

HAPPINESS IN THE PROFESSIONAL PRACTICE OF NURSES: A SCOPING REVIEW

Felicidade no exercício profissional do enfermeiro: revisão de escopo

Felicidad en el ejercicio profesional del enfermero: revisión de alcance

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ABSTRACT

Background: happiness has gained relevance in the nursing context due to its implications for mental health, professional performance, and quality of care. **Objective:** to identify the scientific evidence available in the literature regarding happiness in the professional practice of nurses. **Methodology:** a scoping review was conducted in accordance with the JBI and PRISMA-ScR recommendations, including searches in eight databases and the grey literature, with no restrictions on language or publication period. Study selection was performed independently, and data extraction and synthesis were organized in a synoptic table. A lexical analysis was carried out, with the construction of a word cloud using IRAMUTEQ software. **Results:** the final sample consisted of 23 studies, indicating that nurses' happiness is a multifactorial phenomenon influenced by factors related to healthcare delivery, leadership, professional autonomy, institutional resources, interpersonal relationships, family interaction, and mental health. Positive associations were identified between happiness, autonomy, engagement, job satisfaction, and social support, while negative relationships were observed with occupational stress and burnout. **Conclusion:** professional happiness among nurses results from the interaction of individual, relational, and organizational factors, highlighting the importance of promoting work environments characterized by positive leadership, professional recognition, and attention to mental health.

Keywords: happiness; nurses; mental health; scoping review

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RESUMO

Enquadramento: a felicidade tem ganhado relevância no contexto da enfermagem, em razão de suas implicações para a saúde mental, o desempenho profissional e a qualidade do cuidado. **Objetivo:** identificar as evidências científicas disponíveis na literatura acerca da felicidade no exercício profissional do enfermeiro. **Metodologia:** revisão de escopo conduzida conforme as recomendações do JBI e do PRISMA-ScR, realizada em oito bases de dados e na literatura cinzenta, sem restrição de idioma ou período de publicação. A seleção dos estudos ocorreu de forma independente, com extração e síntese dos dados em quadro sinótico. Realizou-se análise lexical, com construção de nuvem de palavras, por meio do software IRAMUTEQ. **Resultados:** a amostra final foi composta por 23 estudos, evidenciando a felicidade do enfermeiro enquanto um fenômeno multifatorial, influenciado por aspectos relacionados ao cuidado em saúde, liderança, autonomia profissional, recursos institucionais, relações interpessoais, interação familiar e saúde mental. Destacaram-se associações positivas entre felicidade, autonomia, compromisso, satisfação no trabalho e suporte social, bem como relações negativas com estresse ocupacional e burnout. **Conclusão:** a felicidade profissional do enfermeiro resulta da interação entre fatores individuais, relacionais e organizacionais, sendo essencial promover ambientes de trabalho com liderança positiva, reconhecimento profissional e atenção à saúde mental. **Palavras-chave:** felicidade; enfermeiros e enfermeiras; saúde mental; revisão de escopo

RESUMEN

Marco contextual: la felicidad ha adquirido relevancia en el contexto de la enfermería debido a sus implicaciones para la salud mental, el desempeño profesional y la calidad del cuidado. **Objetivo:** identificar las evidencias científicas disponibles en la literatura sobre la felicidad en el ejercicio profesional del enfermero. **Metodología:** revisión de alcance realizada conforme a las recomendaciones del JBI y del PRISMA-ScR, llevada a cabo en ocho bases de datos y en la literatura gris, sin restricción de idioma ni período de publicación. La selección de los estudios se realizó de forma independiente, con extracción y síntesis de los datos en un cuadro sinótico. Se efectuó un análisis léxico, con la construcción de una nube de palabras, mediante el software IRAMUTEQ. **Resultados:** la muestra final estuvo compuesta por 23 estudios, evidenciando la felicidad del enfermero como un fenómeno multifactorial, influenciado por aspectos relacionados con el cuidado de la salud, el liderazgo, la autonomía profesional, los recursos institucionales, las relaciones interpersonales, la interacción familiar y la salud mental. Se destacaron asociaciones positivas entre felicidad, autonomía, compromiso, satisfacción laboral y apoyo social, así como relaciones negativas con el estrés ocupacional y el burnout. **Conclusión:** la felicidad profesional del enfermero resulta de la interacción entre factores individuales, relacionales y organizacionales, siendo esencial promover entornos de trabajo con liderazgo positivo, reconocimiento profesional y atención a la salud mental. **Palabras clave:** felicidad; enfermeiros y enfermeras; salud mental; revisión de alcance

INTRODUCTION

Happiness is a universal manifestation present across different cultures and historical periods and is recognized as a fundamental human need (Diener, 1984). However, it is not a homogeneous phenomenon, as its understanding and expression vary according to specific sociocultural values, norms, and structures (Hordov et al., 2025).

