

What Makes the Thai Workforce Happy?: the Effects of Socio-Economic Status, Work-Life Balance, and Mental Health on Happiness

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Abstract

The objectives of this study were to examine the factors affecting the happiness of the Thai workforce and to investigate the relationships among happiness and socioeconomic status (SES), work-life balance (WLB), mental health (MH), family satisfaction (FS), and community satisfaction (CS). Happiness consists of three main components: life satisfaction, positive affect, and negative affect. MH is comprised of two components, which are mental capacity (coping ability) and mental quality (kindness and altruism). SES is a composite indicator of education and income. The secondary data used in this research were obtained from the National Statistics Office of Thailand. The samples were 8,585 voluntary respondents aged 15 years and over. The data were analyzed using structural equation modeling (SEM) with AMOS version 23 in order to examine the relationships among the factors affecting happiness. The findings revealed that happiness was significantly correlated

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with SES, MH, FS, WLB, and CS at .32, .31, .22, .14 and .08, respectively. The total effects of SES, MH, FS, WLB, and CS on happiness were .35, .306, .316, .165, and .216. The results also suggested that SES, MH, and FS were highly correlated with the happiness of the Thai workforce while WLB and CS had rather low correlations with happiness. Mental health, comprised of coping ability, kindness, and altruism, played an important role as a partial mediator between happiness and all affecting factors. There was a high statistically significant relationship between FS and CS with a covariance of 0.34. Moreover, the developed SEM model of happiness was proved to be able to predict happiness at an acceptable level of 40% ($R^2 = 0.4$).

Keywords: Happiness, Socio-Economic Status, Mental Health, Work-Life Balance

ความสุขของแรงงานไทยจากอะไร?: ผลกระทบของสถานที่ทางเศรษฐกิจและสังคม ความสมดุล ของงานและชีวิต และสุขภาพจิตที่มีต่อระดับความสุข

พิชัย ตั้งสถาพรพาณิชย์* กัลยาณี เสนาสุ** และ อานันท์ ศักดิ์วรวิชญ์***

บทคัดย่อ

บทความนี้เป็นการศึกษาปัจจัยที่มีผลกระทบต่อความสุขของแรงงานไทย โดยพิจารณา ความสัมพันธ์ของความสุขกับสถานที่ทางเศรษฐกิจและสังคม ความสมดุลของงานและชีวิต สุขภาพจิต ชีวิตครอบครัว และชุมชน ความสุขประกอบด้วย 3 องค์ประกอบหลักคือ ความพึงพอใจในชีวิต ความรู้สึกในทางที่ดี และความรู้สึกในทางที่ไม่ดี สุขภาพจิตประกอบด้วย 2 องค์ประกอบ คือ สมรรถภาพของจิตใจ (ซึ่งหมายความถึงความสามารถในการจัดการกับปัญหา) และคุณภาพของจิตใจ (ซึ่งหมายความถึงความเมตตา กรุณา และเสียสละ) สถานที่ทางเศรษฐกิจและสังคมประกอบด้วย ตัวชี้วัดทางด้านการศึกษาและรายได้ การวิจัยนี้ใช้ข้อมูลทุติยภูมิจากสำนักงานสถิติแห่งชาติ มีผู้ให้ ข้อมูลจำนวน 8,585 คน ผู้ตอบแบบสอบถามที่มีอายุตั้งแต่ 15 ปีขึ้นไป ข้อมูลถูกวิเคราะห์ด้วยโปรแกรม สมการโครงสร้าง AMOS version 23 เพื่อทดสอบความสัมพันธ์ของปัจจัยที่มีผลกระทบต่อความสุข ผลกระทบของสถานที่ทางเศรษฐกิจและสังคม สุขภาพจิต ชีวิตครอบครัว ความสมดุลของงานและชีวิต และชุมชน ต่อ ความสุข มีค่าความสัมพันธ์อย่างมีนัยสำคัญเป็น .32, .31, .22, .14 และ .08 ตามลำดับ ผลกระทบรวม (Total Effect) ของสถานที่ทางเศรษฐกิจและสังคม

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สุขภาพจิต ชีวิตครอบครัว ความสมดุลของงานและชีวิต และชุมชน ต่อ ความสุข มีค่า .35, .306, .316, .165 และ .216 ผลที่ได้แสดงให้เห็นว่าสถานะทางเศรษฐกิจและสังคม สุขภาพจิต ชีวิตครอบครัว เป็นปัจจัยที่มีความสำคัญต่อความสุขของแรงงานไทย ขณะที่ความสมดุลของงานและชีวิต และชุมชน มีความสัมพันธ์ค่อนข้างต่ำกับความสุข สุขภาพจิตซึ่งหมายความถึงความสามารถในการจัดการกับปัญหา ความเมตตา กรุณา และเสียสละ มีบทบาทที่สำคัญเป็นตัวแปรกำกับ (Mediator) ของปัจจัยที่มีอิทธิพลต่อกลุ่มตัวแปร ความสุข ครอบครัวและชุมชนมีค่าความสัมพันธ์ที่มีนัยสำคัญ (Covariance) เป็น 0.34 โดยความสุขที่พัฒนาขึ้นมาเนี่ยสามารถพยากรณ์ความสุข คิดเป็นร้อยละ 40 ($R^2 = 0.4$)

คำสำคัญ: ความสุข สถานะทางเศรษฐกิจและสังคม สุขภาพจิต ความสมดุลของงานและชีวิต

Introduction

The pursuit of happiness is probably the ultimate goal of human beings (Frey & Stutzer, 2002). It is said to be the motivating factor (Rayo & Becker, 2007) that affects most of human thoughts, actions, and creations (Peiro, 2006). Happiness is important as it leads to good health, longevity, social relationships, good citizenship, and productivity at work (Lyubomirsky, King, & Diener, 2005). People that are happier tend to be healthier and live longer than those that are angry, depressed, and fearful. Happy workers perform more productively and are better organizational citizens (Bockerman & Ilmakunnas, 2012; Judge, Thoresen, Bono, & Patton, 2001). In addition, happier people are more likely to be hired, get promoted, have higher incomes (De Neve and Oswald, 2012), and seem to have better social relationships than people that are less happy (Diener, Oishi & Lucas, 2015).

