

Afraid to be Happy: How Financial Self-Efficacy, Personal Life Expectations, and Fear of Happiness Influence the Pursuit of Peace among Older Nurses

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Abstract

As older nurses approach retirement, their personal expectations, fear of happiness, and concerns about financial security play crucial roles in their well-being and peace of mind. Drawing on Social Cognitive Theory, which highlights how financial self-efficacy affects psychological outcomes, we guided researchers, organisations, and policymakers in improving psycho-financial tools to promote older nurses' peace of mind. We explored the moderating role of financial self-efficacy in the relationship between personal life expectations, fear of happiness, and peace of mind among older nurses. The data obtained from a representative sample of 340 older nurses (i.e., those with less than ten years to retirement) using the Peace of Mind Scale, Fear of Happiness Scale, Personal Life Expectations Scale, and Financial Self-Efficacy Scale supported our proposed moderated hypotheses. Hayes' regression-based PROCESS macro for SPSS showed that personal life expectations and fear of happiness were negatively associated with peace of mind. In contrast, financial self-efficacy was not a significant predictor. Financial self-efficacy did not moderate the associations between personal life expectations, fear of happiness, and financial self-efficacy with peace of mind among older nurses. The study highlights the significance of promoting peace of mind. A multifaceted approach that addresses personal, emotional, and financial factors is needed. Older nurses can find peace by addressing psychological barriers, fostering resilience, and receiving targeted support.

Key Words: Dynamics of Older Nurses, Financial Self Efficacy, Peace of Mind, Personal Life Expectation and Fear of Happiness.

Introduction

The population aged 60 and above is increasing rapidly compared to younger groups (Ujoatuonu et al., 2024). As a result, major fiscal and political challenges are expected for healthcare (Huang et al., 2022), pensions (Ujoatuonu et al., 2020a), and social protections for older adults (United Nations, 2017). An ageing workforce, in particular, will likely reduce the support ratio, the number of workers per retiree (Uthaman et al., 2016). Although there is no precise way to determine the exact number of workers per retiree (Ujoatuonu et al., 2020a), this ratio is generally calculated by dividing the number of people aged 20 to 64 by the number of those aged 65 or older (United Nations, 2017). Given these demographic and economic pressures, studies show that many countries may need to strengthen their healthcare (Huang et al., 2022), pension (Ujoatuonu et al., 2018), and social protection systems to support ageing populations (United Nations, 2017).

Studies report that nursing is often associated with poor health outcomes, including musculoskeletal disorders (Uthaman et al., 2016), work-related stress and burnout (Van Bogaert et al., 2017), and job dissatisfaction (Yanık & Ediz, 2024). The profession's physical and mental demands can harm well-being (Ujoatuonu et al., 2023). Studies have shown that heavy workloads (Saputra et al., 2023), long shifts (Lee et al., 2013), caring for critically ill patients and perfectionism (Montano, 2023), managing life support equipment, trauma exposure (Sikka et al., 2018), and ethical challenges contribute to stress and burnout (Kemper et al., 2011), ultimately reducing ageing nurses' peace of mind. Research highlights the value of age-friendly work environments for the mental health of ageing nurses (Ujoatuonu et al., 2024) and their influence on peace of mind (Duan et al., 2024). Similarly, studies add that shift work, physical care with other social correlates (Anyebe et al., 2018), missed breaks, complex patient relationships (Ujoatuonu et al., 2023), and the need for critical thinking and specialized skills (Apex-Apeh et al., 2020) also affect ageing nurses' peace of mind.

Peace of mind is characterized by the absence of anxiety (Anjum et al., 2014), the presence of positive emotions such as contentment and harmony (Taşdelen Baş et al., 2025), and a sense of inner coherence and stability (Lee et al., 2013). Building on these definitions, Diener et al. (2018) demonstrated that individuals with a sense of peace tend to live longer, have healthier lives, enjoy more stable relationships, are more productive and resilient, and are more

