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# Happiness: Theoretical and Empirical Considerations

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# Happiness: Theoretical and Empirical Considerations

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## Abstract

**TOPIC.** *Although happiness is important in maintaining health, few studies of happiness can be found in the nursing literature.*

**PURPOSE.** *This paper explicates the concept of happiness through examination of its defining attributes, antecedents, consequences, and measurement.*

**SOURCES OF INFORMATION.** *Literature review using hand search, and databases were used as sources of information.*

**CONCLUSION.** *The information provided can be used in clinical practice so that nursing strategies can be developed and tested to help people to become happy and healthy.*

Through the years, considerable advances have been made in the understanding and treatment of mental illness. However, treatment is not just fixing what is broken; rather, it involves nurturing what is best within ourselves ([Seligman, 1998](#)). This necessitates the study of positive psychological concepts reflecting human strengths that act as buffers against mental illness.

Happiness is a positive concept that is vital and important in maintaining health ([Cohen, 2002](#)), yet few studies of its potential usefulness appear in the nursing literature. This paper explicates the concept of happiness through examination of its conceptual definitions, theoretical underpinnings, antecedents, consequences, related/similar concepts, and measurement in order to provide information related to clinical usefulness and identify areas for future research.

## Conceptual Definitions

Happiness has been defined as “a lasting, complete, and justified satisfaction with life as a whole” ([Tatarkiewicz, 1976](#), p. 16). According to [Kraut \(1979\)](#), happiness includes “the belief that one is getting the important things one wants, as well as certain pleasant affects that normally go along with this belief” (p. 170). Happiness has also been conceptualized as a positive inner experience, the highest good, and the ultimate motivator for all human behaviors ([Argyle, 1987](#); [Lu et al., 2001](#)) and as “the degree to which an individual judges the overall quality of his or her life as a whole favorably” ([Veenhoven, 1984](#), p. 22). Happiness has also been defined as “the preponderance of positive affect over negative affect with a distinct focus on the affective evaluation of one’s life situation” ([Diener, 1984](#), p. 545).

According to [Hills and Argyle \(2001\)](#), happiness is a multidimensional construct comprising both emotional and cognitive elements. Three main components of happiness have been identified: frequent positive affect or joy, a high average level of satisfaction over a period, and the absence of negative feelings such as depression and anxiety ([Argyle & Crossland, 1987](#)).

## Theoretical Underpinnings

The study of happiness has been approached from a variety of perspectives. Each provides a different explanation of happiness, resulting in differences in how happiness can be achieved ([Mahon & Yarcheski, 2002](#)).

Personality models conceptualize happiness as a stable trait that depends primarily on personality ([Costa & McCrae, 1980](#)). That is, personality traits are thought to influence the way a person reacts to events, not the situations they encounter or choose ([Diener, 1984](#)). This theoretical perspective assumes that there is a global propensity to experience things in a positive way and, therefore, a person enjoys pleasure because he or she is happy.

Life events models propose that levels of happiness can fluctuate substantially over time. Therefore, these models look to major positive and negative life events to account for changes in happiness ([Headey & Wearing, 1989](#)). This perspective suggests that happiness is the sum of many small pleasures ([Diener, 1984](#)).

In addition, a number of academic theories suggest causes of happiness ([Diener, 1984](#)): Telic theories maintain that happiness is gained when some state, goal, or need is fulfilled. Activity theories stress that happiness may be achieved through social interaction, leisure, or other specific activities. Social comparison theories postulate that happiness results from a comparison between some standard and an actual condition. The closer the standard to the actual condition, the happier a person is.

According to [Haybron \(2003\)](#), there are three basic views of happiness: Hedonism reduces happiness to the individual’s balance of pleasure and displeasure: being happy is to experience, on the whole, a

majority of pleasure. The life satisfaction view identifies happiness as individual attitudes toward their lives: being happy is to have a favorable attitude toward one's life as a whole, either over its entirety or for some limited period of time. The affective-state theory identifies happiness with subjects' overall emotional state, or some important parts thereof. This is popular among empirical researchers. However, this view is not clearly distinguishable from such views as hedonism.