Its conceptual foundations can be traced back to Ancient Greece, when Plato and Aristotle developed the notion of *eudaimonia*, understood as the fulfillment of human potential sustained by ethical virtues and associated with enduring well-being grounded in meaning, purpose, and personal fulfillment (Junoh et al., 2022).

Rather than representing a fixed state, happiness constitutes a continuous process that is developed and strengthened throughout the life course. Within this context, the eudaimonic experience is connected to the philosophical foundations of happiness and its neurobiological correlates, expressed through the “triad of happiness,” which encompasses mechanisms related to reward and motivation and is organized into three dimensions: the pursuit of pleasure, the avoidance of stressful stimuli, and the experience of deep satisfaction (Esch, 2022).

From a human development perspective, manifestations of happiness vary across stages of life. During youth, orientation toward pleasure tends to predominate; in adulthood, coping strategies for managing everyday pressures become more prominent; and in later life, feelings of serenity and enduring contentment emerge as more salient characteristics (Esch, 2022; Gardiner et al., 2022).

Individuals with higher levels of happiness tend to display greater emotional lightness, express joy through more frequent smiling, and demonstrate lower tendencies toward irritability, criticism, and guilt, thereby fostering more harmonious social interactions (Gardiner et al., 2022). Within the profession, this dimension acquires particular importance as nurses’ emotional balance directly influences the quality of care provided (Ni et al., 2022). Ongoing transformations in the healthcare sector further reinforce the need to promote nurses’ well-being, given that individual, organizational, and social factors influence their professional trajectories, affecting career progression, goal attainment, competency development, professional identity formation, and social recognition (Faghihi et al., 2024; Ni et al., 2022).

Experiences of happiness among nurses have been associated with higher levels of engagement, resilience, and effectiveness in clinical practice (Cochran, 2024). By fostering collaborative and supportive work environments, happiness contributes to strengthening professional pride and increases the likelihood of providing compassionate care, with positive effects on patient satisfaction and safety (Nemati-Vakilabad et al., 2024; Song et al., 2024; Tzeng, 2002).

However, the demands inherent to the nursing profession may generate stress and dissatisfaction, with negative repercussions for both job performance and the quality of care provided (Nemati-Vakilabad et al., 2024). The emotional wear derived from these conditions compromises involvement and motivation, contributing to cycles of dissatisfaction and increased turnover rates (Yuan et al., 2024). Against this

backdrop, happiness emerges as a strategic element for promoting emotional balance (Mirzaei et al., 2024; Yuan et al., 2024).

Despite growing interest in happiness within workplace contexts, the literature remains predominantly centered on objective factors and pathologizing approaches, such as burnout, to the detriment of understanding experiences aimed at promoting health and well-being.

This gap may be attributed both to methodological challenges inherent in measuring subjective constructs and to the historical undervaluation of well-being in organizational policies traditionally guided by indicators of performance and productivity. Thus, the present study seeks to shift this paradigm by adopting a salutogenic approach focused on factors that promote happiness in nurses' professional practice, with important implications for advancing well-being in healthcare workplace settings.

Considering the nature of the study and its objective, a scoping review was selected as the methodological approach, as it is an appropriate method for identifying available scientific evidence regarding happiness in nurses' professional practice. Considering the multifaceted and subjective nature of the phenomenon, a scoping review was chosen as the methodological approach because it enables the identification and mapping of available scientific evidence on happiness in nurses' professional practice.

METHODOLOGICAL REVIEW PROCEDURES

This scoping review was conducted in accordance with the Joanna Briggs Institute's (JBI) *Manual for Evidence Synthesis* and the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for*

Scoping Reviews (PRISMA-ScR) guidelines (Peters et al., 2020; Tricco et al., 2018).