likely to help others. Building on the occupational context outlined above, Hussain et al. (2022) found that peace of mind is positively associated with mental health in cancer patients and may reduce depression and anxiety. Similarly, Saputra et al. (2023) note that lower well-being leads to greater divergence from valued emotions. Extending these findings, Huang et al. (2022) report that experiencing moderate positive affect, such as happiness and joy, is linked to high-arousal positive affect, reflecting emotional well-being and peace of mind in Europe. Peace of mind has also been linked to life satisfaction and psychological capital (Anjum et al., 2014), as well as academic achievement and motivation, and reduced depression (Datu, 2017). These authors note that peace is always accessible, but it requires effort (Huang et al., 2022), even if that effort means deliberately choosing to be still (Bae, 2021). Although the circumstances of older nurses can impact their mental health (Ujoatuonu et al., 2024), they retain the ability to make individual choices that improve their well-being (Montano, 2023). Older nurses find peace of mind through fulfillment, confidence (Bae, 2021), and supportive environments (Taşdelen et al., 2025) as they deliver compassionate, effective care (Fragar & Depczynski, 2011). According to Taşdelen et al. (2025), the peaceful end-of-life theory encompasses five care standards: freedom from pain, comfort, dignity, respect, and closeness to loved ones. Older nurses need to experience peace of mind by providing holistic care (Kemper et al., 2011) and compassionate care (Duan et al., 2024). This benefits patients and boosts nurses' satisfaction, well-being (Ujoatuonu et al., 2024), and peace of mind (Duan et al., 2024). Taking steps to integrate peace of mind, both in response to challenging situations and in daily life, can help prevent heartache (Montano, 2023) and anguish in times of confusion (Huang et al., 2022). Building on these findings, the authors note that to achieve peace, joy, and inner freedom, one must learn to let go of despair (Montano, 2023) and apprehension, which are elements that contribute to unhappiness and unrealized expectations (Yanik & Ediz, 2024).

Research indicates that personal life expectations are closely linked to peace of mind (Wahendra et al., 2025), quality of life (Ahmadabadi & Hosseinzadeh, 2025), harmony (Rodwell, 2023), and work-life balance of older employees (Ujoatuonu et al., 2023). International Council of Nurses (2021) identified personal life expectations as a key independent variable in predicting peace of mind among older nurses. These expectations include older individuals' goals, beliefs (Lampersberger et al., 2024), and aspirations for areas beyond work, such as relationships (Manski, 2004), health (Rodwell, 2023), personal development (Mirowsky,

1999), and leisure (García-Candel et al., 2023). For older nurses, relevant factors may include retirement plans (Ujoatuonu et al., 2024), family and social relationships, hobbies (Ahmadabadi & Hosseinzadeh, 2025), and overall life satisfaction outside of work (Ujoatuonu et al., 2023). Meeting these expectations supports well-being and balance (García-Candel et al., 2023), while unmet expectations can contribute to anxiety (Mirowsky, 1999), depression (Huang et al., 2022), and reduced peace of mind (Hussain et al., 2022). Maintaining work-life balance is essential, as imbalance may disrupt performance (Perozek, 2008) and negatively affect mental health and personal life expectations. (Kemper et al., 2011).

Personal life expectations encompass an individual's aspirations (Yanık & Ediz, 2024), goals (Uthaman et al., 2016), and desires related to various aspects of life (Ludwig & Zimmer, 2007), including career achievements (Ujoatuonu et al., 2023), family life (Ahmadabadi & Hosseinzadeh, 2025), health, leisure (Ludwig & Zimmer, 2007), and personal growth (Diderichsen et al., 2011). These expectations are shaped by personal values (Ahmadabadi & Hosseinzadeh, 2025), cultural influences, and life experiences (Anyebe et al., 2018), guiding decisions and influencing overall life satisfaction (Ludwig & Zimmer, 2007). The personal life expectations of older nurses in Nigeria are multifaceted, reflecting a blend of personal aspirations (Ujoatuonu et al., 2024) and societal influences (Apex-Apeh et al., 2020). The personal life expectations of older nurses in Nigeria are shaped by a complex interplay of cultural norms, economic realities (Anyebe et al., 2018), professional demands (Ujoatuonu et al., 2024), and individual aspirations (Ujoatuonu et al., 2018). These expectations often encompass financial security (Ujoatuonu et al., 2018), family responsibilities (Ahmadabadi & Hosseinzadeh, 2025), health considerations (Ludwig & Zimmer, 2007), and a desire for continued engagement post-retirement (Uthaman et al., 2016).

A fear of happiness, a reluctance to embrace positive emotions (Ujoatuonu et al., 2020b) may significantly impact the peace of mind of older nurses (Wahendra et al 2025), as it can lead to avoidance of joyful situations (Blasco-Belled et al., 2021) and diminished overall well-being (Hussain et al., 2022). This reaction may create internal conflict (Belen et al., 2020), anxiety (Takeda et al., 2020), frustration (Jitdorn et al., 2021), and dissatisfaction (İşgör et al., 2022), especially when individuals believe they do not deserve happiness (Ujoatuonu et al., 2020b). While some researchers argue that fear of happiness is a protective strategy shaped by experience (Joshnloo. 2016) or culture rather than genuine fear (Yanık & Ediz, 2024), its effects on

emotional health remain significant (Gonzalez, 2022). Cultural influences can shape these attitudes (Joshanloo, 2016), as some societies view overt happiness as a sign of complacency (Ujoatuonu et al., 2020b) or irresponsibility (Hussain et al., 2022).

