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THE FLOW EXPERIENCE OF THE NURSES AND ITS RELATION TO SUBJECTIVE WELL-BEING: A STUDY AMONG NURSES IN A PUBLIC AND PRIVATE HOSPITAL

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ABSTRACT

Background: Health is a labor-intensive and chaotic sector. Therefore, there are many negative factors that affect employees. There are factors that increase subjective well-being by minimizing these negative factors and providing positive moments to employees. The flow experience is one of the protective elements used.

Purpose: The aim of this study is to determine the relationship between flow experience and subjective well-being in nurses, which have the largest share among healthcare workers, and to identify possible similarities and differences between nurses working in public and private sectors.

Methods: This cross-sectional study was conducted on 504 nurses. The data were collected in 2018 by survey method. Correlation test was used to determine the relationship between two variables, t-test was used to determine the difference. All statistical tests were tested at $p < .05$ significance level.

Results: At the end of the study, a moderate positive relationship was found between the flow experience and subjective well-being in nurses ($p = .000$; $r = 0.427$). Flow experience was found to differ between nurses working in private and public hospitals ($p = .000$), but there was no significant difference in subjective well-being ($p > .05$). In addition, the flow experience of the nurses who attended in the surgical operation was found to be significantly higher than those who did not ($p < .05$).

Practice Implications: The flow experience created positive impact upon the lives of the nurses, thereby contributing to their subjective well-being, making them feel good about themselves. Therefore, health managers need to prepare an environment suitable for flow experience for health workers. An attempt to do so would not only further the life quality of the nurses themselves but would also contribute to further the quality of the services offered by these nurses.

Keywords: Flow Experience, Subjective Well-Being, Nurse, Healthcare

1. INTRODUCTION

The term flow was introduced to the literature by Mihaly Csikszentmihalyi for the first time in his book *Beyond Boredom and Anxiety* in 1975 (Ayazlar, 2015). Flow experience is about being involved in what you are doing to such an extent that you lose sense of time following the clear goals and immediate feedback (Csikszentmihalyi, 2014a). When one is in flow state he/she gets concentrated in what he/she is doing and loses awareness of the rest. At such moments, one fully concentrates on what he/she is doing, yearning to complete it successfully. The activities involving flow are autotelic; the people who are in a state of flow are intrinsically motivated. They do not focus on the end product, rather than that they focus on the job at hand. Being involved in the activity itself, therefore, is a gift to them (Csikszentmihalyi, 1990; Sanchez, 2009).

The state of flow is a psychological phenomenon in which the psychic energy of one is fully involved in the activity itself and the individual feels totally strong and sufficient, reaching happiness at the end (Shang, Chen & Shen, 2005). It is not easy, however, to be in a state of flow in the daily life (Rettie, 2001). Some certain conditions need to be met for the flow experience to come alive (Csikszentmihalyi, Abuhamdeh & Nakamura, 2005; Alba & Williams, 2013; Guan, 2013). These conditions that are called the dimensions of the flow, require action and awareness, clear goals, feedback, concentration on the duty, sense of control, lost of self-self-consciousness, and losing sense of time (Nakamura & Csikszentmihalyi, 2002; Csikszentmihalyi, 2014b). When those conditions are met, the individual has a high level experience and is deeply fulfilled. The individual is fulfilled in a unique and different way compared against the pleasures he/she derives in daily life (Eklund & Tenenbaum, 2014; Pilke, 2004).

What makes people happy has been questioned all throughout the course of humanity and has been a topic of research since the ancient times (Doğan & Eryılmaz, 2012). A wide range of disciplines including philosophy and religion have looked into ways to answer the question what makes people happy (İlhan & Özbay, 2010). The research into happiness has reached a different level with the introduction of the positive psychology and currently it is explained through subjective well-being though the question what makes people happy still remains unanswered to date (Işık & Bedel, 2015).