The review protocol was registered on the *Open Science Framework* (OSF) platform under the identifier <http://osf.io/10.17605>. The study was organized into five main phases: (1) development of the research question; (2) identification of relevant studies; (3) selection of eligible studies; (4) data extraction and analysis; and (5) organization, synthesis, and presentation of results.

To formulate the research question, the Population, Concept, and Context (PCC) strategy was employed, in which the Population (P) corresponded to nurses, the Concept (C) referred to happiness, and the Context (C) referred to professional practice. Based on this framework, the following research question was established: What scientific evidence is available in the literature regarding happiness in nurses' professional practice?

The search strategy was developed with the support of a librarian specialized in Health Sciences from the State University of Londrina, who assisted in selecting relevant databases and identifying controlled and non-controlled descriptors for each database.

Initially, a preliminary search was conducted in July 2025 in the International Prospective Register of Systematic Reviews (PROSPERO), JBI, and OSF platforms to identify previously registered reviews on the topic; however, no corresponding protocols were found.

The search was conducted in August 2025 and updated in December 2025, using specific descriptors combined with Boolean operators. For national databases, the terms ("Happiness") AND ("Nursing Professionals") AND ("Male and Female Nurses" OR "Nurse") were

adopted. For international databases, the descriptor “Nursing Professional Happiness” was used.

The selected databases included Cumulative Index to Nursing and Allied Health Literature (CINAHL) via EBSCOhost, Cochrane Reviews (COCHRANE), Excerpta Medica dataBASE (EMBASE), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) via the Virtual Health Library, Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, Scientific Electronic Library Online (SciELO), Scopus via Elsevier, and Web of Science (WOS).

Additionally, gray literature was searched through the Brazilian Digital Library of Theses and Dissertations (BDTD), the Coordination for the Improvement of Higher Education Personnel (CAPES) Theses and Dissertations Catalog, and Google Scholar. For the latter, the first 100 retrieved results were analyzed.

Eligibility criteria were established to ensure the selection of documents relevant to the scope of the review. Included studies comprised primary studies available in full-text electronic format; studies with different methodological designs; studies without restrictions regarding language or publication period; and studies derived from scientific databases and gray literature sources. Editorials, response letters, opinion articles, and duplicate documents were excluded from the analysis because they did not provide systematic scientific data relevant to the proposed analysis.

The initial selection and evaluation of studies were independently conducted by two reviewers through careful screening of titles and abstracts. Data from eligible studies were exported to a *Microsoft Excel* spreadsheet to enable organization and removal of duplicate records. Next, full-text articles were analyzed

and eligibility criteria were reapplied for data extraction.

Additional investigations were conducted through citation tracking of the included studies to identify further relevant publications. Disagreements between reviewers during the study selection process were resolved by a third reviewer specializing in mental health, who provided the final decision. Search results, excluded studies rationale for exclusion, as well as the total number of studies identified, were all presented in a flow diagram.

Data analysis consisted of categorizing and interpreting evidence to identify patterns, trends, and gaps in the literature. Two researchers independently conducted the analysis using a synoptic framework that included title, authors, year, country of origin, language, publication type, journal, objective, population, methodological design, main findings, and considerations.

Additionally, lexical analysis was conducted using Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRaMuTeQ), version 0.8 alpha 7, enabling statistical analysis of textual corpora as well as the generation of a word cloud for graphical visualization of the frequency and clustering of recurrent terms (Ratinaud, 2024). The findings were described and interpreted by the authors, allowing complementary analysis of the software outputs through the identification of lexical patterns and central themes related to happiness in nurses' professional practice.

The study was conducted in accordance with ethical and methodological principles, following good scientific research practices and respecting copyright regulations. As this study involved a review of publicly

accessible secondary data without direct involvement of human participants, ethics committee approval was not required.

RESULTS

The database search initially identified 1,081 studies. Of these, 32 were removed due to duplication, resulting in 1,049 documents being screened by title and abstract. At this stage, 860 publications were excluded because they did not address the proposed topic and because full-text versions were unavailable free of charge.

Thus, a total of 189 studies were selected for full-text review according to the established eligibility criteria. Of these, 167 publications were excluded, resulting in the inclusion of 22 documents. In addition, one further publication identified through analysis of the reference lists was incorporated, yielding a final sample of 23 studies.

Figure 1 presents the flow diagram of the study selection process, developed according to JBI recommendations and adapted from PRISMA-ScR (Tricco et al., 2018).