In his theory of human motivation, [Maslow \(1970\)](#) did not elaborate in detail on the relationship between the gratification of needs and human happiness; however, certain conclusions can be derived from his theory. According to Maslow, leading a good life will largely be determined by the amount of satisfaction experienced. The more needs that are satisfied, the happier people will be. Maslow's theory distinguishes between needs, which are hierarchically structured. If physiological needs are gratified, safety needs emerge, then love and belonging, self-esteem, and self-actualization. According to Maslow, lower needs are more localized, tangible, and limited than higher needs, while gratification of higher needs is unlimited. Gratification of higher needs makes people more profoundly happy; but to reach higher need gratification, better environmental conditions (familial, economic, political, and educational) are needed (Maslow).

[Averill and More \(2000\)](#) noted that research on happiness tends to focus on either enabling mechanisms or personality characteristics. Enabling mechanisms refer to inner workings that allow a system to fulfill its functions (Averill & More). Enabling mechanisms stimulate challenges, activities, and individual growth that in turn contribute to happiness. Psychological enabling mechanisms include: attitudes, perspectives, and beliefs. [Mahon and Yarcheski \(2002\)](#) identified three psychological enabling mechanisms: self-esteem, optimism, and future time perspectives. In contrast, personality characteristics refer to "traits and abilities assessed without regard to function or inner workings," suggesting that personality characteristics have a direct link to happiness (Averill & More, p. 618). Personality dimensions include: extroversion, agreeableness, and openness to experience.

## Related/Similar Concepts

Many terms have been used interchangeably with happiness, including life satisfaction, flow, peak experiences, well-being, and quality of life. Happiness, which reflects psychological or a subjective well-being, denotes a state of mind associated with success or satisfaction of desires or needs. Satisfaction is similar to happiness but lacks any reference to a state of mind. That is, success may be accompanied by a positive mental state and the absence of success may be accompanied by negative feelings; but, mental state is not a defining attribute of satisfaction ([Kozma, Stones, & McNeil, 1991](#)). Therefore, a person can be satisfied or dissatisfied with health, housing, finances, etc., while happiness is a more global construct (Kozma et al.).

[Natvig, Albrechtsen, and Qvarnstrom \(2003\)](#) pointed out that "well-being" is often used interchangeably with "happiness" although the focus of well-being is broader than happiness and it includes contentment, health, prosperity, and wellness as well as happiness (<http://www.selfgrowth.com>).

Flow and peak experiences are two additional concepts that are similar to happiness. [Averill and More \(2000\)](#) noted that the concept of "flow" in which a person's abilities match the demands of a task comes very close to happiness. So does Maslow's notion of "peak experience"; however, flow and peak

experiences are subjective phenomena that are much more focused on the moment than happiness. Happiness is viewed more as a trait than as a transient emotional state ([Lu & Lin, 1998](#)).

Quality of life (QOL) is another concept that is sometimes used interchangeably with happiness, although QOL is broader than happiness. [Meeberg \(1993\)](#) defined four critical attributes of QOL: feeling of satisfaction with one's life in general, the mental capacity to evaluate one's own life as satisfactory or otherwise, an acceptable state of physical, mental, social, and emotional health as determined by the individual, and an objective assessment by another that the person's living conditions are adequate and not life threatening. Thus, happiness is contained within QOL.

## Antecedents or Predictors of Happiness (Empirical Studies)

Many predictors of happiness have been identified in the literature. Most of the studies, however, were conducted with young adults and most have used the Oxford Happiness Inventory (OHI) as a measure. [Furnham and Cheng \(2000a\)](#) found that in a sample of 233 participants (75 males and 159 females, mean age = 18 years), optimism and contentment were predictors of happiness, suggesting that having a brighter outlook and being content with what one has are related to happiness. Extraversion was also a direct and powerful predictor of happiness. Similar results were reported by [Cheng and Furnham \(2001\)](#), who found that extraversion and an optimistic attributional style in positive situations were strong predictors of self-reported happiness, accounting for 59% of the total variance in a sample of 120 first-year undergraduate students (30 males and 90 females, mean age 19.84). Both studies used the OHI to measure happiness.