People move on from one emotion to the next, from anger to happiness, from optimism to pessimism throughout their lifetime. They might believe that life is going well or bad drawing on these feelings. Subjective well-being is about people's assessment and judgments of their lives based on moods, emotions or feelings (Diener & Chan, 2011; Atabey, 2017). These evaluations cover the cognitive and emotional analyses, as well (Diener, 2000). There are three components of subjective well-being: frequent positive affect, infrequent negative affect, and high life satisfaction (Diener, 1984; Eryılmaz & Ercan, 2016).

The individual's subjective well-being might depend on the positive/negative affect or the level of life satisfaction (Özer & Karabulut, 2003). The individual and external factors come into play in the determination of the life satisfaction. Age, gender, education, income level, marital status and family, religion and personal characteristics are the major elements effecting the subjective well-being (Sürücü, 2016).

It has been suggested that a wide range of factors affect the life quality of life employees negatively. Working conditions, shift system, long work hours (Gurkova et al., 2012), occupational stress (Leao et al., 2017), burn out, night watches (Altay, Gönener & Demirkıran, 2010), the impact of traumatic events (Yıldırım & Hacıhasanoğlu, 2011), the psychological state of the diseased and the relatives (Benli & Yıldırım, 2017) and communicational problems (Biassoni, Cassini & Balzarotti, 2017) are the factors that have been reported in the literature.

The healthcare personnel, especially the nurses, suffer from a number of psychological diseases mainly stress, burnout, depression and anxiety. There are a wide range of studies investigating occupational stress for the last two decades. It has been found out that stress might cause low satisfaction, absence, physical and psychological complaints A significant relationship has been found between long term stress and physical and mental health (Gurkova et al., 2012; Leao et al., 2017). It therefore follows that high level of stress in work results in burnout. It has been found out that 45% of the physicians and 50% of the nurses suffer from burnout. Moreover, job satisfaction and life quality of the nurses working for emergency services falls down due to burnout (Yıldırım & Hacıhasanoğlu, 2011).

The flow experience creates a positive impact on the employees, increases the level of job satisfaction, resulting in happiness and relaxation. The flow experience, thanks to the positive impact it creates, is considered to be one of the preventive factors in the literature (Martinez-Zaragoza et al., 2017). Moreover, the service offered by the health workers enjoying life satisfaction will be of high quality since these people will feel happy. The managers should focus on making the employees more satisfied rather than focusing on increasing the profitability (Csikszentmihalyi, 2003). It is against this background that healthcare managers should work on increasing the flow experience of the healthcare professionals as flow results in positive affect.

The present study offers a preliminary examination of the general hypothesis that flow would be associated with more favorable work and well-being outcomes. The general hypothesis underlying this study was that nurses scoring higher on flow would indicate more favorable work outcomes and higher levels of subjective well-being. In addition, it adds to the limited but growing interest in flow in the workplace.

2. METHODS

2.1. Research Design

Health industry is a human-oriented, labor intense, chaotic industry. The employees need a high level of know-how to perform the difficult operations in the best manner possible. They enjoy high awareness. They lose sense of time especially in difficult operations concentrating on their job at a very high level. Moreover, health industry is human-centered. Our first assumption, therefore, was that the employees would enjoy helping out patients in an autotelic way and it would increase their subjective well-being. Given its goal, the study was designed as a descriptive and cross-sectional one. The purpose of the study is to examine the relationship between flow experience and subjective well-being of the nurses as well as revealing the difference between public and private hospitals in the flow experience of the nurses. Moreover, it is hoped that the health management authorities will benefit from the results of the study in increasing the life quality and flow experience of the nurses.

2.2. Study Context and Participants

The study was carried out in one public and one private hospital based by convenience sampling in Istanbul, Turkey. The researcher picked up these hospitals and attempted to reach out to all the nurses working for these hospitals employing the method of full count. The nurses who are on leave, on temporary duty or certificate program or the ones who did not want to join the research have been left out. 240 nurses work for the private hospital been covered in this research. As for the public hospital, 427 nurses work there actively.

2.3. Data Collection Tool

Survey method was employed to collect the data. The surveys were distributed to the senior nurse of each ward in the hospitals and they were collected on a weekly basis. The data was collected between January 2018 and April 2018. The survey was composed of three parts. The first part was made up of 12 questions related to the social- demographic characteristics of the respondents. The second part offered 12 questions, geared towards examining the flow experience in the work. In the third part a short form of the Oxford happiness scale was employed and it was made up of 7 questions. The survey in total contained 31 questions.