Thailand's economy has been gradually transformed from being agricultural-oriented to industrial and services since the first five-year National Economic and Social Development Plan (1961-1965) was introduced. In the early stage of this plan, all resources were put into developing the infrastructure. It was not until the 8th National Economic and Social Development Plan (1997-2001) that the developmental paradigm shifted from a growth-oriented approach to people-centered development. The country's development vision was changed again in the 11th National Economic and Social Development Plan (2012-2016), which focused on developing Thailand into "a happy society with equity, fairness, and resilience" (National Economic and Social Development Board, 2012, p. x). Considering the outcomes of the National Economic and Social Development Plans, it was found that the gross domestic product per capita in Thailand had continuously increased from 100 USD in 1960 to 5,977 USD in 2014 (World Bank, 2016). It seems that the country's economic growth can contribute to the growth of household income. However, does the happiness of the Thai workforce actually increase when they have a higher income?

In addition to focusing on economic growth, many countries have placed more emphasis on sustainability issues and consider happiness as a key to economic sustainability. Thus, a number of studies aim to explore and explain the relationships among the factors contributing to happiness, which include levels of income, education, occupation, marital status, health condition, and family and community relationships

(Gerdtham and Johannesson 2001; Easterlin 2001). Similarly, the present research aimed to investigate the relationships between the happiness of the Thai workforce and the factors influencing it, which include socioeconomic status, work-life balance, mental health, family satisfaction, and community satisfaction.

Literature Review

Happiness

In the philosophical field, “happiness” is used as an umbrella term for a good life and one with quality. The terms quality of life, life satisfaction, and subjective well-being are also under the umbrella term “happiness” and are often used interchangeably (Biswas-Diener, Vitterso, & Diener, 2005; Easterlin, 2001; Veenhoven, 2015).

Happiness is generally difficult to assess. However, it can be implied using a range of research measures (Diener, 2009). Happiness has been variously defined by scholars. Veenhoven (1984) defined happiness as “the degree to which one evaluates one’s life as a whole positively.” Diener, Oishi, and Lucas (2015) defined subjective well-being, which is used by psychologists as a synonym for happiness, as “people’s evaluations of their lives—the degree to which their thoughtful appraisals and affective reactions indicate that their lives are desirable and proceeding well.” Lyubomirsky (2007) defined happiness as “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile.” Similarly, Layard (2005) described happiness as “feeling good, i.e., enjoying life and wanting the feeling to be maintained.”

The three main components of happiness (Diener, 1984) are composed of the following:

1. Positive affect, which is “a combination of high pleasantness and high arousal and includes such emotions as interested, engaged, and active” (Lucas, Diener & Larsen, 2009)
2. Negative affect, which is “a general dimension of subjective distress and un-pleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear, and nervousness, with low negative affect being a state of calmness and serenity” (Lucas et al., 2009)

3. Life satisfaction, which is “a cognitive evaluation of long-term perspective of individuals which may reflect their conscious values and goals” (Pavot & Diener, 2009)

Positive affect and negative affect are said to be immediate situational emotions of individuals, which may arise from unconscious motives. Therefore, they usually last a short period of time. On the other hand, life satisfaction is a cognitive evaluation of the long-term perspective of individuals, which may reflect their conscious values and goals. Although they are different, there should be a degree of convergence between life satisfaction, positive affect, and negative affect (Pavot & Diener, 2009).

The Relationship between Socioeconomic Status and Happiness

According to Dutton and Levine (1989: 30), socioeconomic status (SES) is composed of economic status (measured by income), social status (measured by education), and work status (measured by occupation). In the present research, only two components, income and education, were selected to study because occupation sometimes is not indicative of income. For example, same-level managers in two companies may not have the same salary due to differences in the company sizes and their responsibilities. Most SES studies have been conducted focusing only on a single variable, either income or education (Adler et al., 1994). In terms of education, it was found that people with a higher level of education tend to earn more money and enjoy the benefits of a high income (Easterlin, 2001). Education was found to be highly correlated with income regardless of one's ability or family background (Ashenfelter & Rouse. 1999). Although a good educational background cannot guarantee happiness, it can help people cope better with life's challenges, resulting in higher overall life satisfaction (Frey and Stutzer, 2002: 66). In contrast, people with a lower level of education and income are likely to have depressive symptoms as they seem to have fewer social and psychological resources to cope with stressful events (Adler et al., 1994).

Easterlin, Mcvey, Switek, Sawangfa, and Zweig (2010) proposed the happiness-income paradox or the Easterlin Paradox. They suggested that in the short term happiness can be varied according to levels of income but in the long term, approximately after 10 years, the relationship between happiness and income seems to disappear. In many developing countries, income is positively related to happiness at a point in time; however, over the long run happiness does not increase as the country's income rises

(Easterlin, Mcvey, Switek, Sawangfa & Zweig, 2010). This is because once people's income increases, their standard of living and desire will accordingly grow. Easterlin (2001) further suggested that happiness tends to remain constant over the life cycle. Higher-income people are generally happier than those with a lower income.

In Thailand, income and education are found to be integral factors affecting happiness. An increase in income can better serve basic needs of lower-income people (Guillen-Royo, Velazco & Camfield, 2013).

The Relationship between Work-life Balance and Happiness

Employment is a source of income essential for meeting the basic needs of life. It can ultimately lead to wealth and other elements of happiness such as joy, meaningfulness, and well-being (Hoffmann-Burdzińska, & Rutkowska, 2015). As work-family relationships are complex, balancing work and non-work demands is a critical challenge facing most workers (Baltes, Clark, & Chakrabarti, 2013; Eby, Casper, Lockwood, Bordeaux & Brinley, 2005).

Work is a life domain that is distinctive from other domains (Geurts, Beckers, Taris, Kompier, & Smulders, 2009). The non-work domain mainly refers to family, which not only includes spouses and children but also parents, grandparents, siblings, and relatives. In modern society, life domains refer to education, health, leisure, friendships, romantic relationships, family, household management, and community involvement (Keeney, Boyd, Sinha, Westring & Ryan, 2013). Clark (2000: 751) defined balance as "the satisfaction and good functioning at work and at home, with a minimum of role conflict." People that can maintain more balance across their entire systems of roles and activities tend to have lower levels of strain and depression and higher levels of happiness (Marks & MacDermid, 1996).