Cultural factors shape how people perceive happiness (Ujoatuonu et al., 2020b), and this affects their sense of peace of mind (Montano, 2023). In some communities, happiness of older nurses can be seen as a sign of being distant from God (Oates, 2018) or not at peace inside (Joshanloo, 2019). In another community, people often see success with suspicion (Moradoghli et al., 2022), which can hurt someone's peace of mind. If someone appears happy, others may accuse them of acting unfairly (Ujoatuonu et al., 2020b), which can lead to being left out or losing peace of mind (Montano, 2023), ultimately disrupting harmony (Hinks & Davies, 2012). In another culture, people are taught not to be happy because it is considered selfish (Gea-Caballero et al., 2019) and detrimental to the group (Kemper et al., 2011). Happiness is linked with showing off (Takeda et al., 2020), getting too excited (Diderichsen et al., 2011), and ignoring others (Lampersberger et al., 2024). These examples demonstrate that a fear of happiness is a common phenomenon in many places (Işgör et al., 2022) and it can significantly impact well-being and peace of mind (Belen et al., 2020).

Building on these perspectives, recent research explores how personal (Yank & Ediz, 2024) and societal beliefs impact happiness (Duan et al., 2024) and peace of mind. For example, studies found that well-being and peace of mind are linked to concerns about comfort (Wahendra et al., 2025), wasting time, social belonging (Lampersberger et al., 2024), and life satisfaction, indicating that happiness is a complex phenomenon (Jitdrón et al., 2021). Likewise, Fragar and Depczynski (2011) reported that greater happiness and peace of mind can increase fear of death among nurses. Together, these findings suggest some people may avoid happiness to maintain lasting peace and emotional stability (Yank & Ediz, 2024).

Previous studies (e.g., Asebedo & Payne, 2019; Kim et al., 2021; Leung et al., 2022; National Council on Aging (NCoA), 2021; Ujoatuonu et al., 2018; 2024; Uthaman et al., 2016; Wallin et al., 2022) suggest that financial self-efficacy moderates the relationship between market volatility, personal life expectations, financial satisfaction, fear of happiness, money attitudes, pre-retirement anxiety, and personal financial management, peace of mind among older employees. Financial self-efficacy is defined as an individual's confidence in managing financial

resources effectively (Lown 2011). This construct encompasses the ability to make informed financial decisions (Stewart et al., 2018), set and achieve financial goals (Ujoatuonu et al., 2024), maintain a budget, invest prudently (Fong et al., 2021), and plan for future needs (Voros et al., 2021). Evidence indicates that nurses with higher financial self-efficacy are more likely to manage their finances proactively (Ujoatuonu et al., 2018) and make positive financial choices (Asebedo & Payne, 2019).

Higher financial self-efficacy can help older nurses overcome the fear of financial insecurity (Leung et al., 2022) and increase their sense of peace of mind (Ujoatuonu et al., 2024). Financially confident older staff are less likely to see happiness as a threat (Wetzel et al., 2019) and more likely to view positive experiences as opportunities for growth (Qamar, 2016). For older nurses, financial self-efficacy reduces financial concerns and the fear of happiness and financial hardship (Kim et al., 2021), supports effective retirement planning (Ujoatuonu et al., 2018), and promotes a sense of peace of mind (Tekke & Özer, 2019). The National Council on Ageing (NCOA, 2021) suggests that financial self-efficacy helps older nurses align their life expectations with financial realities, thereby attaining peace of mind. Older nurses confident in managing their finances are more likely to set realistic retirement goals (Ujoatuonu et al., 2024). This alignment reduces disappointment (Yanık & Ediz, 2024) and promotes peace of mind and overall life satisfaction (Taşdelen Baş et al., 2024).

Financial self-efficacy and literacy play a crucial role in shaping the well-being, harmony in life, and peace of mind among older adults. Studies link these factors to lower hospitalisation rates (James et al., 2018) and greater confidence in the elderly (Buccoill et al., 2021). Higher perceived financial self-efficacy and preparedness reduce pre-retirement anxiety (Ang et al., 2023) and enhance life satisfaction, harmony, and peace of mind (Akben-Selcuk & Aydin, 2021; Hu et al., 2021; Saputra et al., 2023). In contrast, parental income has a limited influence. At the same time, financial literacy, self-efficacy, locus of control, love of money, and lifestyle exert strong effects on retirement planning and financial behaviour (Asebedo & Payne, 2019; Kim et al., 2021; Leung et al., 2022; NCoA, 2021; Ujoatuonu et al., 2018; 2024; Uthaman et al., 2016; Wallin et al., 2022). Furthermore, financial self-efficacy informs lifestyle choices (Ang et al., 2023) and mediates financial management behaviours (Wallin et al., 2022). It also enhances life satisfaction indirectly through its influences on investment satisfaction, lifestyle, and standards (Hu et al., 2021). This research, therefore, explores how financial self-efficacy may moderate

relationships between personal life expectations, fear of happiness, and peace of mind among older nurses.