2.3.1. Flow

Work-Related Flow inventory of Bakker (2008) made up of 13 questions, has been employed to measure the flow experience. Yalçınkaya (2013) adapted the scale to this study. The scale comprises two factors: absorption and work enjoyment. In adapting the inventory, the sixth element has been left out since we believed that it would measure a structure not covered in this survey. Therefore, the inventory is made up of 12 items. A 7 scale like has been employed (1= never, 2=almost never, 3= from time to time 4= at certain intervals 5= often 7= always). The reliability of the scale has been tested and cronbach's alpha coefficient has been found as 0.90.

2.3.2. Subjective Well-Being

A short form of the "The Oxford Happiness Questionnaire" made up of 19 questions developed by Hills and Argyle has been employed to measure the subjective well-being level of the nurses. The short form has been adapted by Doğan & Çötök (2011). The original short form comprises 8 questions. In adapting the inventory to the present study, however, forth question has been left out since the correlation level is low, thereby resulting in a 7 question short version. The inventory is a 5 Likert scale (1=I certainly do not agree 2= I do not agree 3=I agree to a certain level 4=I agree 5=I totally agree). The reliability of the scale has been tested and cronbach's alpha coefficient has been found as 0.70.

2.4. Data analysis

SPSS (Statistical Package for Social Sciences) for Windows 20 program has been employed in analyzing the data. Complementary Statistical methods have been employed to summarize the characteristics of the respondents. All the findings have been tested on the significance level of $p < .05$. In the advanced analysis, correlation test has been gauged to analyze the relationship between the scores of two scales and gap significance between the two averages test has been gauged to determine the difference between the variables in independent groups.

3. RESULTS

195 nurses working for the private hospital and 309 nurses working for the public hospital joined the study. This corresponds to 81.25% return rate for the private hospital and 72.3% return rate for the public hospital. As for the total number of respondents, 504 nurses have joined the study and it corresponds to 75.5% return rate. The socio demographic characteristics of the respondents might be seen Table 1.

Table 1. Socio-demographic characteristics

Characteristic	PUHE		PRHE		Total	
	n	%	n	%	n	%
Age						
18-25	126	40.8	143	73.1	269	53.3
26-33	115	37.2	32	16.4	147	29.1
34-41	33	10.7	13	6.7	46	9.1
>42	35	11.3	7	3.6	42	8.3
Gender						
Male	66	21.4	29	14.9	95	18.8
Female	243	78.6	166	85.1	328	65.0
Marriage Status						
Married	149	48.2	36	18.5	185	36.7
Single	160	51.8	159	81.5	319	63.2
Education						
High School	25	8.1	110	56.4	135	26.7
Associate Degree	27	8.7	51	26.2	78	15.4
Undergraduate	222	72.8	27	13.8	249	49.4
Master's Degree	31	10.0	3	1.5	34	6.7
Doctorate	4	1.3	4	2.1	8	1.6
PISO						
Yes	98	31.7	74	37.9	172	34.1
No	211	68.3	119	61.0	330	65.4
No Answer	0	0.0	2	1.0	2	0.4

Note. PUHE = Public Hospital Employees; PRHE = Private Hospital Employees; PISO = Participation in Surgical Operation.

Prior to testing the hypothesis of the research, normal distribution has been tested. In an attempt to measure normalcy, Kolmogorov-Smirnov test has been employed. The test results have suggested that self-immersion and subjective well-being scales distribute normally ($p > .05$).

Since the variables exhibit normal distribution, Pearson correlation analysis has been used in determining the relationship between two measurable data and t test has been employed in determining the differences in independent groups. The results suggest that the flow score of the nurses is at a moderate level ($\bar{x} = 3.8 \pm 1.1$) whereas their subjective well-being is at a good level ($\bar{x} = 3.2 \pm 0.5$).