Role theory has an influence on contemporary work-life balance perspectives. Individuals have multiple roles in society and also have their own behavioral scripts, norms, and expectations (Grawitch & Ballard, 2016). Most work-life balance studies arise from role theory concerning the conflict between work and non-work roles (Greenhaus & Beutell 1985). Work-life facilitation occurs when an engagement in one domain can promote positive functioning in another domain (Grzywacz & Marks, 2000). Work-life balance programs can promote work-life facilitation via different linking mechanisms:

spillover, compensation, segmentation-integration, resources drain, and congruence. For example, congruence in time management training can be useful for both work and life domains. Segmentation-integration can be implemented by providing work flexibility programs (Edwards & Rothbard, 2000; Grawitch & Ballard, 2016).

Well-balanced work and life domains can lead to employees' job commitment and satisfaction (O'Neill et al., 2009), better mental and physical health (Frone, Russell & Cooper, 1992), marital and family functioning (Ferguson, Carlson, Zivnuska, & Whitten, 2012), and an overall sense of happiness (Brough et al., 2014; Carlson, Grzywacz and Zivnuska, 2009; Haar, Russob, Sune, & Ollier-Malaterre, 2014).

Work-family conflict is significantly associated with mental health symptoms (stress and depression), physical health complaints, hypertension, greater alcohol consumption (Frone, Russell, & Cooper, 1997), and lower levels of life satisfaction (Allen, Herst, Bruck & Sutton, 2000). Work-family conflicts can result in work stress spilling over into family or family stress spilling over into work (Kelloway, Gottlieb & Barham, 1999; Rantanen, Kinnunen, Feldt, & Pulkkinen, 2008). Family-to-work facilitation, which refers to the family's capability to lessen work-family conflicts and reduce stress, is considered a protecting factor of mental health (Grzywacz & Bass, 2003). A combination of the spouse's support and the organizational supervisors' help in reducing work-family conflicts can subsequently increase a sense of work-life balance (Greenhaus, Ziegert & Allen, 2012).

While work-life balance is strongly correlated with happiness (Haar, Russob, Sune, & Ollier-Malaterre, 2014; Hoffmann-Burdzińska, & Rutkowska, 2015), coping ability acts as a partial mediator between work-family conflict and happiness. People that have high coping ability tend to have higher levels of happiness (Perrone, Ægisdóttir, Webb, & Blalock, 2006). People with a positive attitude and life coping strategies are likely to be happier because the life coping strategies have an indirect effect on happiness and work-life balance programs (Zheng, Kashi, Fan, Molineux, & Ee, 2016).

The Relationship between Mental Health and Happiness

Mental health is strongly related to happiness (Bovier, Chamot, & Perneger, 2004; Senasu & Singhapakdi, 2014), especially in individualistic cultures (Uchida & Kitayama, 2009). It is also associated with family satisfaction and community satisfaction (Mulvaney-

Day, Alegria, & Sribney, 2007). In the past, mental health was defined as the absence of mental disorders and illness. However, this definition was consequently changed to mental well-being, which contains a positive conceptualization (Vega & Rumbaut, 1991). The World Health Organization (2004: 10, 2016: 1) defined mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” In this study, coping ability refers to mental capacity while kindness and altruism refer to mental quality.

Lyubominsky (2007: 151) defined coping as “what people do to alleviate the hurt, stress, or suffering caused by a negative event or situation.” Emotional maturity and the life-success of individuals are associated with the kind of coping strategies used. People whose happiness levels are lower than average tend to behave less efficiently and perhaps more irrationally (Folkman & Lazarus, 1980). They are also found to have inefficient coping abilities and strategies (Diener & Seligman, 2002; Lyubominsky, 2007: 150-151).

Moreover, coping strategies are related to well-being (Mayordomo-Rodriguez, Melendez-Moral, Viguer-Segui & Sales-Galan, 2015) and are said to be the partial mediator between happiness and work-life balance (Zheng, Kashi, Fan, Molineux, & Eem, 2016) as well as happiness and dispositional optimism (Hanssen et al., 2015). They are also the mediator between happiness and its affecting factors (Sanjuan and Magallares, 2014).

Kindness is an important factor in terms of improving mental health. There is scientific evidence suggesting that an act of kindness or doing favors without expecting anything in return is not only beneficial for the recipients but is also good for the doers because sharing and giving make people happy (Lyubomirsky, 2007: 126). It is a crucial moral principle that contributes to good social relationships and happier memories. In addition, kindness is closely related to happiness in daily life (Otake, Shimai, Tanaka-Matsumi, Otsui, & Barbara, 2006). One report indicated that those that contribute their money to charities and people in need are likely to have more positive affect (Andreoni, 1990), which results in higher levels of happiness (Pholpirul, 2015), especially when the doers know that their contribution truly benefits the recipients (Aknin, Dunn, Whilans, Grant, & Norton, 2013). Volunteering to do social work is also another form of kindness,

which can lead to higher levels of happiness (Meir & Stutzer, 2008) regardless of the socioeconomic status of the doers (Borgonovi, 2008). Importantly, people that do voluntary work seem to have good physical and mental health and are less likely to suffer from depression (Thoits & Hewitt, 2001).

Altruism denotes the willingness to make voluntary transfers of resources to another person or other persons both in one's family and society without expecting personal benefit in return (Schwarze & Winkelmann, 2011). Hall (2006: 29) suggested that "altruism neutralizes the negative emotions that affect immune, endocrine, and cardiovascular function. Altruism creates a physiological response or a "helpers high" that makes people feel stronger and more energetic and counters the harmful effect of stress." One study on altruism in the extended family revealed that the parents' happiness is positively related to the children's happiness from receiving money from their parents (Schwarze & Winkelmann, 2011). Buddhist practices such as offering food to monks and donating money are also said to be a partial mediator between socioeconomic status and happiness (Elliott, 2014).