Method

Participants

Three hundred forty (340) older nurses with less than ten years to retirement took part in the study. The respondents comprised 226 (74.6%) female older nurses and 114 (25.4%) male older nurses. They were purposively drawn from thirty-six Federal and State Government-approved hospitals in the South-East and South-South geopolitical zones of Nigeria. Purposive sampling was suitable because only older nurses with ten years or fewer until retirement participated. Palinkas et al. (2013) state that purposive sampling selects cases that provide the requisite data. In this regard, we targeted the actual population of interest: older nurses with ten years or less to retire. Studies by Anyebe et al. (2018), Earl et al. (2015), Fisher et al. (2016), Fleischmann et al. (2019), Hansson et al. (2019), Henning et al. (2019), and Wetzel et al. (2019) suggest that in developing, underdeveloped, and third-world countries, employees' worries about retirement, personal life expectations, harmony in life, and sense of peace of mind begin ten years before retirement. The ten years differ from the five years in developed countries. Based on these studies, we used inclusion criteria for employees with ten years or fewer before retirement (aged 50-60 years) or years of service (25-35 years). These participants were selected based on their relevant characteristics. Ten years or less before retirement is a time when nurses may start thinking about how to harmonise their lives and attain peace of mind before becoming retirees. This is also when they perceive peace of mind, financial self-efficacy, and personal life expectations, as supported by Ben-Zur (2019), Goubert and Trompetter (2017), Lee et al. (2013), Saputra et al. (2023), Topa et al. (2018), Valero and Topa (2015), and Wang (2007). We obtained information about key demographic factors from the participants. These included gender, age, marital status, highest educational qualification, religion, ethnicity, years of work experience, and years remaining before retirement.

Instruments

Peace of Mind Scale

The Peace of Mind Scale (PoMS) developed by Lee et al. (2013) was used to measure how often participants experience inner peace and harmony in their daily lives. The scale consists of 7 items, and sample items include: (e.g., “I have peace and harmony in my mind”), of which two items are reverse-scored (e.g., “It is difficult for me to feel settled”). The items are rated on a scale from 1 (not at all) to 5 (all of the time), and the mean of the item scores reflects an overall measure of peace of mind. Lee et al. (2013) obtained acceptable internal consistency reliability, Cronbach’s alpha (α) of .91. Although PoMS was initially developed to measure well-being in the Chinese culture, Lee *et al.* (2013) demonstrated it to be a valid and reliable measure also in a Western sample (European Americans) and can be extended to other countries. We conducted a successful pilot study to validate the Peace of Mind Scale developed by Lee et al. (2013) for the present study, using a sample of 113 older nurses from nine general hospitals in Abuja. Loadings of the items ranged from .34 to .85. The items yielded acceptable internal consistency reliability, Cronbach’s alpha of .74.

Fear of Happiness Scale (FOHS)

The Fear of Happiness Scale, developed by Joshanloo (2016), was used to assess why people prefer to avoid joy, as it is often associated with sadness. Sample items of the measure include: “Having lots of joy and fun causes bad things to happen,” and “I prefer not to be too joyful, because usually joy is followed by sadness.” The five items are rated on a 7-point scale, ranging from “strongly disagree” (1) to “strongly agree” (7). The scale has shown acceptable statistical properties across 14 nations (Joshanloo et al., 2016). Although the Fear of Happiness Scale was developed to measure the sadness associated with happiness, Joshanloo (2016) demonstrated it to be a valid and reliable measure in many countries. We conducted a pilot study to validate the Fear of Happiness Scale by Joshanloo (2016) for the present study, using a sample of 113 older nurses drawn from nine general hospitals in Abuja. Loadings of the items ranged from .34 to .85. The items yielded acceptable internal consistency reliability, Cronbach’s alpha (α) of .89.