Self-esteem and relationship with parents were also found to have direct positive impacts on happiness in a sample of 234 participants (mean age = 18 years) ([Cheng & Furnham, 2003](#)). Maternal authoritativeness was the only direct predictor of happiness when maternal and paternal rearing styles were examined together, suggesting that reasonable discipline exercised by mothers toward their children was particularly beneficial in enhancing their offspring's self-esteem and happiness. The sample in this study included 406 young people (179 males and 225 females, mean age = 20.31 years) ([Furnham & Cheng, 2000b](#)). Both studies used the OHI to measure happiness.

A recent study conducted by [Natvig et al. \(2003\)](#) explored the relationships between happiness and the experience of stress at school, and personal and social factors among 887 Norwegian school adolescents participating in a World Health Organization project on health-promoting schools. Pupils who reported being very happy also reported experiencing the lowest level of stress and the highest level of general and school self-efficacy and support from teachers and pupils. However, happiness in this study was measured by a single item question with no reported validity and reliability.

A study of happiness conducted by [Webster \(1998\)](#) included 99 community living older adults (49 men and 50 women, mean age = 65.9) and 96 younger adults (35 men and 61 women, mean age = 22.5 years). The results indicated that secure attachment style (having a positive model of both self and others) and dismissive attachment style (having a positive model of self but a negative model of others) were both predictors of happiness. Older people were also found to be happier than younger adults (Webster). The scale used to measure happiness was the Memorial University of Newfoundland Scale of Happiness (MUNSH).

Another study, conducted by [Cott \(2001\)](#), explored the determinants of self-rated health and happiness in a sample of 780 elderly, institutionalized Canadians (aged 65–85+ years). Results indicated that happiness was associated with greater grasping ability, more frequent attendance at group activities in the institution and the community, and having a flexible schedule.

## Consequences of Happiness

In most studies, happiness has been identified as the dependent variable or outcome. Therefore, few studies have examined the consequences of happiness. However, in a study that examined personality and demographic correlates of happiness and mental health in the United Kingdom, China, and Japan, results indicated that the British participants had the highest happiness and the lowest mental illness scores, suggesting that happiness can decrease mental illness ([Furnham & Cheng, 1999](#)). Thus, mental health could be a consequence of happiness. [Cohen \(2002\)](#) suggested that being happy may also boost the immune system and help one to achieve or maintain health.

[Honkanen, Honkanen, Koskenvuo, and Kaprio \(2003\)](#) found that the risk of suicide increased with a decreasing happiness. In other words, being happy may decrease the risk of suicide. In a study conducted by [Joubert \(1992\)](#), life expectancy factors were examined in relation to happiness in a sample of 84 men and 141 women, who were asked to rate their happiness. Happier women expected to live more years ( $r = .25$ ), thought that they had lived a smaller percentage of their lives ( $r = -.23$ ), and expected to live a total longer life ( $r = .21$ ). Thus, expectation to live longer may be a consequence of happiness.

In a study conducted by [Mahon and Yarcheski \(2002\)](#), happiness was found to buffer the stress associated with developmental challenges of early adolescents, and play an important role in the development of health promotion strategies during this stormy period.