The Relationship between Family Satisfaction and Happiness

Family includes not only spouses and children but also partners and people that do not reside in the same house (Kingston, 1989: 59). As Thailand has a collectivist culture, the Thai family generally includes relatives such as cousins. This is considered a distinctive characteristic of the Thai family with strong family bonds (Kittiprapas, Sawangfa, Fisher, Powdthavee & Nitnitiphrut, 2009: 72).

Morden (2003) conducted a research study on family satisfaction among the staff at a Canadian university and found that family satisfaction alone accounted for 45% of life satisfaction, compared to the other life domains such as work, leisure, and the community (Morden, 2003). In Thailand, family satisfaction was found to play an important role in predicting family happiness (Senasu & Singhapakdi, 2014).

The Relationship between Community Satisfaction and Happiness

People's involvement in community activities can create trust and eventually lead to community satisfaction (Helliwell & Putnam, 2007: 451). In order to build a harmonious community, community members should be self-contented or happy with

what they have first. This is because self-contented people tend to be extroverted and agreeable, love to socialize with others, and have a strong romantic sense, good social relationships, and high coping ability (Diener & Seligman, 2002). Once a strong relationship among the community members is created, it can enhance the overall community satisfaction. This kind of satisfaction is found to be essential for physical and mental health (Mulvaney-Day et al., 2007). For most elderly people, spending quality time with friends is more important than frequency of contact and is also better than interacting with their adult children. In addition, another study suggested that for elderly people their interactions with friends are more strongly related to happiness than their interactions with their adult children (Pinquart & Sorensen, 2000). However, community satisfaction is weakly related to happiness since it accounts for only 1% of life satisfaction compared to other life domains such as family, work, and leisure (Morden, 2003). In Thailand, it was found that social interactions such as meeting and communicating with friends and relatives can enhance social life satisfaction (Kittiprapas et al., 2009: 74).

Conceptual Framework of Happiness and Hypotheses

According to the review of the literature, the research framework was developed using structural equation modeling (SEM) to examine the relationships among the factors affecting happiness, which included socioeconomic status, work-life balance, mental health, family satisfaction, and community satisfaction. Mental health is a mediator in the model. The details are illustrated in Figure 1.

The hypotheses of this research are as follows:

Hypothesis 1: Happiness is composed of 3 components (life satisfaction, positive affect, and negative affect), which are first-order latent variables.

Hypothesis 2: Mental health is composed of 2 components (mental capacity and mental quality), which are first-order latent variables.

Hypothesis 3: Mental health is positively related to happiness.

Hypothesis 4: Family satisfaction is positively related to happiness while mental health acts as a partial mediator.

Hypothesis 5: Work-life balance is positively related to happiness while mental health acts as a partial mediator.

Hypothesis 6: Community satisfaction is positively related to happiness while mental health acts as a partial mediator.

Hypothesis 7: Socioeconomic status is positively related to happiness while mental health acts as a partial mediator.

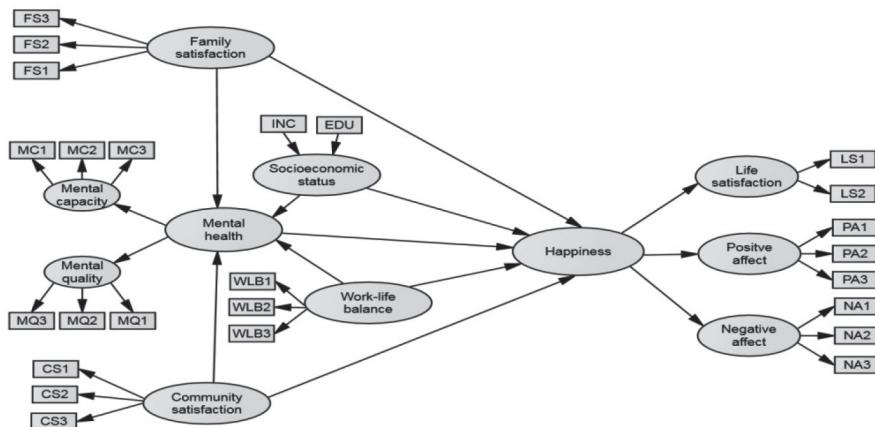


Figure 1 Conceptual Framework of Happiness

Note: FS = Family satisfaction, CS = Community satisfaction, MC = Mental capacity, MQ = Mental quality, INC = Income, EDU = Education, WLB = Work-life balance, LS = Life satisfaction, PA = Positive affect, NA = Negative affect

Methodology

The data used in this research were collected by the National Statistical Office of Thailand as part of the Labor Force Survey, which was included in the National Mental Health Survey carried out in August 2014 (National Statistical Office, 2015). In terms of the National Mental Health Survey, the number of 81,564 respondents was initially selected using a stratified multistage sampling technique. Later, the number of respondents was adjusted to 8,585 so as to include only the Thai labor force. The samples were calibrated to ensure nationally-representative data using normalized weights. The respondents were member so the Thai labor force aged 15 years and over that had participated in the National Mental Health Survey (based on the Thai Mental Health Indicator of Apichai Mongkol et al., 2009). The details of the demographic, socioeconomic status, and geographical data are shown in Table 1.

In this research, the three components of happiness were thoroughly examined. First, overall life satisfaction (LS) was measured using an 11-point Likert-type scale. For LS1, the rating scale ranged from “completely unhappy” (0 point) to “completely happy” (10 points). For LS2, the rating scale ranged from “completely dissatisfied” (0 point) to “completely satisfied” (10 points). The questions used to measure life satisfaction were “How would you rate your happiness nowadays?” for LS1 and “How would you rate your life satisfaction?” for LS2. Second, positive affect (PA) was measured using three statements: “I am contented with my life,” “I feel relaxed,” and “I have self-esteem.” Third, negative affect (NA) was measured using the following three statements: “I feel bored and discouraged in my daily life,” “I feel disappointed in myself,” and “I feel that my life is full of miseries.” The 4-point Likert-type scale, ranging from “not at all” (0 point) to “most” (3 points) was used to measure PA and NA. The respondents were also asked to evaluate their own PA and NA on a short-term (one month or less) basis.