Financial Self-Efficacy Scale (Lown, 2011)

The Financial Self-Efficacy Scale (FSSES) was developed by Lown (2011) as a comprehensive unidimensional measure to assess the extent of one's financial confidence and challenges. This measure's assessment covers a wide range of financial aspects, including sticking to spending plans, managing finances, finding solutions to unexpected expenses,

creating plans to achieve financial goals, and avoiding running out of money in retirement. The FSES has six items scored on a four-point Likert response format, ranging from 1 (not true at all) to 4 (exactly true). Sample items include statements such as: "I worry about running out of money in retirement," "When faced with a financial challenge, I have a hard time figuring out the solution," and "It is hard to stick to spending plans when unexpected expenses arise." The scores on the six financial self-efficacy statements range from 6 to 24, with higher scores indicating higher financial self-efficacy. The FSES has demonstrated reliability, with a Cronbach's alpha of .76 obtained by the developer (Lown, 2011). We further validated the FSES in a pilot study for the present research, conducted on a sample of 113 older nurses drawn from nine general hospitals in Abuja. The items yielded acceptable internal consistency reliability, with a Cronbach's alpha of 0.77.

Personal Life Expectation Scale

The Personal Life Expectation Scale is an eighteen-item measure developed by Yigerem (2017) to assess the frequency of activities such as relaxing, exercising, sleeping, having breakfast without hurry, going on vacation, spending quality time with family and significant others, and celebrating significant days like birthdays, among others. The 18-item measure is responded to on a seven-point Likert scale format, ranging from 1 (Very Strongly Agree) to 7 (Very Strongly Disagree). Sample items include: "I need to relax for a minimum of 2 hours per day", "I want to spend quality time with my children", "To do an exercise for at least half an hour is necessary for me every day". High scores indicate high personal life expectations, while low scores indicate low personal life expectations. Yigerem (2017) reported a Cronbach's Alpha of .84, indicating a high level of reliability. We conducted a pilot study to validate the Personal Life Expectations Scale by Yigerem (2017) for the present study, using a sample of 113 older nurses from nine general hospitals in Abuja. Mean scores for test items ranged from 3.29 ($SD = 1.18$) to 3.66 ($SD = 0.99$), with an overall mean score of 23.35 ($SD = 4.19$). Loadings of the items ranged from .34 to .85. The items yielded acceptable internal consistency reliability, with a Cronbach's alpha of 0.73.

Design/Statistics

Our study employed a cross-sectional survey research design, as the samples were drawn from the population simultaneously. We conducted Pearson’s correlation (r) analysis among the study’s demographic, predictor, and dependent variables, while model 1 of Hayes’ (2014) regression-based PROCESS was applied for hypothesis testing. The correlations were used in this study to ascertain if any of the demographic variables, which play a crucial role in the study, are bivariately related to the significant variables (fear of happiness, financial self-efficacy, personal life expectations, and peace of mind). These demographic factors are potential covariates that were included as control variables in the study’s hypothesis tests (see Hayes & Preacher, 2014).

Results

Table 1: Correlations of demographic variables and statistics among the study variables

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.Gender	-	-	-													
2.Age	52.58	5.06	.08	-												
3.LentJob	25.56	4.86	-.03	.58**	-											
4.RetmAge	60.79	2.99	.10	.38**	-.24**	-										
5.NoDepend	5.61	1.79	-.01	.10	.01	.05	-									
6.HwPerWk	45.07	9.33	.16**	-.01	.06	.02	-.09	-								
7.MartStat	.30	.84	.16**	.20**	.23**	.07	-.05	.16**	-							
8.EduQual	.17	.37	-.02	-.05	-.01	.08	.07	.14**	.03	-						

9.Religion	.01	.17	-.07	.04	.09	-.03	-.05	-.06	.08	-.04	-					
10.Ethncity	.22	.69	-.04	.03	.02	-.12*	-.01	-.05	-.02	.02	.16**	-				
11.PLexpt	72.14	28.78	-.09	.01	.00	.04	.03	-.03	.03	.06	.01	-.03	-			
12.FHappin	18.04	5.36	-.04	-.01	.06	-.06	-.08	-.03	.01	-.00	.01	-.06	.14**	-		
13.FSE	14.40	4.38	-.04	-.05	-.02	-.07	-.17**	.17**	.08	-.04	.09	.25**	.00	.14**	-	
14.Pceofmind	22.75	6.29	.01	-.05	-.05	-.11*	.08	.01	-.02	-.02	.02	.08	-.13*	-.29**	-.08	-

Note: N = 340, * = $p < .05$ (two-tailed), *** = $p < .01$ (two-tailed). M=Mean, SD= Standard Deviation. *Personal life expectations and role ambiguity (RCARA)*

In Table 1, gender, age, length of job, number of dependent, hour per work, marital status, educational qualifications ethnicity, and religion were added as controls in the study to checkmate the criterion variables. It happened that, it was only retirement age that correlated with peace of mind of nurses ($r = .11, p < .05$). Personal life expectations ($r = -.13, p < .05$), and Fear of happiness ($r = -.29, p < .01$) negatively correlate with peace of mind of nurses whereas financial self efficacy did not.