## Variables Associated With Happiness

Many studies have examined the associations between happiness and a number of variables. Although extraversion has been studied as a predictor of happiness, it has also been studied as a correlate of happiness. For example, the study conducted by [Furnham and Cheng \(1999\)](#) examined personality and demographic correlates of happiness and mental health in a sample consisting of 348 people, including 100 from China, 128 from Japan, and 120 from the UK, with ages ranging from 16 to 40. The results showed extraversion to be a major correlate of happiness ( $r = .50$ ), accounting for between 20% and 25% of the variance in happiness scores. Another study, by [Hills and Argyle \(2001\)](#), investigated the association between happiness and emotional stability in 244 residents of Oxfordshire and their friends and acquaintances (101 men and 143 women). The author defined emotionally stable people as those who are expected to be calm and imperturbable and to have few complaints about their personal worries and anxieties. The ages of the sample ranged from 18 to 85 years and they included both graduates and undergraduates, employed and retired. Emotional stability was more strongly associated with happiness than extraversion and accounted for more of the total variance in scores. In a study conducted by [Furnham and Cheng \(1997\)](#), happiness scores were correlated with agreeableness ( $r = .39$ ), conscientiousness ( $r = -.44$ ), extraversion ( $r = .39$ ), neuroticism ( $r = -.44$ ), and openness to experience ( $r = .26$ ) in a sample of 83 participants with an average age of 23.2 years.

A study conducted by [Mahon and Yarcheski \(2002\)](#) examined a collection of enabling mechanisms and personality characteristics in relation to happiness in early adolescents. The sample consisted of 127 seventh and eighth graders between the ages of 12 and 14 years. Three enabling mechanisms (self-esteem, future time perspective, and optimism) were positively related to happiness (.70, .67, and .73 respectively). Three personality characteristics (vigor, social support, and inclination to change) were also positively related to happiness (.64, .60, and .27, respectively). Happiness in this study was measured by the Happiness Subscale of the short version of the Adolescent General Well-Being (AGWB) scale.

[DeNeve and Cooper \(1998\)](#) conducted a meta-analysis to examine the correlation of 137 personality traits with happiness. Personality traits that were most correlated with happiness were repressive-defensiveness, trust, emotional stability, locus of control, desire for control, hardiness, positive affect, self-esteem, and tension. Women's self-esteem was correlated positively with self-ratings of happiness ([Joubert, 1990](#)). In addition, higher scores on the Depression–Happiness scale were associated with more internal control ( $r = .28$ ), higher self-esteem ( $r = .36$ ), and lower trait anxiety ( $r = -.69$ ) among 45 undergraduates (15 men and 30 women, mean age = 21.9) at the University of Ulster ([Cammock, Joseph, & Lewis, 1994](#)).

## Measures of Happiness

There are instruments for measuring happiness. The best measure to use depends on many factors, including the population of intended use, the psychometric characteristics of the measure, the number of items, and scale accessibility. Measures that have been used to operationalize happiness are briefly summarized below.

### The Affect Balance Scale

According to [Bradburn and Caplovitz \(1965\)](#), happiness is the difference between positive and negative affective states; the duration of these states is relatively brief and they may be produced by environmental events. The relationship between positive and negative affect is an orthogonal one (the two components are perceived to be independent, i.e., unrelated to each other). Thus, an increase in positive affect need not be associated with a decrease in negative affect, although happiness may increase ([Kozma et al., 1991](#)).

The Affect Balance Scale (ABS), which includes five items measuring negative affect and five items measuring positive affect, has been used with young and middle-aged persons. It has not been standardized for elders, but several validation studies have been carried out with elders and the ABS was found to have major weaknesses as a measure of psychological well-being ([Kozma et al., 1991](#)). Alpha was below .65 for the total scale, indicating very low internal consistency reliability. However, when the positive and the negative affect subscales were assessed separately, internal consistency estimates ranged from .53 to .61 for positive affect and from .64 to .65 for negative affect ([Stock & Okun, 1982](#)), which may be acceptable considering the small number of items in each subscale. The reported alpha in [Kosma and Stone's \(1980\)](#) study was .59 with a mixed sample of elderly persons made up of rural, urban, and institutional residents. A subgroup analysis by [Himmelfarb and Murrell \(1983\)](#) yielded alpha coefficients of .65 and .75 for community and clinical samples, respectively. Test–retest reliability for a 12-month interval was only  $r = .27$  (Kosma & Stones). The ABS has a low

correlation with measures of well-being, where a substantial correlation would be expected (Kozma et al.).

