

Relationship between Happiness and Quality of Life among Expatriate Indians Working in the Middle East

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Abstract: *Living and working away from one's home country can influence an individual's psychological well-being and quality of life. Indian expatriates in the Middle East may experience both positive opportunities and challenges associated with work, family separation, cultural adjustment, social relationships, and living conditions. This study examined the relationship between happiness and quality of life among Indian expatriates working in the Middle East. A quantitative, descriptive correlational design was adopted. Data were collected through an online survey using a demographic information schedule, the Oxford Happiness Questionnaire (OHQ), and the World Health Organization Quality of Life-BREF (WHOQOL-BREF). The final analysis was based on 53 complete responses. Descriptive statistics and Spearman's rank-order correlation were used to analyse the data. The participants reported a mean happiness score of 4.49 (SD = 0.75). Happiness was significantly positively related to overall quality of life, $p = .776$, $p < .001$. Positive relationships were also found with physical health ($p = .752$), psychological quality of life ($p = .791$), social relationships ($p = .508$), and environmental quality of life ($p = .549$), all $p < .001$. The findings suggest that greater happiness was associated with better quality of life among Indian expatriates in the Middle East.*

Keywords: Happiness, Quality of Life, Indian Expatriates, Middle East, Psychological Well-Being, Migrant Workers, Subjective Well-Being

1. Introduction

International labour migration has become a significant part of the professional lives of many individuals and families. The Middle East- particularly the Gulf region—is a key destination for Indian workers seeking employment, financial stability, and opportunities for professional growth. While working abroad offers financial benefits and new experiences, life as an expatriate also entails challenges such as separation from family, adapting to different cultural environments, demanding work schedules, shifts in social support systems, and adjusting to unfamiliar living conditions.

For expatriates, mental well-being is a crucial aspect of this adjustment process. Happiness is generally understood as an individual's subjective experience of positive emotions, life satisfaction, and overall mental well-being. Quality of life is a broader concept that encompasses an individual's perception of their physical health, mental functioning, social relationships, and living environment. Although these concepts are interrelated, they represent distinct facets of well-being. Previous research indicates that while happiness and quality of life overlap to some extent, they remain distinct constructs.

The relationship between happiness and quality of life has been examined across various populations. For instance, Medvedev and Landhuis (2018) identified positive associations between happiness and several indicators of quality of life and well-being. Their findings also highlighted the close relationship between happiness and the quality of mental life. Similarly, López-Ruiz et al. (2021) reported that different dimensions of quality of life were associated with happiness in a Spanish population.

Quality of life is particularly significant for migrants, as they often have to navigate multiple aspects of adjustment simultaneously. Factors such as working conditions, housing, social connections, family circumstances, and access to resources influence how individuals perceive their lives. At the same time, psychological resources- such as happiness- may be linked to how individuals experience and evaluate these situations.

Research involving migrant workers has examined areas such as health, social support, cultural adjustment, and quality of life. However, there has been relatively limited research directly investigating the relationship between happiness and quality of life among Indian expatriates working in the Middle East. This population represents a unique group, as many individuals live far from their home countries for extended periods while managing work, family, and social responsibilities.

Therefore, this study focused on Indian expatriates working in Middle Eastern countries. Understanding the relationship between happiness and quality of life within this group can provide valuable insights into their well-being and offer useful information for future initiatives aimed at enhancing psychological and workplace well-being.

1.1 Objectives of the Study

The study aimed to:

- 1) Assess the level of happiness among Indian expatriates working in the Middle East.
- 2) Assess the quality of life of Indian expatriates working in the Middle East.
- 3) Examine the relationship between happiness and quality of life among Indian expatriates working in the Middle East.

1.2 Hypothesis

The study examined the relationship between happiness and quality of life among Indian expatriates working in the Middle East.

2. Literature Review

Previous research has demonstrated a meaningful relationship between happiness, subjective well-being, and quality of life. Medvedev and Landhuis (2018) examined these constructs using commonly used measures, including the Oxford Happiness Questionnaire and WHOQOL measures. Their findings indicated positive associations between happiness and psychological and health-related aspects of quality of life.

López-Ruiz et al. (2021) examined the relationship between happiness and multidimensional quality of life among adults in Spain. Their findings indicated that several quality-of-life dimensions, including work, family, income, and residential circumstances, were related to happiness. The study supports the importance of viewing quality of life as a multidimensional concept rather than focusing only on material conditions.

Novianti et al. (2020) investigated whether quality of life predicted life satisfaction and happiness. Their findings indicated that physical and psychological aspects of quality of life were important in understanding happiness and life satisfaction. These findings suggest that happiness is closely connected with how individuals perceive important areas of their lives.