Regarding socio-economic status, the two components that would be examined were income (INC) and education (EDU). In this research, the monthly income of the respondents was divided into 10 levels; the first level was less than 5,000 Baht and the tenth level was over 80,000 Baht. In terms of education, the educational levels of the respondents were divided into seven levels; the first level was lower than primary school and the seventh level was higher than a bachelor’s degree. The details of income and educational levels are presented in Table 1.

For family satisfaction, a sense of family security and family engagement was investigated using the following three statements: “You feel safe when you are with your family,” “When you are sick, your family will take good care of you,” and “You and your family members love and engage with each other.” A 4-point Likert-type scale, ranging from “not at all” (0 point) to “most” (3 points), was used to measure FS.

For community satisfaction (CS), the assessment was done using the following three statements: “I have friends or others in the community to help me when I need it ,” “I feel secure and safe in the community where I live,” and “I feel confident that my community is safe.”. A 4-point Likert-type scale, ranging from “not at all” (0 point) to “most” (3 points), was used to measure CS.

For work-life balance (WLB), the statements used to measure WLB included: “I feel very tired from my job and unable to do household work or spend time with my family,” “I feel very tired from activities and chores at home or spending time with family and am unable to do my job well,” and “Things going on in my family life make it hard for me to concentrate at work.” These 3 negative items were measured using a 4-point Likert-type scale. The rating scale for the negative items (work-life conflict) ranged from “not at all” (0 point) to “most” (3 points) while the scale for the positive items (work-life balance) was the reverse. The scores for the negative items (work-life conflict) had to be reversed into positive items (work-life balance) before the data analysis.

Considering mental health, the two components assessed were mental capacity (MC) and mental quality (MQ). The three statements that were used to examine mental capacity included: “I can face and accept problems that are difficult to solve,” “I am confident that I can control my emotions in case of emergency or a violent situation,” and “I am confident in facing life’s crises.” For mental quality, the assessment was done using the following statements: “I feel sympathy for suffering people,” “I feel happy to help people that have problems,” and “I give assistance to other people when the opportunity occurs.” All of these items were measured with a 4-point Likert-type scale, ranging from “not at all” (0 point) to “most” (3 points).

Table 1: Demographic, Socioeconomic and Geographic Information

	Number	Percentage		Number	Percentage
Sex	Education				
Male	4,390	51.1	No/Less than Primary School	1,532	17.8
Female	4,195	48.9	Primary School	1,682	19.6
Age	Secondary School				
15-29	1,530	17.8	High School/Vocational Certificate	1,430	16.7
30-39	2,310	26.9	Diploma/High Vocational Certificate	555	6.5
40-49	2,422	28.2	Bachelor's degree	1,795	20.9
50-60	1,987	23.1	Higher than Bachelor's degree	344	4.0
Over 60	336	3.9	Occupation		
Marital Status	Agriculture				
Single	1,778	20.7	Non-agriculture	7,509	87.5
Married	5,878	68.5	Income per month (Baht)		
Widowed/Divorced Separated	929	10.8	Less than & equal 5,000	1,181	13.8
Geographical residence	5,001- 10,000				
Urban	5,144	59.9	10,001-20,000	2,345	27.3
Rural	3,441	40.1	20,001-30,000	688	8.0
Region	30,001-40,000				
Bangkok	479	5.6	40,001-50,000	235	2.7
Central	3,089	36.0	50,001-60,000	140	1.6
North	1,812	21.1	60,001-70,000	66	.8
North-east	1,660	19.3	70,001-80,000	22	.3
South	1,545	18.0	More than 80,000	50	.6
Total	8,585	100.0	Total	8,585	100.0

Table 2: Input Data (Correlation, Mean, Standard Deviation, and Cronbach's Alpha) for the Structural Regression Model Analysis

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Life Satisfaction (LS)																									
1. LS1	1																								
2. LS2	0.88	1																							
Positive affect (PA)																									
3. PA1	0.50	0.53	1																						
4. PA2	0.50	0.49	0.69	1																					
5. PA3	0.44	0.46	0.63	0.58	1																				
Negative affect (NA)																									
6. NA1	-0.28	-0.28	-0.20	-0.23	-0.17	1																			
7. NA2	-0.21	-0.22	-0.16	-0.16	-0.16	0.50	1																		
8. NA3	-0.27	-0.26	-0.18	-0.21	-0.16	0.45	0.50	1																	
SES																									
9. EDU	0.28	0.29	0.24	0.20	0.26	-0.13	-0.08	-0.12	1																
10. INC	0.26	0.27	0.24	0.18	0.25	-0.12	-0.09	-0.11	0.61	1															
Work-life balance (WLB)																									
11. WLB1	0.19	0.18	0.11	0.12	0.11	-0.31	-0.27	-0.30	0.04	0.02	1														
12. WLB2	0.14	0.12	0.06	0.07	0.06	-0.28	-0.27	-0.29	0.03	0.04	0.65	1													
13. WLB3	0.11	0.10	0.02	0.03	0.04	-0.22	-0.24	-0.25	0.02	0.03	0.52	0.67	1												
Mental health – Mental capacity (MC)																									
14. MC1	0.17	0.18	0.20	0.19	0.20	-0.07	-0.07	-0.03	0.06	0.09	0.09	0.10	0.09	1											
15. MC2	0.19	0.19	0.22	0.21	0.22	-0.06	-0.03	-0.05	0.06	0.09	0.07	0.09	0.07	0.68	1										
16. MC3	0.20	0.21	0.22	0.21	0.21	-0.05	-0.04	-0.05	0.06	0.10	0.07	0.08	0.06	0.63	0.79	1									
Mental health – Mental quality (MQ)																									
17. MQ1	0.17	0.19	0.22	0.21	0.21	-0.03	-0.04	-0.04	0.07	0.07	0.05	0.07	0.05	0.03	0.32	0.33	1								
18. MQ2	0.18	0.19	0.21	0.21	0.22	-0.03	-0.05	-0.04	0.08	0.08	0.05	0.07	0.06	0.27	0.27	0.28	0.70	1							
19. MQ3	0.21	0.22	0.26	0.24	0.25	-0.07	-0.05	-0.07	0.10	0.11	0.04	0.04	0.02	0.25	0.27	0.27	0.60	0.65	1						
Family satisfaction (FS)																									
20. FS1	0.25	0.25	0.28	0.28	0.28	-0.08	-0.07	-0.10	0.11	0.09	0.05	0.06	0.07	0.18	0.18	0.28	0.32	0.31	1						
21. FS2	0.26	0.26	0.29	0.29	0.30	-0.09	-0.08	-0.10	0.12	0.11	0.07	0.08	0.07	0.16	0.17	0.17	0.25	0.25	0.27	1					
22. FS3	0.26	0.26	0.28	0.27	0.29	-0.07	-0.07	-0.09	0.14	0.12	0.06	0.07	0.07	0.15	0.17	0.17	0.24	0.26	0.24	0.21	1				
Community satisfaction (CS)																									
23. CS1	0.22	0.22	0.27	0.24	0.25	-0.07	-0.07	-0.08	0.08	0.07	0.04	0.01	-0.01	0.18	0.22	0.22	0.33	0.32	0.38	0.25	0.25	0.24	1		
24. CS2	0.20	0.20	0.24	0.23	0.24	-0.05	-0.04	-0.06	0.03	0.07	0.06	0.04	0.22	0.25	0.30	0.28	0.30	0.29	0.26	0.24	0.44	1			
25. CS3	0.19	0.18	0.23	0.22	0.23	-0.05	-0.05	-0.07	0.02	0.06	0.06	0.04	0.20	0.23	0.30	0.27	0.30	0.28	0.26	0.23	0.41	0.83	1		
Mean	7.59	7.57	1.96	1.95	1.97	0.35	0.19	0.24	2.53	1.86	2.56	2.72	2.70	1.75	1.79	1.92	1.96	1.89	2.15	2.19	2.24	1.94	1.83		
SD.	1.18	1.21	0.49	0.48	0.55	0.44	0.48	1.89	1.36	0.65	0.55	0.60	0.62	0.57	0.48	0.48	0.51	0.49	0.52	0.54	0.48	0.48	0.48		
α	0.79	0.79	0.80	0.80	0.80	0.82	0.82	0.82	0.81	0.81	0.81	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	

