

Original Article**The relationship between happiness at work and professional autonomy in nurses****Shafryn Mahdyanne¹, Yulia Kurniawati¹, Kholid Rosyidi Muhammad Nur¹, Dicky Endrian Kurniawan¹, Alfid Tri Afandi¹**¹Faculty of Nursing, Universitas Jember, Indonesia**Abstract:**

Professional autonomy of nurses is an important aspect of nursing practice that contributes to the quality of service and patient safety. One psychosocial factor thought to influence professional autonomy is job satisfaction. This study aims to determine the relationship between work happiness and professional autonomy among nurses at the Jember Plantation Hospital Clinic. An analytical observational design with a cross-sectional approach was used. The sample consisted of 85 practicing nurses selected using simple random sampling. The research instruments were the Happiness at Work Scale (HAWS) and the Dempster Practice Behaviors Scale (DPBS). Data analysis was performed using Pearson's correlation test at the 0.05 significance level. Most respondents were aged ≥ 30 years (82.4%), female (76.5%), held a bachelor's degree (67.1%), were permanent employees (77.6%), and had worked for ≥ 5 years (82.4%). Most respondents reported high job satisfaction, while nurses' professional autonomy was moderate. The Pearson correlation test showed a strong, significant positive relationship between happiness at work and nurses' professional autonomy ($r = 0.740$; $p < 0.001$). These results indicate a strong and significant positive correlation between work happiness and professional autonomy among nurses. Therefore, increasing work happiness can strengthen nurses' professional autonomy and improve the quality of nursing services.

Keywords:

nurses, professional autonomy among nurses, work happiness

Article Info:Submitted:
30-01-2025
Revised:
29-05-2025
Accepted:
30-05-2025
Published:
31-05-2025**Corresponding Author:**Shafryn Mahdyanne Ajimulya
shafryn120701@gmail.com**DOI:** <https://doi.org/10.53713/jfn.v1i1.628>

This work is licensed under CC BY-SA License.

**INTRODUCTION**

Nurses play a key role in providing healthcare services because they are directly involved in patient care, health promotion, disease prevention, and rehabilitation. In the current healthcare environment, professionalism has become an essential aspect of nursing practice due to rapid developments in medical technology, increasing patient expectations, and the complexity of healthcare systems. Professionalism is vital for dealing with change and personal growth (Rouhi-Balasi et al., 2020). Nurse autonomy is an important dimension of professionalism because it reflects nurses' ability to make independent clinical decisions, apply critical thinking, and provide comprehensive nursing care in accordance with professional standards and ethical principles

(Aruwaili & Abaudas, 2023). Autonomy allows nurses to design nursing care plans according to patient needs, make decisions in emergency situations, and collaborate effectively with other healthcare professionals. Therefore, professional autonomy is considered one of the most important elements in supporting the quality and safety of healthcare services.

However, despite the growing recognition of nurses' roles in healthcare systems, current trends indicate that nurses' professional autonomy remains relatively low in many healthcare settings. Several factors contribute to this condition, including high non-nursing workloads, conflicts with medical teams, limited authority in clinical decision-making, and organizational cultures that still prioritize hierarchical structures (Afandi & Putri, 2023). In many hospitals, nurses are often required to perform administrative duties and non-clinical tasks that reduce the time available for direct patient care. These excessive responsibilities may undermine nurses' confidence and independence in carrying out their professional duties. Moreover, when nurses have limited authority to make patient-related decisions, they may feel undervalued and less motivated to contribute actively within healthcare teams.

Another challenge affecting professional autonomy is the persistence of conflicts between nurses and medical teams. In some healthcare institutions, communication among professionals is still dominated by unequal power relations, in which nurses' opinions and judgments are not fully considered in patient management (Afandi et al., 2023). Such conditions may hinder collaborative practice and reduce nurses' opportunities to exercise clinical reasoning independently. Administrative inefficiencies also contribute to this issue, particularly when hospital management imposes rigid regulations and procedures that limit flexibility in nursing practice. Consequently, nurses may experience increased stress, emotional exhaustion, and reduced job satisfaction (Wijaya et al., 2025).