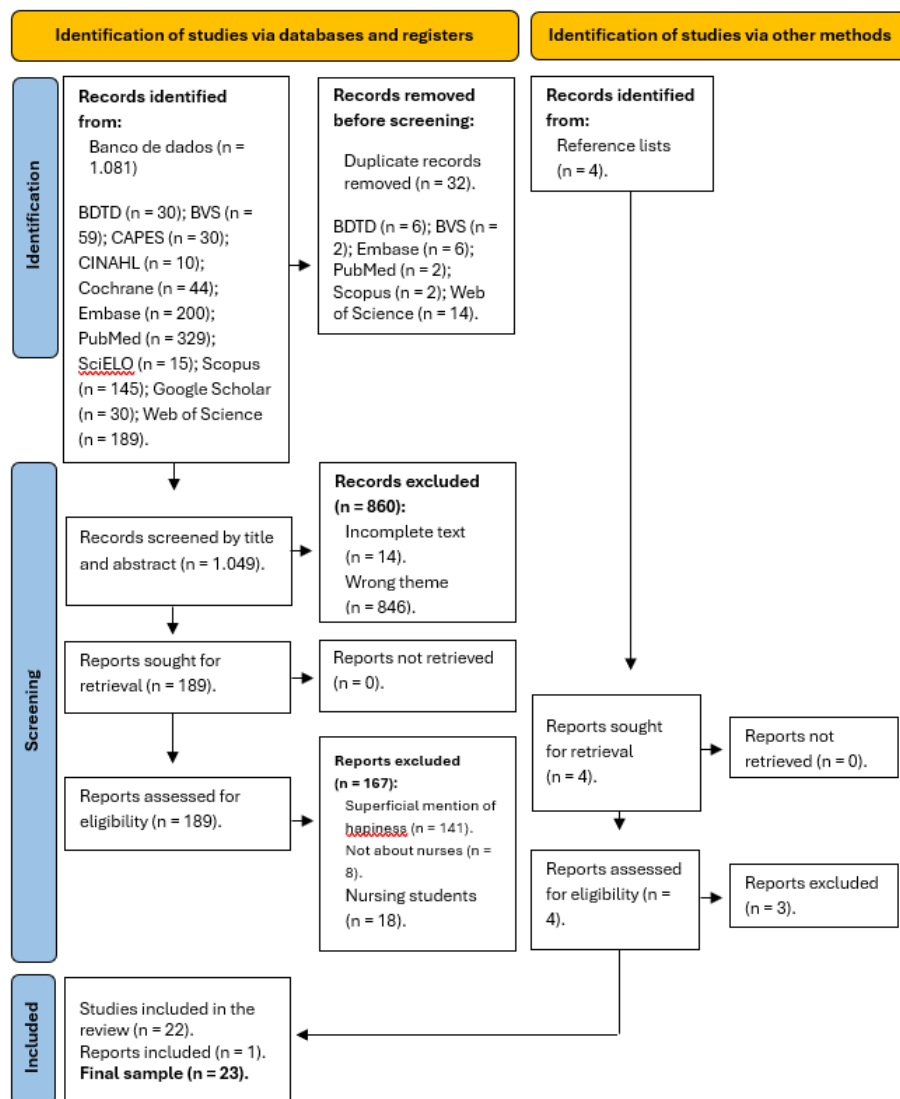


Figure 1

Flowchart of the study selection process (adapted from Tricco et al., 2018)

The 23 selected studies used to compose the results were categorized and organized in a linear chronological sequence according to year of publication, methodological design, country of origin, annual proportion of publications, and database (Figure 2). Due to the uniformity in the frequency of most studies (4.3%), it was decided not to present these values in Figure 2, highlighting only those that differed from this pattern according to country of origin.

The years with the highest number of publications on the topic were 2022 and 2023, each with five studies. This was followed by 2020, 2021, and 2025, with three studies each; 2019 had two publications, while 2002 and 2024 each had one publication. Regarding language, 60.9% ($n = 14$) of the studies were published in English, 26.1% ($n = 6$) in Portuguese, and 13% ($n = 3$) in Spanish.