Table 2: Hayes PROCESS Macro results for moderating role of financial self efficacy in the relationship between personal life expectations (PLE) and peace of mind among nurses

Variables	β	SE	t	95%CL		ΔR^2	ΔF
				LLCI	ULCI		
PLE	-.03	.01	-2.44**	-.05	-.01		
Financial self efficacy(PRA)	-.12	.08	-1.51	-.27	.04		
PLE X FSE X Peace of mind	.00	.00	.50	.00	.01	.02	2.80*

Note: * = $p \leq .05$, ** = $p \leq .01$, β = Regression Coefficient; SE = Standard Error; t = population t value; p = Probability Level; LLCI and ULCI = Lower and Upper Limit Confident Interval; ΔR^2 Adjusted R square

As was shown In Table 2, result indicated that personal life expectations negatively predict peace of mind ($\beta = -.03, p = < .01$), indicating that for every one unit rise in personal life expectations, peace of mind decreases by -.03 unit. Financial self efficacy did not predict peace of mind ($\beta = -.12, p = > .05$). The interaction between personal life expectations and financial self efficacy did not produced substantial influence on peace of mind of nurses. The R^2 for the model was .02, indicating that personal life expectations and financial self efficacy predicts 2% variance in peace of mind among nurses.

Table 3: Hayes PROCESS Macro results for moderating role of financial self efficacy in the relationship between Fear of happiness (FH) and peace of mind among nurses

Variables	β	SE	t	95%CL		ΔR^2	ΔF
				LLCI	ULCI		
FH	-.35	.06	-5.67**	-.47	-.23		
Financial self efficacy(FSE)	-.05	.08	-.68	-.20	.10		
FH X FSE X Peace of mind	.02	.01	1.21	-.01	.04	.10	11.78**

Note: * = $p \leq .05$, ** = $p \leq .01$, β = Regression Coefficient; SE = Standard Error; t = population t value; p = Probability Level; LLCI and ULCI = Lower and Upper Limit Confident Interval; ΔR^2 Adjusted R square

Result shown In Table 3, showed that Fear of happiness negatively predict peace of mind ($\beta = -.35, p = < .01$), indicating that for every one unit rise in Fear of happiness, peace of mind decreases by -.35 unit. Financial self efficacy did not predict peace of mind. The interaction between Fear of happiness and financial self efficacy did not yield any substantial impact on peace of mind of nurses ($\beta = .02, p = > .05$). The R^2 for the model was .10, indicating that Fear of happiness and financial self efficacy predicts 10% variance in peace of mind among nurses.

Discussion

The study investigated the moderating role of financial self-efficacy in the relationship between personal life expectations, fear of happiness, and peace of mind of older nurses. Five hypotheses were stated in this study. First, it was proposed that personal life expectations would have a significant negative relationship with peace of mind among older nurses. That is, as personal life expectations of older nurses increase, peace of mind reduces. Regarding the literature, the current study aligns with Ahmadabadi and Hosseinzadeh (2025), Ang et al. (2023), Anyebe et al. (2018), Bae(2021), Fragar and Depczynski (2011), Gabrielle et al. (2008), Kemper et al. (2008), and Van Solinge and Henkens (2009) who found that life expectancy, life satisfaction, retirement experiences, and preparedness significantly impact older employees' work-life balance, life satisfaction, quality of life, retirement behaviour, intentions, and possibly their overall well-being in retirement. However, this result differs from findings by Apex-Apeh et al. (2020), and Earl et al. (2015) who showed that participants anticipated different types of motivation at various life stages, and environments wished for tools to feel personal and intimate, and preferred individual control of their lives; in their view, peace of mind complements existing conceptualizations and measures of well-being. Furthermore, Hussain et al. (2022) found that peace of mind enhances subjective well-being through job satisfaction, especially when intrinsic motivation is low.

Second, it was proposed that fear of happiness would negatively predict peace of mind among older nurses. The study not only confirmed this second hypothesis but also provided a comprehensive view of the topic. The result aligns with previous research (e.g., Anjum et al., 2014; Belen et al., 2020; Jitdorn et al., 2021; Takeda et al., 2020; Ujoatuonu et al., 2020b), which found significant links among psychological capabilities, fear of happiness, pleasant activities, workload, flourishing, mental health, well-being, and peace of mind in older nurses. Similarly, studies (e.g., Blasco-Belled et al., 2021; İşgör et al., 2022) report that fear of happiness predicts depression positively, while it predicts authentic happiness, ruminative thinking, and resilience negatively.

