life satisfaction levels of nurses who had democratic and protective mothers were higher and their hopelessness levels were lower. No difference was found between happiness and self-esteem scores. Demir & Murat's study (2017) showed that the happiness and life satisfaction levels of teacher candidates who had democratic parents were statistically significant. It is an expected result that a democratic attitude that cares about the individual which is shown by parents that set certain rules for the welfare of their progeny generates higher scores than authoritarian or indifferent parental attitudes. Furthermore, higher scores generated by a protective attitude in comparison to authoritarian and indifferent attitudes can be accounted for through parents who watch over their children rather than choose to assume a non-caring attitude or keep the doors of communication close.

It has been determined that the decrease in the professional satisfaction of the nurses causes the increase in smoking, physical and mental problems such as depression, anxiety, disappointment, hopelessness and substance/drug use, and professional problems such as decreased work efficiency and being alienated from the work they do (Yüksel-Kaçan et al., 2016). Nurses who smoked more than 20 cigarettes a day scored higher on LSS in our study, and nurses who used drugs had higher hopelessness levels, supporting this view.

In our study, it was found that the life satisfaction of the nurses working in the administration was much higher.

This result is in line with the results of the study, which found that nurses working in managerial positions had higher life and job satisfaction (Kavlu and Pınar 2009; Camci and Kavuran 2021; Khosrojerdi et al. 2018). This situation can be explained by the fact that nurses have worked in the institution for a certain period to work in managerial positions, have certain knowledge, have a deep knowledge of the institution and the profession, and have a lot of work/life experience.

In our study, it was found that the life satisfaction and happiness levels of nurses with leisure time activities were significantly higher. Leisure engagement has been considered a vital predictor of subjective happiness. Studies' findings also showed a positive relationship between subjective happiness and engaging in physically active leisure and even sedentary activities like sports. (Matsumoto et al, 2018; Khosrojerdi et al. 2018).

It was determined that the life satisfaction levels of nurses who can express themselves in any situation were good, that their levels of happiness were high, and that their self-esteem was sufficient and their hopelessness levels were lower. For individuals to be happy while maintaining interpersonal relations, they should be able to express their thoughts, feelings and values, and be able to reveal their true selves. It is very important for a person to reveal their true self in their interpersonal relationships in terms of creating a positive effect on their psychological health. In our study, the mean self-esteem scores of nurses who were members of a nursing association were found to be higher. Persons with a sense of responsibility show commitment and poise. Objectives around which people organize their lives have a very important place in human existence, helping people plan and improve their lives in their guidance. A person's commitment to his goals and his willingness to pursue them is critical for his survival. Objectives and working towards them can affect one's satisfaction with life. It can be argued that having goals preserves mental health because people with objectives cling to life more vigorously and better overcome challenges. Job satisfaction and well-being affect the life satisfaction and happiness levels of nurses (Mirfarhadi et al., 2013).

It was found that nurses who had good physical and mental health were found to have a high level of life satisfaction and happiness, adequate self-esteem level, and low levels of hopelessness. Study results of Gündoğar et al. (2007), Aboalshamat et al. (2018) were consistent with our finding. Well-being and happiness means that an individual has the most appropriate functionality in terms of psychological and social aspects. Happy individuals have emotional agility enabling them to support their psychological health in their personal and social lives. It should be noted that happiness has a positive impact on physical and mental health and that it is important both individually and socially.

The self-esteem scores of nurses who used the internet for three or four hours or less were found to have higher scores of self-esteem. In a study by Gürsel and Taşkıran, (2018) a significant correlation was found between university students' happiness levels and their degree of Facebook addiction. Muusses et al. (2014) found that internet use negatively affected happiness. Excessive use of the internet turns one away from his social circle and the ensuing lack of social interaction impacts on happiness, in a negative way.

Limitations of study
The collection of study data in Gaziantep province may prevent the generalizability of the results. In addition, the high number of female nurses participating in the study is another limitation of the study.

CONCLUSION
As a result of the study, it was determined that the happiness and life satisfaction of the nurses were high, their hopelessness levels were low, and their self-esteem was sufficient.

Showed that self-esteem was a strong factor predicting the happiness, life satisfaction, and hopelessness level of nurses. Considering the factors that affect the happiness of nurses, nurse managers should reward the success of nurses, provide psychological counseling, and support practices that help nurses achieve real job satisfaction and improve their job loyalty. Considering nursing students are the nurses of the future, long-term follow-up or qualitative studies should be conducted with nursing students to evaluate whether nursing education effects self-esteem, happiness, hopelessness, and life satisfaction. Empowerment Programs can be designed to increase nurses' self-esteem and life satisfaction and reduce their hopelessness, and experimental studies can be conducted.