The lack of professional autonomy can significantly decrease nurse job satisfaction, commitment, and work motivation. Nurses who feel restricted in their professional roles are more likely to experience burnout, frustration, and disengagement from organizational goals (Purwandari et al., 2024). When organizational culture does not support nurse independence, nurses may feel that their competencies are not recognized or appreciated. This situation can weaken teamwork, reduce productivity, and negatively affect the quality of nursing care. In addition, limited autonomy may reduce nurses' ability to respond quickly and effectively to patients' needs, particularly in critical situations requiring immediate clinical decisions (Kurniyawan et al., 2025). Therefore, healthcare institutions should prioritize strategies that strengthen professional autonomy to improve both nurse well-being and patient outcomes.

Research conducted by Alshikh et al. (2021) at Shebin El Kom Teaching Hospital demonstrated that most nurses had a moderate level of autonomy (71.6%), with 27.6% having high autonomy, and the lowest percentage was among those with low autonomy (0.8%). These findings suggest that although many nurses possess some degree of independence in clinical practice, there is still room to achieve higher levels of professional autonomy. Moderate autonomy may indicate that nurses can perform certain professional responsibilities independently, but they may still face limitations in decision-making authority or in organizational support. The very small percentage of nurses with low autonomy also highlights that professional autonomy is increasingly recognized in nursing practice, although it has not yet been fully optimized.

Research conducted by Resti et al. (2024) also supports the importance of professional autonomy in nursing. The study found that nurses who experienced greater autonomy were more confident in carrying out nursing interventions and demonstrated better professional performance. Autonomy was associated with increased responsibility, stronger critical thinking skills, and improved communication with healthcare teams. Nurses with greater autonomy were also more likely to actively participate in patient advocacy and evidence-based practice. These findings indicate that professional autonomy not only benefits nurses individually but also improve healthcare quality and patient safety.

Professional autonomy is closely related to nursing competence and education. Nurses who possess higher levels of knowledge, clinical expertise, and communication skills tend to demonstrate greater confidence in making independent decisions. Educational institutions, therefore, play an important role in preparing nurses to become competent professionals who are capable of critical thinking and autonomous practice (Mulyana et al., 2025). Nursing curricula should emphasize leadership development, ethical decision-making, evidence-based practice, and interprofessional collaboration. Clinical training experiences should also provide opportunities for students to practice independent decision-making under appropriate supervision.

In addition to education, organizational support is essential to strengthening nurses' professional autonomy. Hospital management should create a supportive work environment that encourages participation, collaboration, and mutual respect among healthcare professionals (Ardiana et al., 2025). Policies that involve nurses in decision-making processes, provide opportunities for professional development, and recognize nursing contributions can enhance autonomy and job satisfaction. Effective leadership is also important because nurse managers who demonstrate supportive and transformational leadership styles are more likely to empower nurses and promote independent practice.

Furthermore, professional organizations and policymakers have a responsibility to advocate for nursing autonomy through regulations and standards that protect nurses' professional rights. Clear scopes of practice, fair workload distribution, and adequate staffing are necessary to ensure that nurses can perform their roles effectively. By strengthening autonomy, healthcare systems can improve nurse retention, reduce burnout, and enhance the overall quality of patient care.

In conclusion, professional autonomy is a fundamental component of nursing professionalism and plays a crucial role in improving healthcare quality. Although nurses are increasingly recognized as essential healthcare providers, many still experience limited autonomy due to non-nursing workloads, hierarchical organizational cultures, administrative inefficiencies, and restricted authority in clinical decision-making. These challenges can negatively affect job satisfaction, motivation, and patient care outcomes. Research by Alshikh et al. (2021) and Resti et al. (2024) highlights the importance of autonomy in supporting nurse confidence, performance, and professional development. Therefore, healthcare institutions, educational organizations, and policymakers must work together to strengthen professional autonomy through supportive leadership, organizational reforms, professional education, and policies that empower nurses in their clinical practice.