Third, it was hypothesised that financial self-efficacy would significantly predict peace of mind. However, this hypothesis was unconfirmed, as financial self-efficacy did not predict peace of mind among older nurses. This result is consistent with studies by Akben-Selcuk and Aydin

(2021), Bucciol et al. (2021), Fong et al. (2021), International Council of Nurses (2021), National Council on Ageing (NCoA; 2021), and Qamar et al. (2016), which found that financial preparedness, literacy, decision making, and self-efficacy do not have a significant relationship with retirement among the elderly. In contrast, other literature (e.g., Hu et al., 2021; James et al., 2018; Lown, 2011; Oates, 2018) indicates that financial self-efficacy is positively related to financial well-being through mechanisms such as positive financial behaviours, financial literacy, locus of control, love of money, hospitalisation, and lifestyle, all of which influence financial management behaviour and general life satisfaction. To further contextualise these findings, Albert Bandura's (1989) Social Cognitive Theory offers a helpful framework for understanding why financial self-efficacy may not predict peace of mind among older nurses.

Social Cognitive Theory (SCT), or triadic reciprocal determinism, posits that human functioning, or 'mortal functioning', results from a mutual interchange among personal cognitive/affective factors, behaviour, and environmental influences (Bandura, 1997). SCT influences: what goals people set, how much effort they expend, how resilient they are to setbacks, how they interpret and cope with challenges (including stress, anxiety) and their emotional/affective states (Bandura, 2006). SCT emphasises that behaviour and outcomes are influenced by personal factors (like self-efficacy) and the environment (resources, opportunities, constraints; Bandura & Wood, 1989). The absence of a relationship between older nurses' financial self-efficacy and peace of mind may be because a personal cognitive factor (financial self-efficacy) may be present. However, the expected pathway to peace of mind is blocked because behaviour or environment (or both) (such as low income, scant pension/retirement benefits, high cost of living, weak social safety nets (Ujoatuonu et al., 2024) is not supportive. The environment (institutional, economic, familial) may constrain the translation of financial self-efficacy into outcomes that reduce worry (Ujoatuonu et al., 2018) and boost peace of mind. The affective/emotional state (stress, age-related health issues, job demands) may be overshadowing the financial domain and reducing the effect of financial self-efficacy on peace of mind. However, there may still be indirect pathways (e.g., Financial self-efficacy → behaviour → financial outcome → peace of mind) that were not captured. Therefore, interventions grounded in SCT might be designed to strengthen self-efficacy and ensure the structural/behavioural supports are in place so that peace of mind can actually result.

Fourthly, the present study aimed to explore the potential moderating effect of financial self-efficacy on the relationship between personal life expectations and peace of mind. Surprisingly, the study yielded unconfirmed results, as financial self-efficacy did not emerge as a significant moderator of the said relationship among older nurses. As such, further research is necessary to validate and build upon these findings. Notwithstanding, prior research (e.g., Asebedo & Payne, 2019; Bari et al., 2020; Petrozek, 2008; Rodwell, 2023) has demonstrated that financial self-efficacy moderated the relationship between financial management, personal expectations, financial literacy, and work-oriented characteristics, which have a significant relationship with individuals' longevity, financial satisfaction, and older nurses' retirement. This aspect is particularly relevant when designing portfolios for older or ageing employees and determining the optimal asset allocation based on their unique financial profiles. Moreover, the study by Lone and Bhat (2024) revealed a crucial moderating effect of financial self-efficacy on the relationship between financial literacy and financial well-being. These findings further highlight the significance of financial self-efficacy in shaping individuals' financial outcomes and underscore the need to account for this aspect while designing financial literacy programmes and interventions.

According to Bandura (1997), self-efficacy is the belief in one's capabilities to organise and execute the necessary actions to manage potential situations. This belief influences nurses' choices of activities, effort, persistence in the face of obstacles, and emotional responses (Ujoatuonu et al., 2018). It is crucial to understand that self-efficacy is not a one-size-fits-all concept, but rather domain-specific, meaning it is about our belief in our abilities in a particular area, and it may not automatically transfer to other domains (Bandura, 2006). It is possible that if the specific "personal life expectations" are heavily financial in nature (e.g., "I expect to retire with sufficient savings", "I expect to have a free home"), then FSE could moderate that relationship. The moderating role depends on domain alignment. According to the self-efficacy Theory, domain-specific self-efficacy plays a crucial role in influencing outcomes in that domain (Bandura, 1997). The theoretical basis is that self-efficacy works best within its domain (Bandura & Wood, 1989). Suppose the pathway from personal life expectations to peace of mind in older nurses involves mostly non-financial dimensions such as health (physical and mental well-being), identity (sense of self), social (relationships and interactions), and professional meaning (job satisfaction and fulfilment) and the structural constraints of the healthcare system.