Conflict of Interest
All authors of this article declare that there is no conflict of interest. Also, we have no relevant financial interests in this manuscript.

Author Contributions
Plan, Design: NÖ, BI, BÇ; **Materials and Methods:** NÖ, BI, BÇ; **Data analysis and interpretation:** NÖ, BI, BÇ; **Writing and corrections:** NÖ, BI, BÇ.

REFERENCES
Abdollahi, A., Abu Talib, M., Yaacob, S. N., & Ismail, Z. (2014). Hardiness as a mediator between perceived stress and happiness in nurses. *Journal of psychiatric and mental health nursing, 21*(9), 789-796. https://doi.org/10.1111/jpm.12142

Aboalshamat, K. T., Alsiyud, A. O., Al Sayed, R. A., Alreddadi, R. S., Faqiehi, S. S., & Almehmadi, S. A. (2018). The relationship between resilience, happiness, and life satisfaction in dental and medical students in Jeddah, Saudi Arabia. *Nigerian journal of clinical practice, 21*(8), 1038-1043.

Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: the hopelessness scale. *Journal of consulting and clinical psychology, 42*(6), 861. https://doi.org/10.1037/h0037562

Brajsa-Zganec, A., Lipovcan, LK., Ivanovic, D., Larsen, ZP. (2017). Well-being of nursing students: self-esteem, family cohesion and social support. *The Open Public Health Journal, 10*(1). https://doi.org/10.2174/1874944501710010069

Camci, GB., Kavuran, E. (2021). Hemşirelerin iş stresi ve tükenmişlik düzeyleri ile meslek ve yaşam doyumu düzeyleri arasındaki ilişkinin belirlenmesi. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 24*(2), 274- 283. https://doi.org/10.17049/ataunihem.930846

Coşansu, G. (2015). Verilerin Analizi ve Yorumlanması. (Erdoğan, S., Nahcivan, N., Esin, N., Ed.). Hemşirelikte Araştırma. Nobel Tıp Kitabevleri.

Çuhadaroğlu F. (1986). Self-esteem in adolescents [dissertation]. Hacettepe University Faculty of Medicine.

Dağlı, A., Baysal, N. (2016). Adaptation of Life Satisfaction Scale to Turkish: validity and reliability study. Electronic *Journal of Social Sciences, 15*(59), 1250-1262. https://doi.org/10.17755/esosder.263229

Demir, R., & Murat, M. (2017). Öğretmen adaylarının mutluluk, iyimserlik, yaşam anlamı ve yaşam doyumlarının incelenmesi. *OPUS Uluslararası Toplum Araştırmaları Dergisi, 7*(13), 347-378. https://doi.org/10.26466/opus.347656

Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment, 49*(1), 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Dogan, T., & Sapmaz, F. (2012). Examination of psychometric properties of the Turkish version form of the Oxford Happiness Questionnaire in university students. *Dusunen Adam, 25*(4), 297. https://doi.org/10.5350/DAJPN2012250401

Esin, N.M. (2015). Örnekleme. (Erdoğan, S., Nahcivan, N., Esin, N., Ed.). Hemşirelikte Araştırma. Nobel Tıp Kitabevleri.

Gündoğar, D., Gül, S. S., Uskun, E., Demirci, S., & Keçeci, D. (2007). Üniversite öğrencilerinde yaşam doyumunu yordayan etkenlerin incelenmesi. *Klinik Psikiyatri, 10*(1), 14-27.

Gürsel, C., Taşkıran, H. (2018). Üniversite öğrencilerinin facebook kullanma alışkanlıkları ile mutluluk düzeyleri, yaş, cinsiyet, gelir düzeyi ve okunan bölüm arasındaki ilişkinin incelenmesi. *R&S - Research Studies Anatolia Journal, 1*(2), 289-299. https://doi.org/10.33723/rs.434598

Hills, P., & Argyle, M. (2002). The Oxford Happiness Questionnaire: a compact scale for the measurement of psychological well-being. *Personality and individual differences, 33*(7), 1073-1082. https://doi.org/10.1016/S0191-8869(01)00213-6

Hwang, E. (2018). Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness: a cross-sectional study of the long-term care hospitals of South Korea. *Japan Journal of Nursing Science*, *16*(3), 263-273. https://doi.org/10.1111/jjns.12235

Kavlu, İ., Pınar, R. (2009). Acil servislerde çalışan hemşirelerin tükenmişlik ve iş doyumlarının yaşam kalitesine etkisi. *Turkiye Klinikleri Journal of Medical Sciences, 29*(6), 1543-1555.