METHOD

Study Design and Setting

This study employed an analytical observational design with a cross-sectional approach. The design was used to examine the association between nurses' happiness at work and professional autonomy at a single point in time. Happiness at work was treated as the independent variable, while professional autonomy was the dependent variable. The study was conducted among nurses working in inpatient wards, intensive care units (ICUs), and emergency departments (EDs) at a public hospital in Jember, Indonesia. These clinical areas were selected because nurses working in these settings are involved in direct patient care and clinical decision-making across different levels of care.

Population and Sample

The study population comprised registered nurses who were actively working in the selected clinical units during the study period. The required sample size was determined using the Slovin formula, resulting in a total sample of 85 nurses. A proportionate stratified random sampling technique was used to select participants. The population was stratified by nurses' work units, including inpatient wards, ICUs, and EDs. The number of participants selected from each stratum was proportional to the size of that stratum, after which eligible nurses were randomly selected. This procedure was used to ensure adequate representation of nurses from each clinical unit.

Data Collection and Instruments

Data were collected using structured self-administered questionnaires. Before completing the questionnaires, participants received information about the study objectives, procedures, confidentiality, and voluntary participation. Written informed consent was obtained from all participants.

Professional autonomy was assessed using the Dempster Practice Behavior Scale (DPBS). The DPBS is designed to assess professional practice behaviors associated with nurses' autonomy, including decision-making, responsibility, collaboration, and professional competence.

Happiness at work was assessed using the Happiness at Work Scale (HAWS). The instrument measures dimensions of positive experiences and well-being in the workplace, including emotional experiences, motivation, interpersonal relationships, and perceptions of achievement.

The instruments were reviewed for their suitability to the study context. Their validity and reliability were assessed using evidence from previous studies and, where applicable, the results of instrument testing conducted prior to the main data collection. Questionnaires were completed anonymously to maintain participant confidentiality and minimize potential response bias.

Data Analysis

Data were analyzed using univariate and bivariate analyses. Univariate analysis was used to summarize participants' characteristics and the distributions of the study variables, including age, sex, work unit, happiness at work, and professional autonomy. Pearson analysis was performed to examine the association between happiness at work and professional autonomy. The statistical test was selected based on the measurement scale and the data distribution. Statistical significance was determined using a p-value < 0.05.

Ethical Considerations

The study was conducted in accordance with applicable ethical principles for research involving human participants. Participation was voluntary, and participants were informed of their right to participate or withdraw without consequences. Written informed consent was obtained before data collection, and confidentiality and anonymity were maintained throughout the research process.

RESULT

Participant Characteristics

A total of 85 nurses participated in the study. All questionnaires were checked for completeness and validity before analysis. The characteristics of the participants are presented in Table 1. Most participants were aged ≥30 years (70, 82.4%), followed by those aged 25–29 years (14, 16.5%) and 20–24 years (1, 1.1%). The majority were women (65, 76.5%) and had a bachelor's degree in nursing (57, 67.1%). Most participants were permanent employees (66, 77.6%), and 70 (82.4%) had ≥5 years of work experience.

Table 1. Characteristics of the participants (n = 85)

Characteristic	n	%
Age (years)		
20–24	1	1.1
25–29	14	16.5
≥30	70	82.4
Sex		
Male	20	23.5
Female	65	76.5
Education level		
Diploma	28	32.9
Bachelor's degree	57	67.1
Employment status		
Permanent	66	77.6
Contract	19	22.4
Work tenure		
6 months–5 years	15	17.6
≥5 years	70	82.4

Happiness at Work and Professional Autonomy

The descriptive statistics for happiness at work and professional autonomy are presented in Table 2. The mean score for happiness at work was 92.75 (SD = 5.871), whereas the mean score for professional autonomy was 144.42 (SD = 19.445).