## MUNSH

In 1980, Kosma and Stones developed a new scale to measure happiness in older people, combining the best features of other scales. For example, the ABS as noted above measures a short-term affective state and has unacceptably low internal consistency and low temporal stability. Therefore, the MUNSH was designed to measure both short- and long-term aspects of well-being. The scale consists of 10 affects (5 positive affects and 5 negative affects) and 14 experiences (7 positive experiences and 7 negative experiences). An alpha of .86 indicates this measure's internal consistency reliability (Kosma & Stones).

A principal components analysis yielded one clear bipolar factor, with positive and negative dimensions, accounting for 50% of the variance. While experience items had higher loadings on this factor than affect items, there was no clear distinction between short- and long-term states ([Kozma et al., 1991](#)). The single bipolar aspect is inconsistent with satisfaction, morale, and Bradburn's conceptualization of affect, which suggests that well-being, or at least happiness, is best represented as a general bipolar factor with positive and negative items having opposite signs. A longitudinal study is needed to determine whether the MUNSH actually measures short- or long-term affective states.

The psychometric characteristics, scoring, and scaling are shown [Table 1](#).

**Table 1. Measures of Happiness**

| The scale  | Population for intended use   | Number of items | Scaling methods   | Scoring interpretation  | Scoring range  | Reliability and validity   |
|--|---|-----------------|---|---|----------------|--|
| 1. The Bradburn Affect Balance Scale (Bradburn & Caplovitz, 1965)                    | The young and the middle aged. It was not standardized on older subjects only but has been validated on them several times. | 10 items        | Yes/no  | The scale is scored by subtracting the negative items from positive items plus a constant 5 to avoid negative values. | 0-15           | 1. Test-retest reliability = .29.<br>2. Demonstrate construct validity by correlations with the Rosow morale scale and with the LSI-A (.61 and .66 respectively).<br>3. Cronbach's alpha is low = .59-.65.   |
| 2. The Memorial University of Newfoundland Scale of Happiness (Kosma & Stones, 1980) | Younger and older adults  | 24 items        | Yes/no  | The scale is scored by subtracting the negative items from positive items.  | 0-48           | 1. Cronbach's alpha = .80-.86.<br>2. Test-retest = .50.  |
| 3. The Oxford Happiness Inventory (Argyle et al., 1989)                              | 1. Undergraduate students   | 29 items        | Four incremental levels numbered from 0 to 3.   | The higher the scores, the greater the happiness.   | 0-87           | 1. Cronbach's alpha = .90-.92.<br>2. Test-retest reliability = .78.<br>3. Demonstrate construct validity by correlation with measures of self-esteem, life regard index, and depression happiness scale (.66, .64, and .79 respectively).  |
| 4. Chinese Happiness Inventory (Lu & Shih, 1997)                                     | Undergraduate students (mean age 20.44 to 21.49 years)  | 48 items        | Each item has four statements and each statement represents a different level of subjective experience of happiness which then coded as 0, 1, 2, 3. | The higher the scores, the greater the happiness.   | 0-144          | 1. Cronbach's alpha = .94.   |
| 5. The Oxford Happiness Questionnaire (Hills & Argyle, 2002)                         | Undergraduate students (age ranged from 13 to 68 years)   | 29 items        | Six-point Likert scale ranging from 1 = strongly disagree to 6 = strongly agree.  | The higher the scores, the greater the happiness.   | 29-174         | 1. Cronbach's alpha = .91.<br>2. Demonstrate construct validity by correlation with measures of self-esteem, life regard index and depression-happiness scale (.81, .77, .90).   |
| 6. The Depression-Happiness Scale (McGreal & Joseph, 1998)                           | Undergraduate students (17-35 years)  | 25 items        | Four-point scale ranging from never (0) to (3) often.   | The higher the scores, the greater the feelings of happiness and the lower the feelings of depression.                | 0-75           | 1. Cronbach's alpha = .93.<br>2. Demonstrate construct validity by negative correlation with scores on Beck's inventory ( $r = -.73$ ).  |
| 7. The Mood Survey (Underwood & Froming, 1980)                                       | Undergraduate students  | 18 items        | Six-point Likert scale ranging from strongly agree to strongly disagree.  | The higher the score, the greater the happiness.  | Not mentioned. | 1. No evidence for cronbach's alpha.<br>2. Test-retest reliability ranged from .68 to .85.   |
| 8. The Subjective Happiness Scale (Lyubomirsky & Lepper, 1999)                       | 14-94 years (14 samples collecting at different times and locations)  | 4 items         | Seven-point Likert scale ranging from 1 (not a very happy person) to 7 (a very happy person).   | Higher scores reflecting greater happiness.   | 4-28           | 1. Chronbach's alpha ranged from .79 to .94.<br>2. Test-retest reliability ranged from .85 to .90.<br>3. Construct validity were demonstrated by significant correlation of this scale with measures of Affect Balance Scale and Satisfaction with Life Scale (.64 and .68) in retired community sample. |