Research has also examined happiness and quality of life among specific occupational groups. Bokhari et al. (2024), for example, examined quality of life and happiness among female health professionals and considered the role of family and educational factors. Such findings indicate that personal and occupational circumstances can be relevant when examining well-being.

Other research has examined happiness and quality of life among migrant populations. Studies of migrant workers have highlighted the importance of psychological well-being, social relationships, working conditions, and adaptation. Migrants may experience challenges associated with separation from family, changes in social networks, and cultural adjustment. At the same time, employment and improved economic circumstances may provide important sources of satisfaction.

Although previous studies provide evidence for relationships between happiness and quality of life, many have focused on students, healthcare professionals, general adult populations, or migrant groups in contexts different from Indian expatriates in the Middle East. There is therefore a need for research that considers this particular population and its occupational and social context.

The present study addresses this gap by examining happiness and quality of life among Indian expatriates working in Middle Eastern countries.

3. Methodology

3.1 Research Design

The study employed a quantitative, descriptive correlational research design. The design was selected because the purpose was to examine the existing levels of happiness and quality of life and determine the relationship between the two variables without manipulating either variable.

Happiness was treated as the independent variable and quality of life as the dependent variable for the purpose of the study. As the research was correlational, the findings describe an association between the variables and do not establish a causal relationship.

3.2 Participants

Initially, 67 responses were obtained through an online survey. Fourteen responses were incomplete and were excluded from the analysis. The final sample consisted of 53 complete responses.

Participants were Indian expatriates working and residing in Middle Eastern countries. The participants represented different occupational backgrounds and countries of residence within the Middle East. The final sample included 32 females and 21 males.

The age groups represented in the final sample were 25–34 years ($n = 23$, 43.40%), 35–44 years ($n = 19$, 35.85%), 45–54 years ($n = 10$, 18.87%), and 55–64 years ($n = 1$, 1.89%).

3.3 Measures

3.3.1 Demographic Information Schedule

A demographic information schedule was used to obtain information regarding age, gender, marital status, education level, occupation, duration of stay in the Middle East, and country of residence.

3.3.2 Oxford Happiness Questionnaire

Happiness was assessed using the Oxford Happiness Questionnaire developed by Hills and Argyle (2002). The questionnaire consists of 29 items designed to assess general happiness and subjective well-being. Responses are scored using a six-point response format, with reverse scoring applied to relevant items. Higher scores indicate higher levels of happiness.

3.3.2 WHOQOL-BREF

Quality of life was assessed using the World Health Organization Quality of Life-BREF. The instrument assesses quality of life across four major domains: physical health, psychological well-being, social relationships, and environment. These domains provide a multidimensional assessment of how individuals perceive their overall quality of life.

3.4 Procedure

Data were collected through an online questionnaire. Participants were provided with information about the

purpose of the study and were invited to participate voluntarily. Responses were collected anonymously through the online survey. Only completed responses were included in the final statistical analysis.

3.5 Data Analysis

The collected data were organized and analysed using Microsoft Excel and IBM SPSS Statistics. Descriptive statistics, including frequency, percentage, mean, median, standard deviation, minimum, and maximum values, were used to summarize the data. Spearman's rank-order correlation was used to examine the relationship between happiness and overall quality of life and between happiness and the four quality-of-life domains. Spearman's rho was selected because of the nature of the data and the distributional considerations of the variables. **Results**

4.1 Participant Characteristics

A total of 53 respondents were included in the final analysis. The demographic characteristics of the participants are presented in Table 1.

Table 1: Participant characteristics of respondents (N = 53)

Characteristic	Category/statistic	n/value	%
Age group, years	25–34	23	43.4
	35–44	19	35.8
	45–54	10	18.9
	55 and above	1	1.9
Gender	Female	32	60.4
	Male	21	39.6
Marital status	Married	46	86.8
	Single	6	11.3
	Other	1	1.9
Education level	Graduate	37	69.8
	Postgraduate	11	20.8
	Secondary	5	9.4
Occupation category	Healthcare and therapy	13	24.5
	Administration, HR and operations	9	17
	Engineering and technical operations	9	17
	Education	4	7.5
	Finance and accounting	1	1.9
	Homemaking	6	11.3
	Sales and real estate	6	11.3
	Transportation and logistics	2	3.8

Country of residence	Unspecified/other	3	5.7
	Qatar	35	66
	United Arab Emirates	12	22.6
	Saudi Arabia	3	5.7
	Bahrain	1	1.9
	Kuwait	1	1.9
	Oman	1	1.9

The mean age of the participants was 37.42 years ($SD = 7.90$). Most participants were between 25 and 44 years of age, with 43.4% belonging to the 25–34-year age group and 35.8% belonging to the 35–44-year age group. Females constituted 60.4% of the sample, while males accounted for 39.6%. Most participants were married (86.8%), and 69.8% had completed graduate-level education. Regarding occupation, healthcare and therapy represented the largest occupational category (24.5%), followed by administration, human resources and operations (17.0%) and engineering and technical operations (17.0%). Participants were residing across six Middle Eastern countries. Qatar represented the largest proportion of the sample (66.0%), followed by the United Arab Emirates (22.6%), Saudi Arabia (5.7%), Bahrain (1.9%), Kuwait (1.9%), and Oman (1.9%).