Table 2. Descriptive statistics and distribution of happiness at work and professional autonomy among nurses (n = 85)

Variable	Mean $\pm$ SD	Category	n	%
Happiness at work	92.75 $\pm$ 5.871	Low	4	4.7
		High	81	95.3
Professional autonomy	144.42 $\pm$ 19.445	Low	0	0.0
		Moderate	85	100.0
		High	0	0.0

The mean happiness score at work was 92.75 (SD = 5.871), with 81 nurses (95.3%) classified as having high happiness and 4 (4.7%) as having low happiness. The mean professional autonomy score was 144.42 (SD = 19.445). All nurses (85, 100.0%) were classified as having a moderate level of professional autonomy, with no participants classified as having low or high professional autonomy.

Association Between Happiness at Work and Professional Autonomy

Because both variables met the assumption of normality, Pearson's correlation test was used to examine their association. As shown in Table 6, happiness at work was strongly and positively correlated with professional autonomy ($r = 0.740$, $p < 0.001$).

Table 6. Correlation between happiness at work and professional autonomy (n = 85)

Variables	r	p-value	Direction
Happiness at work – Professional autonomy	0.740	<0.001	Positive

The findings indicate that nurses with higher happiness-at-work scores tended to have higher professional autonomy scores. The correlation was statistically significant.

DISCUSSION

The findings of this study indicate that most nurses working at Jember Klinik Plantation Hospital were aged ≥ 30 years, accounting for 70 respondents (82.4%). This finding is consistent with previous studies reporting that the average age of nurses ranged from 30 to 40 years (Gurdogan & Uslusoy, 2019; Feitor & Borges, 2022; Javanmardnejad et al., 2021). The predominance of nurses in this age group may reflect a period of professional stability in which nurses have accumulated sufficient

clinical experience and competencies to meet the complex demands of hospital services. In addition, individuals aged ≥ 30 years generally seek greater job security and stable employment due to increasing family and social responsibilities, making hospital employment an attractive long-term career option.

By gender, most respondents were female (76.5%). This result aligns with previous studies demonstrating that nursing remains a female-dominated profession (E. Tominaga & Nakanishi, 2021; Durmuş et al., 2024; Li et al., 2024). Historically, nursing has been closely associated with caring, empathy, and nurturing roles, which are socially constructed as feminine characteristics. Furthermore, nursing education programs continue to enroll a larger proportion of women, contributing to the dominance of female nurses in healthcare institutions. The stable career opportunities and professional development pathways available in hospital settings may also contribute to the continued predominance of women in the nursing workforce.

Regarding educational background, most respondents held undergraduate degrees in nursing (67.1%). This finding is supported by previous research indicating that bachelor-prepared nurses constitute the majority of hospital nursing staff (Li et al., 2024; Sudibjo & Manihuruk, 2022; Rony et al., 2023). The increasing complexity of healthcare services requires nurses with advanced theoretical knowledge, critical thinking abilities, and evidence-based clinical competencies. Bachelor-level education equips nurses with stronger analytical skills, communication abilities, and professional competencies necessary for managing increasingly complex patient care.

From the perspective of occupational well-being, nurses with undergraduate education may experience greater job satisfaction because hospital practice environments provide opportunities to apply their academic competencies in clinical settings. Higher educational attainment is often associated with improved stress management, effective interprofessional communication, and enhanced clinical problem-solving abilities. Consequently, undergraduate nurses may feel more professionally valued and experience higher levels of self-actualization, which contributes positively to workplace happiness and professional engagement.

Most respondents were permanent employees (77.6%), consistent with previous findings showing that permanent employment status predominates in hospital nursing staffing structures (E. Tominaga & Nakanishi, 2021b; Balinbin et al., 2020). Permanent employment provides job security, financial stability, organizational benefits, and clearer career advancement opportunities. Hospitals also tend to retain experienced nurses as permanent staff to ensure continuity and quality of patient care services.