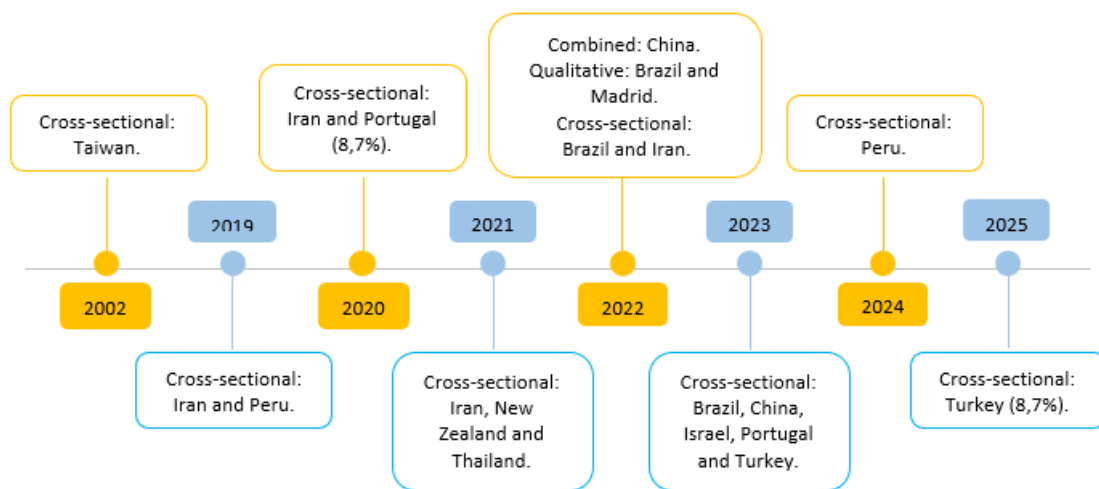


Figure 2

Timeline of studies by year, design, country of origin, and percentage of publications

Most of the studies analyzed were scientific articles, 95.65% ($n = 22$), with one master's dissertation representing 4.35% of the sample. Regarding country of origin, geographic diversity was observed among the included studies. Iran stood out with the highest number of publications ($n = 5$), followed by Brazil, China, Portugal, and Turkey, each with three studies. Peru contributed two studies, while Spain, Israel, New Zealand, and Thailand each contributed one publication.

From the setting in which the studies took place, it was

possible to infer the level of care associated with each study, classifying them, in accordance with Health Care Networks, as primary care or hospital-level care. Of these, 73.91% ($n = 17$) referred to hospital care, 4.34% ($n = 1$) to primary care, and 21.73% ($n = 5$) covered more than one level of care.

Next, Figure 3 presents a word cloud that synthesizes the main terms identified in the analysis, suggesting the presence of both protective and threatening factors related to nurses' happiness in professional practice.



ated using the software IRaMuTeQ (Ratinaud,

objective was not to analyze the effectiveness of interventions.

We can observe that happiness in nursing practice is a relational phenomenon, constructed at the intersection of subjective and contextual experiences in everyday healthcare settings, and influenced by the way nurses experience their work, establish relationships, cope with organizational demands, and preserve their psychological well-being throughout their careers (Hudays et al., 2024; Junior et al., 2025). Among the factors structuring this intersubjective experience of happiness, healthcare provision stands out as a central element, capable of fostering commitment, personal fulfillment, and enhanced psychological well-being among these professionals (Xiao et al., 2022).

Care as a source of happiness in nursing

A qualitative study conducted in Spain demonstrated that nurses' perception of themselves as mediators of care is associated with higher levels of happiness, particularly when the positive impact of their care is

recognized. This perception was consistent among the 33 participants working in management, teaching, and research across both public and private healthcare systems (Alonso et al., 2022).

From this perspective, care reflects the essence of nursing, translating commitment, dedication, and genuine presence in delivering qualified care, particularly in highly complex settings such as oncology care (Silva et al., 2022).

This understanding is reinforced by Portuguese nurses working in women's, children's, and youth health, assessed using the Shorted Happiness at Work Scale, who presented higher scores for happiness ($p = 0.005$), engagement ($p = 0.008$), and affective organizational commitment ($p = 0.002$) compared to nurses in medical-surgical settings, suggesting an association between relational dimensions of care and elevated levels of well-being and professional involvement (Loureiro et al., 2023).

However, the realization of this meaningful practice is also shaped by historical contexts, such as the COVID-19 pandemic, during which intensified affective commitment to the institution, despite reduced job satisfaction, may reflect greater dedication, energy, and vigor, as well as a strengthened connection to the profession in response to emerging healthcare demands (Borges et al., 2023).