The Pearson correlation test results suggest that there is a positive and medium level relationship ($p = .000$; $r = 0.427$), between the flow experience and subjective well-being in all the nurses, a positive and weak correlation ($p = .000$; $r = 0.386$) in the nurses working for public hospital and a positive and moderately significant relationship ($p = .000$; $r = 0.533$) in the nurses working for a private hospital (Table 2).

Table 2. Correlation test between flow experience and subjective well-being

		Flow	SW
Total	Pearson Correlation	1	0.427
	Significance (2-tailed)	.	.000
	n	504	504
SW	Pearson Correlation	0.427	1
	Significance (2-tailed)	.000	.
	n	504	504
PUHE	Pearson Correlation	1	0.386
	Significance (2-tailed)	.	.000
	n	309	309
SW	Pearson Correlation	0.386	1

	Significance (2-tailed)	.000	.
	n	309	309
PRHE			
Flow	Pearson Correlation	1	0.533
	Significance (2-tailed)	.	.000
	n	195	195
SW	Pearson Correlation	0.533	1
	Significance (2-tailed)	.000	.
	n	195	195

Note. SW = Subjective Well-being; PUHE = Public Hospital Employees; PRHE = Private Hospital Employees.

In an attempt to find out whether there is a difference between the public and private hospitals with regard to the flow experience, t test has been employed a statistically significant difference ($p=.000$) has been found between the scores of the nurses working for public and private hospitals. Accordingly, the test results suggest that the flow experience of the nurses working for private hospitals is higher than the nurses working for private hospitals (Table 3).

Table 3. T test in the independent groups measuring the flow experience

Institution	n	Mean	SD	t	df	p
Public	309	3.6416	1.08036	-4.546	502	.000
Private	195	4.1107	1.20049			

Note. SD = Standard Deviation.

The t test results measuring the difference of subjective well-being scores of the nurses working for public and private hospitals suggest a statistically significant difference ($p>.05$), exists between the of the nurses working for public and private hospitals (Table 4).

Table 4. T test in independent groups measuring the well-being

Institution	n	Mean	SD	t	df	p
Public	309	3.2959	0.57053	1.491	502	.137
Private	195	3.2147	0.63365			

Note. SD = Standard Deviation.

Moreover, the fact as to whether the flow experience changes by joining the surgical operation in nurses has also been measured. T test conducted on independent groups have suggested that the nurses joining the surgical operation have significantly higher scores in flow experience ($p<.05$) in comparison with the nurses not joining the surgical operations. Whereas joining the surgical operation results in a statistically meaningful difference ($p<.05$) in private hospital, no significant difference ($p>.05$) has been found in the public hospital (Table 5).

Table 5. T test measuring the difference caused by attending the surgical operation in independent groups

Institution	PISO	n	Mean	SD	t	df	p
Total	Yes	172	4.0669	1.31841	3.181	282	.002
(Flow)	No	330	3.6995	1.03307			
Public	Yes	98	3.7772	1.32621	1.335	144	.184
(Flow)	No	211	3.5786	0.94174			
Private	Yes	74	4.4505	1.21358	3.084	191	.002
(Flow)	No	119	3.9139	1.15097			

Note. SD = Standard Deviation; PISO = Participation in Surgical Operation.

4. DISCUSSION

In the literature, there is no study to determine the relationship between flow experience and subjective well-being in nurses. When the flow experience and subjective well-being theories are considered separately, there are limited number of studies in the field of health. Subjective well-being theory is generally studied in the literature, which includes factors such as burnout, stress and working conditions that may affect subjective well-being of health workers rather than working directly.

The study suggests a medium level of flow rate among the nurses. ($\bar{x} = 3.8 \pm 1.1$). Our findings seem to support the results study conducted by Özata, Bebe, Oflaz & Durukan (2016) since they also have found out that the flow rate among healthcare professional is on a medium level ($\bar{x} = 3.5 \pm 1.0$). Looking into the

difference of flow experience in public and private hospitals, the study suggests that the flow experience of nurses is higher in private hospitals than the nurses working for the public hospitals. (Table 3). It is hypothesized that the variance stems from the fact that nurses join surgical operations in private hospitals.