Permanent employment status is closely associated with higher job satisfaction compared to contractual employment. Nurses with permanent status generally receive more organizational support, professional training opportunities, and managerial supervision, which may reduce occupational stress and burnout. In addition, permanent employees often develop a stronger sense of organizational belonging and psychological security. These factors contribute to greater workplace happiness, stronger organizational commitment, and higher retention rates among nurses.

Most respondents had worked for ≥ 5 years (82.4%). This finding is consistent with previous studies showing that experienced nurses constitute the largest proportion of hospital nursing staff (Deressa & Zeru, 2019; Suhaimi et al., 2023). More extensive work experience enables nurses to develop greater clinical competence, stronger professional confidence, and a deeper understanding

of organizational systems. Experienced nurses are generally better able to adapt to workplace demands and maintain professional stability.

Furthermore, nurses with longer tenure tend to report higher job satisfaction because they have adapted to the hospital work environment and gained clearer career development opportunities. Extensive work experience also contributes to better coping strategies in managing occupational stress, emotional demands, and patient care responsibilities. Consequently, experienced nurses are less likely to experience burnout and more likely to maintain psychological well-being and professional performance.

From a workplace happiness perspective, nurses with more than five years of experience often report greater professional fulfillment, recognition, and meaning in their work. Feeling competent, respected, and valued within healthcare teams may significantly enhance workplace happiness. Therefore, the predominance of nurses with long work tenure in hospitals may reflect the interaction between job satisfaction, reduced burnout, organizational commitment, and increased workplace happiness.

The findings of this study demonstrate that the average Happiness at Work score among nurses was categorized as low to moderate, indicating that workplace happiness has not yet reached an optimal level. Although most respondents were classified within the high category, several nurses still reported relatively low levels of workplace happiness. This finding suggests that organizational factors affecting nurses' well-being require further attention and improvement.

Workplace happiness among nurses may be influenced by workload, organizational support, interpersonal relationships, work-life balance, and recognition from management. Although the hospital environment appears relatively supportive, improvements in staffing adequacy, workload distribution, psychological support, and professional appreciation are necessary to enhance nurses' well-being. Increasing workplace happiness is essential because happier nurses are generally more motivated, productive, and committed to delivering high-quality patient care.

The results indicate that nurses demonstrated relatively high levels of professional autonomy, suggesting that they could make independent clinical decisions and manage nursing practice effectively. This finding supports previous studies showing that greater professional autonomy is associated with improved service quality, professional accountability, and organizational commitment. Professional autonomy is an essential component of nursing professionalism because it enables nurses to exercise clinical judgment, implement evidence-based interventions, and respond effectively to patient needs. Greater autonomy may also enhance nurses' confidence, motivation, and professional identity, which ultimately contributes to better patient outcomes and nurse retention.

However, despite the relatively high average scores, respondents remained within the moderate category of autonomy. This finding indicates that nurses' authority in clinical practice may still be constrained by institutional policies, hierarchical organizational structures, or limited involvement in decision-making processes. Therefore, hospitals should strengthen supportive leadership practices and implement empowering organizational policies that promote greater professional independence among nurses.

The Pearson correlation analysis demonstrated a strong and statistically significant positive relationship between Happiness at Work and Professional Autonomy among nurses ($r = 0.740$; $p <$

0.001). These findings indicate that nurses who experience higher levels of workplace happiness also tend to demonstrate greater professional autonomy in clinical practice. Workplace happiness reflects positive emotional experiences, professional fulfillment, and a sense of meaning at work, all of which may strengthen nurses' confidence in making clinical decisions and exercising professional judgment. Nurses who feel psychologically supported and valued within the organization are more likely to demonstrate initiative, responsibility, and independence in patient care.

These findings are consistent with previous studies reporting that professional autonomy is positively associated with nurses' happiness and job satisfaction. Self-Determination Theory further explains that fulfilling individuals' need for autonomy enhances well-being, intrinsic motivation, and professional engagement. Therefore, improving workplace happiness may represent an important organizational strategy for strengthening professional autonomy, enhancing nursing performance, and improving the overall quality of healthcare services.