4.2 Descriptive statistics for happiness and quality of life

4.2.1 Descriptive statistics for happiness

Table 2: Descriptive Statistics of Happiness

Variable	N	M	SD	Median	Minimum	Maximum
Happiness	53	4.49	0.8	4.72	2.48	5.6

The mean happiness score among the 53 participants was 4.49 ($SD = 0.75$). The median score was 4.72, and the observed scores ranged from 2.48 to 5.55. The findings indicate variation in participants' reported levels of happiness, although the overall distribution was within a relatively moderate range.

4.2.2 Descriptive statistics for Quality of Life

Quality of life was examined across four WHOQOL-BREF domains: physical health, psychological well-being, social relationships, and environment. Among the four domains, social relationships had the highest mean score, whereas psychological quality of life had the lowest mean score.

Table 3: Descriptive Statistics of Quality-of-Life

Variable	N	M	SD	Median	Minimum	Maximum
Physical Health	53	15.472	3.267	16	4	20
Psychological	53	14.931	2.991	15.333	4.7	19.3
Social Relationships	53	16.226	3.221	16	6.7	20
Environment	53	15.822	2.6572	16.5	6.5	20
Overall Quality-of-Life	53	62.451	10.7189	65.071	29.8	77.3

Overall quality of life showed a favourable pattern, with a mean score of 62.45 ($SD = 10.72$), a median score of 65.07, and scores ranging from 29.8 to 77.3. This indicates that, on average, respondents perceived their overall quality of life positively, although some variability was observed across the sample. Among the individual quality-of-life domains, social relationships had the highest mean score ($M = 16.23$, $SD = 3.22$), followed by the environment domain ($M = 15.82$, $SD = 2.66$), physical health ($M = 15.47$, $SD = 3.27$), and psychological wellbeing ($M = 14.93$, $SD = 2.99$).

4.4 Relationship Between Happiness and Quality of Life

Table 4: Spearman Correlations Between Happiness and Quality of Life

Quality-of-Life Measure	Spearman's ρ	p	95% CI
Overall Quality of Life	0.776	< .001	[0.635, 0.867]
Physical Health	0.752	< .001	[0.599, 0.852]
Psychological	0.791	< .001	[0.658, 0.877]
Social Relationships	0.508	< .001	[0.268, 0.689]
Environment	0.549	< .001	[0.320, 0.718]

Spearman's rank-order correlation showed a strong positive relationship between happiness and overall quality of life, $\rho = .776$, $p < .001$. This indicates that participants with higher happiness scores generally reported better overall quality of life. Happiness was also significantly and positively related to each of the four quality-of-life domains. The relationship was strongest for psychological quality of life ($\rho = .791$), followed by physical health ($\rho = .752$), environmental quality of life ($\rho = .549$), and social relationships ($\rho = .508$). All relationships were statistically significant at $p < .001$.

4. Discussion

The present study examined the relationship between happiness and the quality of life among Indian expatriates working in the Middle East. The findings reveal a significant positive relationship between happiness and overall quality of life, as well as all four WHOQOL-BREF domains. Overall, participants who reported higher levels of happiness also tended to report better quality of life. Overall, individuals who reported higher levels of happiness also reported a better quality of life.

The participants reported a mean happiness score of 4.49 (SD = 0.75). According to the scoring interpretation provided by Dr. Steve Wright, scores between 4 and 5 indicate that a person is "rather happy/pretty happy." Therefore, the participants in the present study generally reported a positive level of happiness. However, the variation in individual scores indicates that expatriate experiences were not the same for all participants. Differences in work conditions, family circumstances, social support, duration of stay, and personal adjustment may contribute to differences in how expatriates experience their lives.

The strongest observed relationship was between happiness and psychological quality of life ($\rho = .791$, $p < .001$). This finding is understandable because happiness and psychological quality of life both involve aspects of an individual's emotional and psychological experience. Individuals who feel more positive about their lives may also perceive themselves as having better psychological well-being. Similarly, psychological well-being may support a more positive evaluation of one's life.

The finding is consistent with previous research. Medvedev and Landhuis (2018) reported strong relationships between happiness and psychological quality of life in their examination of well-being constructs. Their findings also highlighted the conceptual connection between happiness, psychological quality of life, and other indicators of subjective well-being. However, their participants were university students, whereas the present study focused on Indian expatriates working in the Middle East. Therefore, the present

findings extend the relevance of this relationship to a different population, while recognizing that the two samples differ substantially in age and life circumstances.