Kerfoot, K. M. (2012). The pursuit of happiness, science, and effective staffing: the leader's challenge. *Nursing Economics, 30*(5), 305.

Khosrojerdi, Z., Tagharrobi, Z., Sooki, Z., & Sharifi, K. (2018). Predictors of happiness among Iranian nurses. *International journal of nursing sciences, 5*(3), 281-286. https://doi.org/10.1016/j.ijnss.2018.06.008

Koşucu, S. N., Göktaş, S. B., & Yıldız, T. (2017). Cerrahi ve dahiliye servislerinde çalışan hemşirelerin işe bağlı gerginlik ve iş doyumu düzeylerinin değerlendirilmesi. *Cukurova Medical Journal, 42*(4), 675-681. https://doi.org/10.17826/cutf.325696

Matsumoto, H., Sato, S., Asada, A., & Chiashi, K. (2018). Exploring the relationship among leisure engagement, affective and cognitive leisure involvement, and subjective happiness: a mediating role of leisure satisfaction. *World Leisure Journal, 60*(2), 111-126. https://doi.org/10.1080/16078055.2018.1444669

Meng, R., Luo, Y., Liu, B., Hu, Y., Yu, C. (2015). The nurses' well-being index and factors influencing this index among nurses in central China: a cross-sectional study. *PloS one, 10*(12), e0144414. https://doi.org/10.1371/journal.pone.0144414

Mirfarhadi, N., Moosavi, S., & Tabari, R. (2013). Life satisfaction and its determinants: a survey on Iranian nurses population. *Archives of Advances in Biosciences, 4*(4). https://doi.org/10.22037/jps.v4i4.4761

Muusses, L. D., Finkenauer, C., Kerkhof, P., & Billedo, C. J. (2014). A longitudinal study of the association between compulsive internet use and wellbeing. *Computers in Human Behavior, 36*, 21-28. https://doi.org/10.1016/j.chb.2014.03.035

Padhy, M., Rana, S., & Mishra, M. (2011). Self esteem and subjective wellbeing: correlates of academic achievement of students. *Research Journal of Social Science & Management*, *1*(7), 148-156.

Peker, A., Eroğlu, Y., & Özcan, N. (2015). Özel gereksinimli çocuğa sahip anneler ile tipik gelişim gösteren çocuğa sahip annelerin psikolojik sağlamlık, iyilik hali ve mutluluk düzeylerinin incelenmesi. *Sakarya University Journal of Education*, *5*(3), 142-150.

Rosenberg, M. (1979). Conceiving the Self. New York: Basic Books.

Seber, G., Dilbaz, N., Kaptanoğlu, C. ve Tekin, D., (1993), Umutsuzluk ölçeği: geçerlik ve güvenirliği, *Kriz Dergisi, 1*(3), 134-138. https://doi.org/10.1501/Kriz_0000000045

Tezcan B. (2009). Obez bireylerde benlik saygısı, beden algısı ve travmatik geçmiş yaşantılar. [dissertation]. Istanbul Science University.

Tugrul, C. (1994). Alkoliklerin cocuklarının aile ortamlarındaki stres kaynakları, etkileri, ve stresle basacıkma yolları. *Türk Psikoloji Dergisi*.

Ülker Tümlü, G. & Recepoğlu, E. (2013). Üniversite akademik personelinin psikolojik dayanıklılık ve yaşam doyumu arasındaki ilişki. *Yükseköğretim ve Bilim Dergisi*, (3), 205-213. Retrieved from https://dergipark.org.tr/en/pub/higheredusci/issue/61482/918033

Yüksekbilgili, Z., & Akduman, G. (2016). Bireysel mutluluk ve işkoliklik ilişkisi. *Kocaeli Üniversitesi Sosyal Bilimler Dergisi,* (31), 95-112. Retrieved from https://dergipark.org.tr/en/pub/kosbed/issue/25688/271103

Yüksel-Kaçan, C., Örsal, Ö., Köşgeroğlu, N. (2016). Hemşirelerde iş doyumu düzeyinin incelenmesi. *Hemşirelikte Araştırma Geliştirme Dergisi, 18*(2/3), 1-12. Retrieved from https://dergipark.org.tr/en/pub/hemarge/issue/52749/