CONCLUSION

Based on the results of this study, most respondents were female nurses aged ≥ 30 years, held bachelor's degrees, had permanent employment status, and possessed more than five years of work experience. The study found that nurses' happiness at work was generally low, indicating that workplace well-being and job satisfaction had not yet reached optimal levels. In contrast, nurses' professional autonomy was categorized as high, suggesting that nurses could make independent clinical decisions and manage nursing practice professionally. Furthermore, the study revealed a significant positive relationship between work happiness and professional autonomy among nurses. This finding indicates that nurses who experience greater workplace happiness tend to demonstrate higher levels of independence, confidence, and control in professional nursing practice. Therefore, improving nurses' workplace happiness may help strengthen professional autonomy and enhance the overall quality of healthcare services in hospitals.

REFERENCES

- Abdolmaleki, M., Lakdizaji, S., Ghahramanian, A., Allahbakhshian, A., & Behshid, M. (2019). Relationship between autonomy and moral distress in emergency nurses. *International Journal of Medical Education*, 4(1), 20–25. <https://doi.org/10.20529/IJME.2018.076>
- Afandi, A. T., & Putri, P. (2023). The relationship between workload and nurse satisfaction during pandemic in the Pandalungan Jember area. *Jurnal Kegawatdaruratan Medis Indonesia*, 2(2), 142–151.
- Afandi, A. T., Kurniawan, D. E., & Mulyanti, N. M. A. (2023). Interprofessional collaboration on drug administration to clients with diabetes mellitus at Bali Hospital: A case study. *D'Nursing and Health Journal (DNHJ)*, 4(2), 116–125.
- Alruwaili, M. M., & Abuadas, F. H. (2023). Professional autonomy among nurses in Saudi Arabian critical care units, 1–11.