Note: FS = Family satisfaction, CS = Community satisfaction, MC = Mental capacity, MQ = Mental quality, INC = Income, EDU = Education, WLB = Work-life balance, LS = Life satisfaction, PA = Positive affect, NA = Negative affect

CFA Model

Chi-Square = 3789.277 (215 df), p-value = .000
 GFI=.964, AGFI=.954, CFI=.966
 RMR=.019, RMSEA = .044

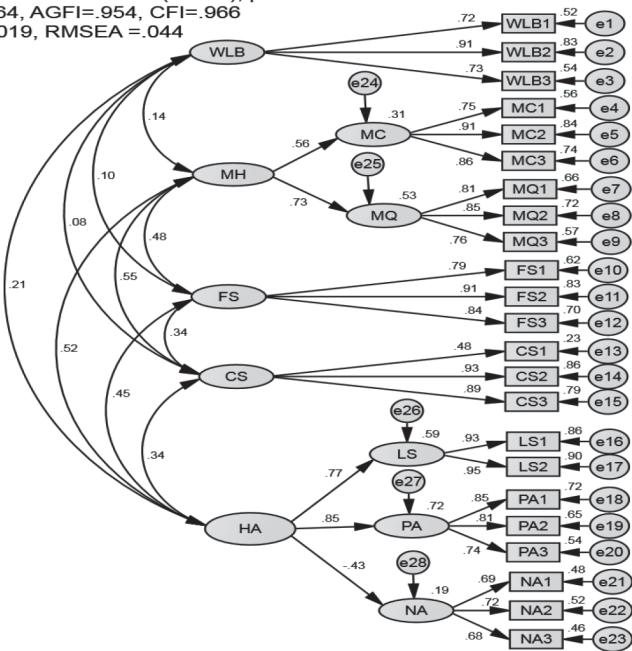


Figure 2: CFA Model of Happiness

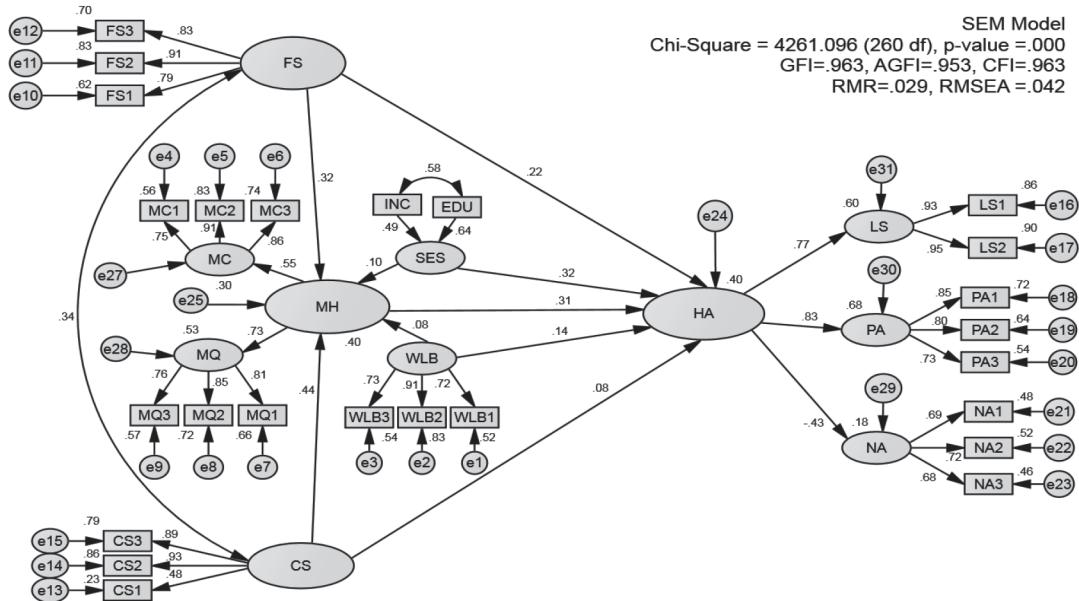


Figure 3: SEM Model of Happiness

Note: FS = Family satisfaction, CS = Community satisfaction, MC = Mental capacity, MQ = Mental quality, INC = Income, EDU = Education, WLB = Work-life balance, LS = Life satisfaction, PA = Positiv affect, NA = Negative affect