From a eudaimonic perspective, care, in its full magnitude, may be understood as an ethical and reflective practice requiring technical expertise, sensitivity in decision-making, and discernment, particularly in critical situations involving imminent risk to life (Faridi et al., 2025; Zalcman et al., 2023).

Nonetheless, the execution of nurses' professional responsibilities may be compromised when working conditions limit the provision of quality care. Lack of

time resulting from staff shortages or excessive workloads constitutes a determining factor for frustration, dissatisfaction, and reduced happiness, highlighting the tension between the ideal of caring and institutional demands (Alonso et al., 2022).

Leadership, autonomy, and institutional resources as determinants of happiness

In healthcare settings, organizational factors play a predominant role in determining workplace happiness (Babamiri et al., 2021). Elements such as organizational structure, resource availability, institutional climate and culture, and leadership styles interact dynamically, influencing employee well-being, quality of care, operational efficiency, and institutional innovation capacity (Bhat et al., 2022).

A study conducted in secondary hospitals in northern Thailand with 196 participants reinforced that leadership significantly shapes perceptions of equity, professional recognition, and support provided to employees. It is noteworthy that only 59 participants had experience as nurse leaders, highlighting the limited presence of professionals in management positions within that context (Ruetrakul, 2021).

To consolidate these effects, initiatives such as leadership training programs for nurse managers or the implementation of institutional policies aimed at expanding professional autonomy may strengthen these findings and promote better individual and organizational outcomes (Faridi et al., 2025).

Similarly, evidence from nurses in Iran indicates that professional autonomy promotes participation in decision-making, the exercise of clinical judgment, and control over work processes, demonstrating a positive and significant correlation with professional happiness ($r = 0.481$; $p < 0.01$) (Mousavi et al., 2019).

It is important to emphasize that, through leadership, nurses shape workplace happiness. In this regard, regression analysis with Peruvian nurses revealed that satisfaction was a positive and highly significant predictor of happiness ($p < 0.01$), whereas motivation demonstrated a positive but non-significant effect ($p > 0.05$) (Solís et al., 2024).

Related to these predictors, findings from Turkey suggest that fair compensation, compatible with the complexity and responsibilities of nurses' roles, acts as a resource that fosters hope and shapes future expectations regarding their ability to meet personal demands and achieve professional development, thereby contributing to workplace happiness ($p < 0.05$) (Yanik & Ediz, 2024).

Further, workplace safety also appears fundamental: environments that provide protection against violence and occupational hazards are associated with higher levels of well-being and satisfaction, whereas exposure to insecurity and violent events correlates with lower levels of these indicators (Yesildag et al., 2025).

Social interactions and nurses' happiness

Additionally, the establishment of friendships, companionship, social support, and shared goals promotes a sense of belonging and enhances perceptions of happiness, especially in contexts characterized by job stability (Duche-Pérez & Galdos, 2019). Empirical evidence indicates that interpersonal relationships are fundamental to happiness, although other factors such as professional identity, performance, workplace environment, and compensation also demonstrate significant positive correlations ($p < 0.05$), indicating that happiness is a multifactorial construct (Meng et al., 2023).

Although family support is an important source of emotional assistance, by itself it is insufficient to neutralize the effects of work-related demands (Feng et al., 2022). Nevertheless, balanced work-family relationships are associated with higher levels of occupational happiness ($p < 0.001$), particularly when domestic support facilitates professional performance (Loureiro et al., 2023).

Consistently, nurses with partners presented higher mean scores for affective organizational commitment ($p = 0.018$), with 65.6% identifying family as their main source of happiness (Yanik & Ediz, 2024). These interactions also vary according to sex, the presence of children, leisure activities, and occupational stress levels (Martins et al., 2022).

Evidence further indicates that although men present higher levels of family-work conflict (25.93 ± 11.85 vs. 23.36 ± 10.55), work-family conflict exerts a stronger impact on women's physical and psychological symptoms ($\beta = 0.607$) compared with men ($\beta = 0.392$), suggesting greater vulnerability among female nurses when facing competing demands (Zhong et al., 2026). Similarly, among nurse mothers, social support and self-compassion predict part of the work-family conflict variance ($R^2 = 0.130$; $p = 0.00$), indicating that the absence of these resources may intensify burdens associated with dual roles (Putri et al., 2024).