- Alshaikh, Z., Diab, G., & El-Kholy, S. (2021). The relationship between autonomy and quality of health care among staff nurses. *Menoufia Nursing Journal*, 6(1), 115–130. <https://doi.org/10.21608/menj.2021.186322>
- Ardiana, A., Afandi, A. T., Nur, K. R. M., Rasni, H., Kurniawati, D., Sulistyorini, L., & Sutawardhana, J. H. (2025). Analysis of organizational factors on the caring efficacy of nurses in the agricultural area of Jember District. *International Journal for Human Caring*.
- Balqis Zahra, F., Susanto, H., & Aqshel Revinzky, M. (2024). Adaptasi alat ukur *Happiness at Work Scales* pada karyawan di Indonesia. *Tekmapro*, 19(1), 104–112. <https://doi.org/10.33005/tekmapro.v19i1.386>
- Balinbin, C. B. V., Balatbat, K. T. R., Balayan, A. N. B., Balcueva, M. I. C., Balicat, M. G. B., Balidoy, T. A. S., Macindo, J. R. B., & Torres, G. C. S. (2020). Occupational determinants of compassion satisfaction and compassion fatigue among Filipino registered nurses. *Journal of Clinical Nursing*, 29(5–6), 955–963. <https://doi.org/10.1111/jocn.15163>
- Bogor, K., Tempat, D. I., Tahun, K., Solihah, R. M., Burmanajaya, B., & Kunci, K. (2018). *Kebahagiaan perawat di rumah sakit umum daerah*.
- Burbar, M. Y. (2021). The impact of work environment on employees' performance in banking sector in Palestine. *International Business Research*, 14(8), 85. <https://doi.org/10.5539/ibr.v14n8p85>
- Deressa, A. T., & Zeru, G. (2019). Work motivation and its effects on organizational performance: The case of nurses in Hawassa public and private hospitals: Mixed method study approach. *BMC Research Notes*, 12(1). <https://doi.org/10.1186/s13104-019-4255-7>
- Durmuş, A., Ünal, Ö., Türktemiz, H., & Öztürk, Y. E. (2024). The effect of nurses' perceived workplace incivility on their presenteeism and turnover intention: The mediating role of work stress and psychological resilience. *International Nursing Review*, 71(4), 960–968. <https://doi.org/10.1111/inr.12950>
- Faridi, K., Mohamadi, M. A., Mehri, S., & Dadkhah, B. (2025). Assessing the relationship between happiness and professional autonomy among clinical nurses: An analytical cross-sectional study. *BMC Nursing*, 24(1). <https://doi.org/10.1186/s12912-025-02989-y>
- Feitor, S. A., & Borges, E. M. das N. (2022). Happiness at work and psychological trauma in nurses. *Rev Rene*, 23, e71953. <https://doi.org/10.15253/2175-6783.20222371953>
- Fisher, C. D. (2010). Happiness at work. *International Journal of Management Reviews*, 12(4), 384–412. <https://doi.org/10.1111/j.1468-2370.2009.00270.x>
- Gurdogan, E. P., & Uslusoy, E. C. (2019). The relationship between quality of work life and happiness in nurses: A sample from Turkey. *International Journal of Caring Sciences*, 12(3), 1364–1372. <http://www.internationaljournalofcaringsciences.org/>
- Javanmardnejad, S., Bandari, R., Heravi-Karimooi, M., Rejeh, N., Sharif Nia, H., & Montazeri, A. (2021). Happiness, quality of working life, and job satisfaction among nurses working in emergency departments in Iran. *Health and Quality of Life Outcomes*, 19(1). <https://doi.org/10.1186/s12955-021-01755-3>
- Kurniyawan, E. H., Asmaningrum, N., Dewi, E. I., & Afandi, A. T. (2025). Work stress mapping of farmers in Jember Regency. *Jurnal Penelitian Pendidikan IPA*, 11(11), 755–764.
- Li, C., Shi, H., Zhang, Y., Zhao, Y., Li, T., Zhou, L., Guan, Q., & Zhu, X. (2024). Association between perceived overqualification, work engagement, job satisfaction among nurses: A cross-sectional study. *BMJ Open*, 14(7). <https://doi.org/10.1136/bmjopen-2023-081672>
- Maisaroh, M., & Muslikhah, R. S. (2024). Transformasi bisnis digital pada usaha skala mikro di Yogyakarta: Analisis SWOT. *Jurnal Riset Entrepreneurship*, 7(1), 46. <https://doi.org/10.30587/jre.v7i1.6548>