Results

Descriptive Statistics

The results revealed that 13% of the respondents were in agriculture sector while 87% were in the non-agriculture industry. In terms of education, 38% of the respondents reported that their highest level of educational attainment was primary school and below. Thirty-seven percent of them obtained a secondary school certificate or diploma certificate, while 25% earned a bachelor's degree or higher. More than half of the respondents (55%) earned 10,000 Baht or less per month. Twenty-seven percent of them said that their monthly income was 10,001-20,000 Baht. Fifteen percent earned 20,001-50,000 Baht per month and only 3% of the respondents earned more than 50,000 Baht per month.

Data Screening

The data were screened using primary statistical tools to prevent such problems as collinearity, multivariate collinearity, outliers, missing data, and normality and reliability issues. The input data, which included correlations, mean, standard deviations, and coefficient alpha values, are presented in Table 2. No missing data were found and there was no extreme score to cause multivariate outliers. Data normality was tested with skewness and kurtosis. All variables were found to have no multicollinearity problem after testing with the tolerance and variance inflation factor (VIF). All of the observed variables demonstrated adequate internal consistency reliability, with Cronbach's alpha or coefficient alpha values of 0.79 to 0.82, which were greater than 0.7 (Kline, 2016: 92).

Measurement Model

A second-order CFA was performed. Mental health (MH) was a second-order latent variable while mental capacity (MC) and mental quality (MQ) acted as first-order latent variables. Happiness (HA) was also a second-order latent variable, whereas life satisfaction (LS), positive affect (PA), and negative affect (NA) acted as first-order latent variables. Work-life balance (WLB), family satisfaction (FS), and community satisfaction (CS) were the first-order exogenous latent variables.

This measurement model was unidimensional. Each indicator was loaded only on its respective latent variable. The residual terms were not correlated (Kline, 2016: 195). The model was tested in standardized estimates, as shown in Figure 2. All of the variables were statistically significant at the .001 level. Convergent validity and factor loadings were examined as to whether the loading coefficient values were at least moderate in magnitude (Kline, 2016: 93). The model fit the empirical data well, $\chi^2 = 3,789$, $df = 215$, $p\text{-value} < 0.001$, $GFI = 0.964$, $AGFI = 0.954$, $CFI = 0.966$, $RMR = 0.019$, and $RMSEA = 0.044$. The estimated factor correlations shown in Figure 2 were not high as they ranged from 0.1 to 0.55, suggesting discriminant validity (Kline, 2016: 93-94).

Structural Model

In the initial structural model, there were direct paths from work-life balance, family satisfaction, and community satisfaction to both happiness and mental health, and there was also a direct path from mental health to happiness. Socioeconomic status (SES), which had two formative observed variables—education (EDU) and income (INC)—was added to the model and had direct paths to happiness and mental health. The covariance line between EDU and INC was created. The model fit well with the data, $\chi^2 = 5,089$, $df = 261$, $p\text{-value} = 0.000$, $GFI = 0.956$, $AGFI = 0.945$, $CFI = 0.956$, $RMR = 0.033$, and $RMSEA = 0.046$. After model modification, the covariance line between family satisfaction and community satisfaction was created. The results indicated that the model fit well with the data, $\chi^2 = 4,261$, $df = 260$, $p\text{-value} < 0.001$, $GFI = 0.963$, $AGFI = 0.953$, $CFI = 0.963$, $RMR = 0.029$, and $RMSEA = 0.042$. All of the structural regression coefficients were statistically significant ($p\text{-value} < 0.001$). The covariance between FS and CS was also statistically significant. The squared multiple correlation (R^2) of the structural model of happiness = 0.398, meaning that the model of happiness could explain 39.8% of all factor loadings. Mental health was a mediator with $R^2 = 0.405$.

Table 3: Cause Effect (Direct Effect, Indirect Effect and Total Effect) of Independent Variable to Dependent variable

Independent Variable	Dependent Variable	Cause Effect		
		Direct (A)	Indirect (B)	Total (A+B)
SES	Happiness	0.319	0.031	0.350
Work-life balance	Happiness	0.140	0.025	0.165
Mental health	Happiness	0.306		0.306
Family satisfaction	Happiness	0.220	0.097	0.316
Community satisfaction	Happiness	0.081	0.135	0.216
SES	Mental health	0.100		0.100
Work-life balance	Mental health	0.081		0.081
Family satisfaction	Mental health	0.316		0.316
Community satisfaction	Mental health	0.441		0.441

Examination of the Study Hypotheses

The final model is displayed in standardized estimates, as shown in Figure 3. All of the variables were statistically significant at the .001 level. The causal effects of the structural model are presented in Table 3.

Hypothesis 1: Happiness was the second-order latent variable while LS, PA, and NA were the first-order latent variables with factor loadings of 0.77, 0.83, and -0.43, respectively.

Hypothesis 2: Mental health was the second-order latent variable while MC and MQ were the first-order latent variables with factor loadings of 0.55 and 0.73, respectively.

Hypothesis 3: Mental health had a positively-significant relation with happiness with the standardized direct effect of 0.306.

Hypothesis 4: Family satisfaction had a positively-significant relation with happiness with the standardized direct effect of 0.22. The standardized indirect effect through MH, which was a partial mediator between FS and HA, was 0.097. The standardized total effect of FS to HA was 0.316.

Hypothesis 5: Work-life balance had a positively-significant relation with happiness with the standardized direct effect of 0.14. The standardized indirect effect through MH, which was a partial mediator between WLB and HA, was 0.025. The standardized total effect of WLB to HA was 0.165.

Hypothesis 6: Community satisfaction had a positively-significant relation with happiness with the standardized direct effect of 0.081. The standardized indirect effect through MH, which was a partial mediator between CS and HA, was 0.135. The standardized total effect of CS to HA was 0.216.