**Table 1. Continued**

| The scale  | Population for intended use                 | Number of items                   | Scaling methods   | Scoring interpretation                            | Scoring range | Reliability and validity                               |
|--|---|-----------------------------------|---|---|---------------|--|
| 9. The Happiness Subscale of the short version of the Adolescent General Well-being (Columbo, 1984/1986) | 12-14 years (early adolescence)             | 9 items                           | Four-point Likert scale.  | Higher scores reflect higher perceived happiness. | 5-49          | Chronbach's alpha coefficients ranged from .87 to .90. |
| 10. Marital Happiness Scale (Azrin et al., 1973)   | Used primarily for couples aged 23-36 years | 10 items represent 10 categories. | Each of the 10 categories was scored on a point continuum of self-reported happiness ranged from 1 "completely unhappy" to 10 "completely happy". | The higher the scores the higher the happiness.   | 10-100        | Not reported.  |

## The Oxford Happiness Inventory

The OHI is a broad measure of personal happiness that was designed mainly for use by the Department of Experimental Psychology of the University of Oxford in the late 1980s. However, as [Hills and Argyle](#)

(2002) pointed out, this scale has been used worldwide—in the United Kingdom, Spain, and the United States. The OHI has also been used cross-culturally to compare students in Australia, Canada, the United Kingdom, and United States (Francis, Brown, Lester, & Philipchalk, 1998). A Hebrew translation has been used in Israel (Francis & Katz, 2000), and it forms the basis of the Chinese Happiness Inventory (CHI), which has been used in Taiwan (Lu & Shih, 1997). The OHI follows the design and format of the Beck Depression Inventory. Similar to the Beck Depression Inventory, each item is presented in four incremental levels, numbered from 0 to 3 (i.e., each statement involves the selection of one of four options that differ for each item) (Argyle et al., 1989). The scale includes 29 items. The psychometric characteristics of the scale are presented in Table 1.

### The Chinese Happiness Inventory

The CHI has been used in Taiwan and, as noted above, is based on the OHI. The CHI consists of 48 items, with 20 items derived from a qualitative study conducted in Taiwan (Lu & Shih, 1997) and 28 items taken from the OHI (Argyle et al., 1989). Six subscales were formed from the items from the qualitative study: harmony of interpersonal relationships, praise and respect from others, satisfaction of material needs, achievement at work, downward social comparisons, and peace of mind. Seven subscales were formed from the 28 items from the OHI: optimism, social commitment, positive affect, contentment, fitness, self-satisfaction, and mental alertness.

Each CHI item has four response alternatives representing different levels of subjective experience of happiness from which respondents choose. These are coded as 0, 1, 2, and 3. The CHI measures subjective experiences pertaining to a variety of life domains and situations as suggested by the brief titles of its 13 subscales. Alpha coefficients were .94 for Taiwanese students and .93 for British students (Lu, Gilmour, & Kao, 2001).