In that case, ageing a financial domain self-efficacy (FSE) may have little moderating influence. Instead, FSE might still have a direct effect on aspects of peace of mind via financial stress/security, but not moderate the extent to which life expectations (bigger, holistic ones) influence peace of mind. It is also possible that peace of mind is less sensitive to “belief in capability” and more to “actual resources/support/health” in older age, which would reduce any moderating role of self-efficacy.

Finally, the primary objective of the present study's fifth hypothesis was to examine the potential moderating influence of financial self-efficacy on the association between fear of happiness and peace of mind among older nurses. However, the study's results were inconclusive, as financial self-efficacy did not emerge as a significant moderator of the relationship above. Further research is necessary to corroborate these findings. Nevertheless, prior studies (e.g., Belen et al., 2020; Freeman et al., 2012; İşgör et al., 2022; Tekke & Özer, 2019; Yanık & Ediz, 2024) have indicated that financial self-efficacy can significantly moderate the connection between hedonism, fear of happiness, and an individual's attitude towards money, financial and social agents, financial literacy, flourishing, and real estate investment.

There are several possible reasons for the non-significant association among older Nigerian nurses between financial self-efficacy, fear of happiness, and peace of mind. These reasons may include the fear of happiness in Nigeria being driven by investment, retirement benefits, years of income management, budgeting, pension planning, and other fiscal matters, rather than by religious, psychological, cultural, spiritual, or social factors that are constant in the Nigerian context. This reason could make financial self-efficacy peripheral. Similarly, structural financial and retirement constraints, as well as religious, cultural, and socially induced fear of happiness, might reduce the efficacy of individual financial confidence, diluting its association with peace of mind. Nigerian older nurses might rely more on non-financial pathways to peace of mind, such as job identity, faith at work, professional recognition, family service, social networks, and legacy, to buffer the effect of fear of happiness or shrink the role of financial self-efficacy. It is crucial to understand the role of these cultural and structural factors in the Nigerian healthcare context. Measurement, cultural context, and limited variability in fear of happiness, financial self-efficacy, and peace of mind may also dampen the observed association. The theoretical path does not call for financial self-efficacy as a mediator/moderator, as peace of mind is derived from resources and beliefs outside the financial domain.

Practical and Theoretical Implications of Study Findings

Our findings suggest that older nurses may experience undermined peace of mind if they harbour rigid or unrealistic life and career expectations, coupled with an underlying fear of happiness. This combination may lead to internal conflict, reduced well-being, moral distress, lower job satisfaction, and eventual negative impacts on both personal mental health and professional performance. There are practical steps, such as recalibrating expectations to match one's current developmental stage and age, explicitly working on beliefs around happiness and deservingness of well-being, and providing supportive work environments, that can significantly improve older nurses' peace of mind. Theoretically, this interplay touches on lifespan development, positive psychology (and its complications), work-stress models in nursing, and meaning Theory in ageing professionals. If these issues are not sought out, older nurses will risk unaddressed burnout or stress of conscience, reduced quality of life and care, retention problems, and compromised peace of mind.

Suggestions for Further Studies

Researchers should design studies on fear of happiness and peace of mind among nurses, examining non-financial self-efficacy, such as spiritual counselling and enhancement, health resilience, and social self-efficacy, that might serve as stronger predictors or influence these relationships. Similarly, moderators such as pension adequacy, health status, family support enhancement, religious beliefs, fear of happiness, psychological coping, local beliefs about happiness, misfortune, and finances, and cultural peace of mind. Researchers should consider longitudinal study designs to predict and track changes in personal life expectations, fear of happiness, financial self-efficacy, and peace of mind among older nurses, as a cross-sectional study may miss these effects.

Conclusion

Studying the relationship between financial self-efficacy, personal life expectations, fear of happiness, and peace of mind among older nurses has yielded significant findings. Though suggestions have been made about what could cause the results, it would be essential to protect and increase the peace of mind of these older nurses by reducing other factors, such as personal life expectations and fear of happiness. Positive personal outlooks, such as optimism and

resilience, can enhance nurses' ability to manage fear and promote quality of life, well-being, and peace of mind. The insights gained from this study can inform policy decisions among nurses, guiding the development of programmes that consider nurses' personal life expectations, fear of happiness, and the challenges they face while prioritising their well-being and peace of mind. These valuable findings may also apply to other professions or societal settings, offering insights into how personal life expectations and fear of happiness affect older nurses' quality of life and well-being. In conclusion, our study provides a nuanced perspective on how inner factors influence nurses' well-being and peace of mind. These valuable insights contribute to ongoing efforts to enhance nurses' resilience, quality of life, and peace of mind in the face of challenges posed by personal life expectations and fear of happiness.

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