Hypothesis 7: Socio-economic status had a positively-significant relation with happiness with the standardized direct effect of 0.319. The standardized indirect effect through MH, which was a partial mediator between SES and HA, was 0.031. The standardized total effect of SES to HA was 0.35.

In addition, family satisfaction was related to community satisfaction with a standard covariance of 0.34.

Discussion

More than half of the respondents (55%) had the lowest levels of income (10,000 Baht or less per month). Eighty-two percent of them earned less than 20,000 Baht per month. In 2014, during the data collection period, the minimum wage rate for Thai workers with low education was 300 Baht per day or 9,000 Baht per month while general employees with a bachelor's degree earned about 15,000 Baht per month. In terms of educational background, 37.4% of the respondents reported that their highest level of educational attainment was primary school and below. Seventy-five percent of them earned less than a bachelor's degree. These results reflected that the respondents in this research were Thai workers with low levels of income and education.

The results also indicated that mental health was strongly related to happiness. It was the mediator between happiness and all exogenous variables, which included family satisfaction, community satisfaction, work-life balance, and socioeconomic status. These findings are similar to the research findings of Kalyanee Senasu (2016), which suggested that mental health was the most important element of life domain that could predict the happiness of the Thai people. Good mental health was positively

related to a high level of happiness and a low level of financial hardship (Elliott, 2014). Mental health also acted as the mediator between SES and happiness. Canlas (2015) found that, for working mothers, long work hours were positively related to mental health but had a negative impact on marital satisfaction and work-family harmony. Long work hours could lead to happiness in the family because they allowed working mothers to earn more income to cover family expense.

Moreover, the results of this study suggested that happiness was strongly associated with individuals' effort to cope with their work and life-domain conflicts. Similarly, Diener, Suh, Lucas and Smith (1999) stated that coping ability was an individual's capacity to manage daily stress regarding the problems of family, work, and community relationships. Zheng et al. (2016) indicated that coping ability enabled employees to achieve better well-being in a more effective way compared to organizational work-life balance programs. Adler et al. (1994) suggested that people with lower levels of income and education tended to report more depressive symptoms compared to those with higher levels of income and education. This might be because they lacked social and psychological resources to cope with stressful events. Thus, it can be concluded that coping ability is the important element in protecting mental well-being or happiness from daily stress.

The findings also revealed that mental quality, which was composed of kindness and altruism, was correlated with happiness. This is consistent with the study of Pholpirul (2015), which suggested that the people that did good deeds by donating money and goods seemed to have higher happiness.

In this study, socioeconomic status had the strongest correlation with happiness with the standardized direct effect of .319 and educational aspect seemed to have a higher effect than income. The majority of the respondents in this study had lower levels of socioeconomic status or lived at a subsistence level. In the Thai society, education is positively related to income and occupational status. According to Easterlin et al. (2010), happiness varies directly with income, especially for low-income people or those that live at the subsistence level. This is probably because money can be used to purchase goods and services and enables low-income people to fulfill their basic needs, which finally leads to increased life satisfaction. These findings are consistent with Guillen-Royo et al. (2013),

who conducted a study on low-income people in seven communities in the southern and northeastern parts of Thailand and found that having a higher income made people happier because it enabled them to fulfill their basic needs.

The present study also revealed that family satisfaction was significantly related to happiness as it had the second highest total effect on happiness. On the other hand, community satisfaction was found to be moderately correlated with happiness. Mental health was a mediator between happiness and these two life domains. These findings were partially consistent with Senasu and Singhapakdi (2014), who suggested that family satisfaction was the most important among other life domains such as family, health, and job satisfaction since it could predict both present and future happiness. Thai workers in the private sector mostly live near their workplaces or in an organizational dormitory. Therefore, the relationship with co-workers is considered an important factor in happiness evaluation because it has an effect on work and family lives. In terms of the model modification, family satisfaction was also found to be related to community satisfaction. Similarly, Kittipichai, Arsa, Jirapongsuwan, and Singhakant (2015) suggested that co-worker relationships and marital status were strong predictors of the quality of life in the Thai workforce. In addition, the findings of the present study are consistent with Chaiprasit and Santidhirakul (2011), who stated that co-worker relationships had a positively strong relationship with quality of life. Thanakwang, Ingersoll-Dayton, and Soonthorndhada (2012) also proposed that family support is positively related to happiness and has an indirect relationship with social support, referring to support from friends and close neighbors. Family and community have shared-benefits and should support each other.

The work-life balance was positively correlated with happiness at the lowest level. This indicated that the Thai workforce seems to be unwilling to work too hard or work long hours and receives low wages even though it is the source of their income. In the private sector, most small and medium-sized companies in Thailand do not provide their employees with work-life balance programs to help them balance their work and life interface.

Implications

Recommendations for Policymakers

The Thai government should realize that income is important for the happiness of the people in the country. According to the Office of the National Economic and the Social Development Board (2016), policies and plans to tackle the problem of low-income workers and to reduce the fall of the poor population below the poverty line should be determined and implemented. In order to achieve that goal, the government should provide appropriate state welfare for citizens without using a populist strategy to attract their political votes as populism may cause many problems. In other words, populism is not a suitable policy to solve the problem of poverty.

The present study supports the Thai government in reducing the inequality of income and promoting the philosophy of sufficiency economy, which was initiated by King Rama IX. The philosophy stated that it is very important to teach people to spend money wisely, utilize their own resources, and to be self-reliant as much as possible because building the human capacity to earn a high income within a short period of time is difficult. According to the results of this research, mental health, including coping ability, kindness, and altruism, play an important role in predicting happiness. Thus, coping strategies and morality promotion should be added to the national education system.

Recommendations for Individuals, especially for Human Resource Development Professionals

As coping ability has been proved to help employees mitigate daily stress from both work and non-work, education and training in coping strategies should be provided to employees. Companies should also promote kindness and altruism by arranging religious activities or citizenship activities for their employees. The salary offered by companies should be, at least, sufficient to cover the employees' basic needs. Skill training should also be provided to employees in order to promote organizational productivity, which will eventually lead to higher income and increased happiness.

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