Social capital is also associated with sociodemographic variables such as age, education level, employment status, and sex, demonstrating positive correlations with both moral courage ($r = 0.29$, $p < 0.01$) and happiness ($r = 0.32$, $p < 0.01$) (Pirdelkhosh et al., 2022). In this sense, valuing interpersonal and family relationships strengthens the relational dimension of care, promoting motivation, engagement, and professional fulfillment (Loureiro et al., 2023).

Moreover, subjectivity highlights the nurse as an inherently relational being, for whom acceptance, recognition, and healthy relationships are essential for expressing individuality within healthcare practice (Silva et al., 2022).

Mental health and factors associated with nurses' happiness

The relationship between nurses' happiness and mental health has been extensively investigated in nursing, particularly due to continuous exposure to occupational stressors. Studies involving Portuguese nurses indicate moderate levels of happiness and low levels of psychological trauma, although 100% of participants had experienced at least one potentially traumatic event throughout their careers (Feitor, 2021).

Among the reported experiences, despite maintaining overall indicators of happiness, highly adverse events were identified, including deaths (45.1%), feelings of professional helplessness (29.2%), aggression (8.8%), contact with victims of accidents or violence (7.1%), and other situations such as bullying, child deaths, delivering bad news, and interpersonal conflicts (Feitor & Borges, 2022).

It should also be noted that male nurses, those without dependents, and those who engage in leisure activities report higher levels of satisfaction. Furthermore, individuals who perceive work as stressful demonstrate significantly lower levels of happiness across all dimensions (Martins et al., 2022).

During the COVID-19 pandemic, a study conducted in Turkey with healthcare professionals, including nurses, indicated elevated levels of anxiety and psychological distress, without a direct effect on workplace happiness. Nevertheless, continuous monitoring of the

psychosocial effects of the pandemic remains necessary, considering fears about the future, impacts on family life, and professional roles, particularly over the medium and long term (Koksoy & Can, 2023).

Burnout, recognized as an important marker of mental health, presents high prevalence in emergency services and is negatively associated with indicators of well-being, including workplace happiness, work-life balance, and job satisfaction. Conversely, occupational stress positively correlates with nurse burnout (Nicholls et al., 2021).

Even after adjustments for perceived health status, disease history, job position, and type of employment relationship, the negative correlations between happiness and burnout remain significant, reinforcing the importance of policies and management strategies aimed at promoting happiness as a central component of nurses' mental health (Sharif et al., 2020).

CONCLUSION

This scoping review highlighted happiness in nurses' professional practice as a multifactorial phenomenon influenced by diverse individual, relational, and organizational factors. Findings indicated a significant association between happiness and healthcare provision, autonomy, leadership, working conditions, interpersonal relationships, and mental health, emphasizing the impact of work on nurses' subjective well-being and psychological resilience, particularly during periods of increased stress and burnout.

The findings reinforce the relevance of happiness as an indicator of well-being and mental health in healthcare settings, highlighting its potential role as a guiding component for management strategies, as well as a shared responsibility among institutional leaders,

recognizing nurses as subjects of care and not merely as care providers.

Additionally, special attention should be given to the incorporation of training and continuing education programs in multicultural contexts through permanent education strategies, with a focus on developing socioemotional and communication competencies, leadership, and health promotion among professionals.

In the global context of healthcare professionals, happiness at work emerges as an important predictor of trends regarding staff retention, workforce turnover, and organizational development in healthcare systems, contributing to cost reduction associated with turnover and absenteeism.

Finally, promoting happiness in healthcare work extends beyond organizational planning and is configured as a structuring ethical and economic element for the retention and appreciation of the nursing workforce.

Some of the limitations include the absence of critical appraisal of the methodological quality of the included studies, as permitted in scoping reviews, which may influence the strength of the inferences. However, it should be emphasized that the objective of this review was to map the existing body of knowledge rather than to formulate direct clinical recommendations.

Additionally, a predominance of studies conducted in hospital settings was observed, which may have generated a bias in understanding this phenomenon, since nursing practice is expressed in different contexts, such as care dynamics, interpersonal relationships, and organizational conditions, which may be configured differently.

It is recommended that future studies explore this phenomenon in greater depth across different

healthcare contexts to expand understanding and support innovative practices aimed at promoting well-being and sustainability in nursing.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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