The psychometric characteristics of the scale, scoring, and scaling are showed in Table 1.

### The Oxford Happiness Questionnaire

In 2002, Hills and Argyle pointed out that respondents to the OHI may endorse one or the other of the two central items. Therefore, the mean scores are less than, or do not comfortably exceed, their corresponding standard deviation, suggesting that answers to these items may not be normally distributed and might not be making their full contribution to the measurement of happiness. They also pointed out that individual items would be improved if respondents could select from a wider range of responses. Therefore, they developed the Oxford Happiness Questionnaire, which consists of single items that can be answered on a 6-point Likert scale. This instrument is compact (each item is presented as a single statement), easy to administer, and allows endorsement over an extended range (Hills & Argyle, 2002). The psychometric characteristics of the scale are presented in Table 1.

The Oxford Happiness Questionnaire has the strongest construct validity demonstrated by correlation with a measure of self-esteem, the life regard index, and the Depression–Happiness scale (.81, .77, and .90, respectively). In addition, it is a more comprehensive instrument and is less susceptible to respondent bias than other scales (Hills & Argyle, 2002).

### The Depression–Happiness Scale

In 1993, McGreal and Joseph pointed out that the measurement literature includes two types of scales: those concerned with happiness and life satisfaction and those that measure loneliness and depression.

They further pointed out that the most commonly used measures of happiness do not include aspects of depression. When depression scales like the Beck Depression Inventory are used with the normal population, there is a tendency toward a floor effect. That is, in the Beck Depression Inventory, the possible range of scores is from 0 to 63, and nondepressed individuals should score within the 0–9 range. However, a score of zero may be indicative of no depression, but it is not necessarily indicative of the presence of happiness. McGreal and Joseph suggested that measures of depression should be extended beyond the zero point to include aspects of happiness. Therefore, a continuous scale of depression–happiness was developed for use in social survey research. This scale represents depression and happiness as opposite ends of a single continuum. The psychometric characteristics of the scale, scaling, and scoring are presented in [Table 1](#).

### The Mood Survey

Given the fact that mood may differ tremendously over a short period of time, there is some utility in considering long-term differences in mood (i.e., in treating mood as a personality characteristic). People who have characteristically different dimensions of mood may show real differences in behavior that are not totally obscured by short-term mood variation. The Mood Survey instrument ([Underwood & Froming, 1980](#)) therefore measures three dimensions of mood:

- 1 The average level of a person's mood. Some individuals appear to be always happy while others seem very unhappy. This questionnaire therefore measures an individual's general mood level.
- 2 The intensity with which the person is reacting to any particular mood experience.
- 3 The frequency of mood experiences. Certain people report several mood experiences each day so that their mood states continually change. Other people have mood shifts only a few times a week. Therefore, questions are designed to identify persons who have frequent shifts in mood states ([Underwood & Froming, 1980](#)).

The instrument was factor analyzed and found to have two subscales: level and reactivity. The intercorrelated subscales were shown to have a consistent advantage over a state measure of mood in predicting personality characteristics. The psychometric characteristics of the scale, scaling, and scoring are presented in [Table 1](#).

### The Subjective Happiness Scale

In 1999, Lyubomirsky and Lepper pointed out that the literature did not include a measure of overall subjective happiness (i.e., a global subjective assessment of whether one is happy or unhappy). They further pointed out that researchers had found that some people considered themselves happy despite personal obstacles, tragedy, or lack of any great love or wealth, while others perceived themselves as unhappy despite being surrounded by all life's comforts and advantages. They therefore developed the Subjective Happiness Scale, a 4-item scale that is short, reliable, valid, and designed not to overburden respondents or to threaten the unidimensional structure of happiness with numerous items (see [Table 1](#) for reliability and validity).