A strong positive relationship was also found between happiness and physical health ($\rho = .752$, $p < .001$). Physical health can influence an individual's energy, daily functioning, work participation, and ability to engage in social and family activities. For expatriate workers, physical well-being may be particularly relevant because occupational demands and living conditions can influence everyday functioning. At the same time, individuals who experience greater happiness may perceive their physical health more positively. Because the present study was correlational, the direction of this relationship cannot be established.

The relationship between happiness and social relationships was positive and significant ($\rho = .508$, $p < .001$), although it was smaller than the relationships observed for psychological and physical health. Social relationships can be particularly important for expatriates because living away from the home country may involve changes in family contact, friendship networks, and community connections. Supportive relationships may provide emotional support and a sense of belonging, which can contribute to positive experiences during expatriate life.

Interestingly, social relationships had the highest quality-of-life domain mean in the present sample, while psychological quality of life had the lowest domain mean. This pattern suggests that the participants may have perceived their social relationships relatively positively even though psychological quality of life was comparatively lower. One possible explanation is that expatriates may maintain meaningful family or community relationships despite experiencing psychological pressures associated with living and working abroad. However, this interpretation should be considered cautiously because the present study did not directly examine the reasons for these differences.

A significant positive relationship was also found between happiness and environmental quality of life ($\rho = .549$, $p < .001$). Environmental quality of life includes perceptions related to living circumstances and the broader environment. For expatriates, housing, financial resources, access to services, safety, transportation, and opportunities for recreation may influence their perception of their living environment. A positive relationship between happiness and environmental quality of life suggests that psychological well-being is related not only to internal experiences but also to how individuals perceive the conditions in which they live.

The overall relationship between happiness and quality of life was strong and positive ($\rho = .776$, $p < .001$). This finding is broadly consistent with previous research indicating substantial overlap between happiness and quality-of-life constructs. López-Ruiz et al. (2021) reported that several dimensions of quality of life were associated with happiness, while Medvedev and Landhuis (2018) identified strong relationships between happiness and several indicators of well-being and quality of life.

At the same time, happiness and quality of life should not be

treated as identical concepts. Quality of life includes multiple domains that extend beyond a person's emotional state, whereas happiness reflects an individual's subjective psychological experience. Examining both constructs together therefore provides a broader understanding of well-being among expatriates.

The findings have potential implications for organizations employing expatriate workers. Workplace well-being initiatives may benefit from considering psychological well-being alongside physical working conditions. Support related to social connection, work-life balance, access to psychological resources, and opportunities for maintaining family relationships may be relevant to expatriate well-being. The findings may also be relevant for psychologists and other professionals working with migrant populations. Interventions that strengthen positive psychological resources, social support, coping skills, and adjustment may be useful areas for future investigation. However, the present findings should not be interpreted as demonstrating that increasing happiness will necessarily cause an improvement in quality of life. Longitudinal and intervention-based research would be needed to examine directionality and causation.

Several limitations should be considered. First, the study used a relatively small sample of 53 participants. Second, convenience-based recruitment limits the extent to which the findings can be generalized to all Indian expatriates working in the Middle East. Third, the data were collected through self-report measures, which may be influenced by participants' perceptions and response patterns. Finally, the cross-sectional correlational design does not allow causal conclusions.

Future research could use larger samples and include participants from different Middle Eastern countries and occupational sectors. Longitudinal research could also examine whether happiness and quality of life change over time as expatriates adjust to their host countries. Further studies could examine variables such as social support, work-life balance, occupational stress, family separation, cultural adjustment, and length of expatriate experience.

5. Conclusion

The present study examined the relationship between happiness and quality of life among Indian expatriates working in the Middle East. The findings showed significant positive relationships between happiness and overall quality of life and between happiness and all four quality-of-life domains. The strongest association was observed between happiness and psychological quality of life, followed by physical health, environment, and social relationships.

The findings suggest that psychological well-being is closely connected with how Indian expatriates perceive different areas of their lives. At the same time, the correlational nature of the study means that the findings should be interpreted as associations rather than evidence of causation.

The study contributes to the growing understanding of expatriate well-being and highlights the value of considering psychological, physical, social, and environmental aspects

together when examining quality of life among Indian expatriates. Future research using larger and more diverse samples may provide a more detailed understanding of the factors that support well-being among expatriate populations.

Acknowledgments

I would like to express sincere gratitude to the faculty members and research supervisor of the Department of Psychology, JAIN (Deemed-to-be University), for their guidance and support throughout the research process. I also thank all participants who voluntarily contributed their time and responses to the study.

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Author Profile

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