- Mousavi, S. R., Amini, K., Ramezani-Badr, F., & Roohani, M. (2019). Correlation of happiness and professional autonomy in Iranian nurses. *Journal of Research in Nursing*, 24(8), 622–632. <https://doi.org/10.1177/1744987119877421>
- Mulyana, N., Purwandari, R., Kurniawati, Y., Nur, K. R. M., & Afandi, A. T. (2025). History of activeness in organizations and therapeutic communication skills in nursing profession students at the Faculty of Nursing, Jember University. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, 11(4), 592–600.
- Nursalam. (2020). *Metodologi penelitian ilmu keperawatan* (5th ed.). Salemba Medika.
- Pratama, S. H., Sari, E. Y. D., & Widiana, H. S. (2022). Keseimbangan kehidupan-kerja dan kebahagiaan di tempat kerja, bagaimana dampaknya terhadap organizational citizenship behavior (OCB)? *Psycho Idea*, 20(1), 74. <https://doi.org/10.30595/psychoidea.v20i1.12089>
- Pursio, K., Kankkunen, P., Mikkonen, S., & Kvist, T. (2024). Organizational characteristics of nursing practice environments related to registered nurses' professional autonomy and job satisfaction in two Finnish Magnet-aspiring hospitals: Structural equation modeling study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-01772-9>
- Pursio, K., Kankkunen, P., Sanner-Stiehr, E., & Kvist, T. (2021). Professional autonomy in nursing: An integrative review. *Journal of Nursing Management*, 29(6), 1565–1577. <https://doi.org/10.1111/jonm.13282>
- Purwandari, R., Argiyanti, A., & Afandi, A. T. (2024). Tingkat kelelahan dan kecelakaan kerja perawat ruang rawat inap di rumah sakit Kabupaten Jember. *Jurnal Kesehatan*, 13(2), 165–175.
- Resti, D., Nanda, D., & Zadkia, A. (2024). Otonomi perawat dengan kepuasan kerja di ruang rawat inap interne. 5, 5317–5323.
- Rony, M. K. K., Md. Numan, S., & Alamgir, H. M. (2023). The association between work-life imbalance, employees' unhappiness, work's impact on family, and family impacts on work among nurses: A cross-sectional study. *Informatics in Medicine Unlocked*, 38, 101226. <https://doi.org/10.1016/j.imu.2023.101226>
- Rouhi-Balasi, L., Elahi, N., Ebadi, A., Jahani, S., & Hazrati, M. (2020). Professional autonomy of nurses: A qualitative meta-synthesis study. *Iranian Journal of Nursing and Midwifery Research*, 25(4), 273–281. https://doi.org/10.4103/ijnmr.IJNMR_213_19
- Salas-Vallina, A., & Alegre, J. (2021). Happiness at work: Developing a shorter measure. *Journal of Management & Organization*, 27(3), 460–480. <https://doi.org/10.1017/jmo.2018.24>
- Sanaky, M. M. (2021). Analisis faktor-faktor keterlambatan pada proyek pembangunan gedung Asrama MAN 1 Tulehu Maluku Tengah. *Jurnal Simetrik*, 11(1), 432–439. <https://doi.org/10.31959/js.v11i1.615>
- Sharif, T. J., Hosseinzadeh, M., Mahdavi, N., Areshtanab, H. N., & Dickens, G. L. (2020). Happiness and its relationship with job burnout in nurses of educational hospitals in Tabriz, Iran. *International Journal of Community Based Nursing and Midwifery*, 8(4), 295–304. <https://doi.org/10.30476/IJCBNM.2020.83298.1138>
- Sudibjo, N., & Manihuruk, A. M. (2022). How do happiness at work and perceived organizational support affect teachers' mental health through job satisfaction during the COVID-19 pandemic? *Psychology Research and Behavior Management*, 15, 939–951. <https://doi.org/10.2147/PRBM.S361881>
- Sugiono. (2021). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Alfabeta.
- Suhaimi, A., Mulud, Z. A., Sharoni, S. K. A., & Zainodin, W. H. W. (2023). Factors contributed to job satisfaction among nurses working at tertiary hospitals in the Klang Valley: An adaptation of the Herzberg's theory. *Journal of Sustainability Science and Management*, 18(6), 135–148. <https://doi.org/10.46754/jssm.2023.06.012>

- Tei-Tominaga, M., & Nakanishi, M. (2021). Factors of feelings of happiness at work among staff in geriatric care facilities. *Geriatrics & Gerontology International*, 21(9), 818–824. <https://doi.org/10.1111/ggi.14247>
- Waruwu, M. (2023). Pendekatan penelitian pendidikan: Metode penelitian kualitatif, metode penelitian kuantitatif dan metode penelitian kombinasi (mixed method). *Jurnal Pendidikan Tambusai*, 7, 2896–2901.
- Wijaya, D., Nurcahyani, R. Y., Afandi, A. T., & Asmaningrum, N. (2025). Job embeddedness increasing intention to stay among community health centers' honorary nurses. *Jurnal Keperawatan*, 16(1).
- Wulandari, S., & Widyastuti, A. (2014). Faktor-faktor kebahagiaan di tempat kerja. *Jurnal Psikologi*, 1(1), 49–60. <https://ejournal.uin-suska.ac.id/index.php/psikologi/article/view/1178>
- Wulandri, D., & Batubara, M. (2023). Validity test of happiness at work construct adaptation in employees in Indonesia. *Psikoborneo: Jurnal Ilmiah Psikologi*, 11(1), 65–71. <http://dx.doi.org/10.30872/psikoborneo.v11i1>