## The Happiness Subscale of the Short Version of the Adolescent General Well-Being (AGWB) Scale ([Columbo, 1984/1986](#))

The happiness subscale is a 9-item, 5-point Likert scale that assesses adolescents' personal experience of happiness. Scores may range from 9 to 45, with higher scores indicating greater happiness. The population of intended use is adolescents aged 14 to 18 years. Empirical studies have suggested the internal consistency of the scale with alphas ranging from .87 to .90 ([Mahon & Yarcheski, 2002](#)). Validity of the scale was assessed through multiple statistical analysis such as item to total correlations and factor analysis.

## Marital Happiness Scale

The Marital Happiness Scale is designed to provide a measure of reported marital happiness in each of 10 areas of marital interaction: household responsibilities, rearing of children, social activities, money, communication, sex, academic or occupational progress, personal independence, and spouse independence ([Azrin, Naster, & Jones, 1973](#)). It is used primarily for couples aged 23–56 years. It includes 10 items representing the 10 categories. Each of the categories is scored on a continuum of self-reported happiness ranging from 1 “completely unhappy” to 10 “completely happy,” with higher scores indicating greater happiness. Scores can range from 10–100. No psychometric properties for this scale have been published.

## Single-Item Measures

Single-item measures have also been used to obtain estimates of overall psychological well-being. They vary from a 3- to an 11-point rating scale, and may include linear or ladder formats ([Kozma et al., 1991](#)). The major advantage of single-item measures is their brevity. However, two major deficiencies of single-item measures outweigh their time-saving advantage: reliability and the inability to assess how reliably they measure their underlying construct (Kozma et al.).

## Conclusions

Happiness is a positive concept that is vital in maintaining health ([Cohen, 2002](#)), yet few studies of its potential usefulness appear in the nursing literature. This paper explicated the concept of happiness through examination of its theoretical and empirical considerations. The information provided can be used in clinical practice to test and develop nursing strategies to help people to become happy and healthy.

From what have been reviewed so far, happiness can be seen as a multidimensional positive inner experience that is vital and important in maintaining health, boosting immune system, and motivating human behaviors. In the studies reviewed here, the samples were mostly younger adults. Only a few studies have examined happiness in elderly persons. Yet, the population of older adults is increasing rapidly and studies show that about 43% of elders will use a senior living facility during their lifetime ([New website matching service, 2000](#)). There is also growing emphasis on the prevention of mental illness and promotion of mental health in the elderly. Much of the task of prevention will be to create a science whose mission will be to foster human strengths ([Seligman, 1998](#)). One of these human strengths is happiness. Yet, it has not been systematically studied in nursing. Given the fact that happiness maintains health and boosts the immune system, studying predictors of happiness in elderly

persons, especially those who relocate to nursing homes or assisted living facilities, would be of great value.

From what have been reviewed in this paper, most of the measures of happiness were specific to young and middle-aged persons. The only two measures that were used with older adults were the MUNSH ([Kosma & Stones, 1980](#)) and the Subjective Happiness Scale ([Lyubomirsky & Lepper, 1999](#)). However, it should be noted that the first scale has two weaknesses: the first one is that the scale is dichotomous and the second problem is that there were no clear distinction whether the scale measures short- or long-term aspects of well-being. Therefore, we suggested a measure with a wider range of responses that could improve the individual items and a longitudinal study to determine whether the scale actually measure short- or long-term affective scale. For the second scale, as the sample included in Lyubomirsky and Lepper study had a very wide range of age (14–94 years), studies need to be replicated with older adults only to determine the reliability and the validity of the scale.

Studies have shown that sadness, depression, devalued sense of self, powerlessness, anger, and betrayal are common negative feelings reported by elders upon relocation ([Chentiz, 1983](#); [Gorman, 1996](#); [Nay, 1995](#); [Reed & Roskell, 1996](#); [Wilkins & Hughes 1987](#)). Depression, the only mental disorder with an associated mortality, requires new perspectives in nursing care, particularly for at-risk populations ([Zauszniewski, 1995](#)). Therefore, developing nursing interventions to enhance happiness may assist relocated elders to move toward more healthy, productive lifestyles and should be a priority for psychiatric mental health nurses.

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