Csikszentmihalyi (1997) has found out that the surgeons are among the professional groups that experience flow frequently. The surgeon's high flow experience has to do with the challenge-skills balance, action and awareness, clear goals, feedback, task orientation, feeling of control, loss of self-consciousness and losing sense of time (Nakamura & Csikszentmihalyi, 2002; Csikszentmihalyi & LeFevre, 1989). It is clear that the healthcare personnel loses sense of time and focuses on the survival of the patient in a challenging operation. At such moments, they take feedback from the patient, and feel that they are in charge of the situation and the only goal is to save the life of the patient.

Drawing on this information, the study has tested whether attending the surgical operations affect the flow experience of the patients. The results of the study suggest that there is no significant change in the nurses working for the public hospital. Conversely, a significant difference occurs for the nurses working for the private hospital (Table 5). It, therefore, follows that the flow experience of the nurses working for the private hospital is higher than the nurses working for the public hospital.

Health industry is naturally a labor-intensive industry. The working conditions, therefore, are quite grave under such a chaotic atmosphere. These conditions have implications on both the physical and spiritual well-being of the nurses. The shift system, which brings up long working hours, the traumatic events, the pressures caused by the highly diseased and the psychology of the patient's relatives cause negative feelings and give way to high level of stress as well as burnout. These negative experiences do impact the life quality of the patients negatively, thereby causing a shrinkage in the quality of the services offered (Gurkova et al., 2012; Leao et al., 2017; Altay, Gönener & Demirkıran, 2010 ; Benli & Yıldırım, 2017; Biassoni, Cassini & Balzarotti, 2017)

Since burnout, stress and unfavorable working conditions are the sub factors impacting the subjective well-being negatively, they need to be eliminated to make the individuals happy and fulfilled (Aydın, 2010). As has been previously reported in the literature, the flow experience helps the nurses tackle the challenges, furthering the skills to have effective relations and contributing to the personal success thereby reducing the level of burnout (Martinez-Zaragoza et al., 2017).

Moreover, the experience of flow helps the employees adopt positive emotion and attitudes towards their professions (Yaşın, 2016). This study, contributing to the existent literature, has explored the relationship between flow experience and subjective well-being of the nurses and has suggested a positive medium level significant relationship exists between these (Table 2) thereby supporting the studies reported in the literature.

5. PRACTICE IMPLICATIONS

The flow experience created positive impact upon the lives of the nurses, thereby contributing to their subjective well-being, making them feel good about themselves. Affording the required conditions to make the nurses experience the flow, are therefore, of utmost importance. In an attempt to afford these conditions to the nurses, healthcare managers might play crucial roles. The main role of a manager is not to maximize the profit but to contribute to the happiness of its employees (Csikszentmihalyi, 2003). It is incumbent on the healthcare managers to bring up the working conditions that would contribute to the life quality of the nurses. An attempt to do so would not only further the life quality of the nurses themselves but would also contribute to further the quality of the services offered by these nurses.

As a result of the literature review, no study examining the relationship between flow experience and subjective well-being in the health sector was found. Therefore, further studies are needed to support this research. The main limitation of this study was that the participants were only nurses. In order to better understand the relationship between flow experience and subjective well-being in the health sector, it is recommended to include physicians, especially surgeons, and other health professionals in future studies.

REFERENCES

- Alba, W.J., Williams, F.E. (2013). Pleasure principles: A Review of Research on Hedonic Consumption. *Journal of Consumer Psychology*. 23(1), 2-18.
- Altay, B., Gönener, D., Demirkıran, C. (2010). The Level of Burnout and influence of Family Support in Nurses working in a University Hospital. *Firat Medical Journal*. 15(1), 10-16.

- Atabey, D. (2017). A Study Into The Relation Between The Problematic Behaviours of Preschool Children And Subjective Well-Being Levels of Parents. *Turkish Studies*. 12(25), 131-148.
- Ayazlar, R.A. (2015). The Effect of Flow Experience on Experience Satisfaction And Life Satisfaction In Paragliding (PhD Thesis). Adnan Menderes University, Aydın.
- Aydın, K.B. (2010). Strategies for Coping with Stress as Predictors of Mental Health. *Journal of Human Sciences*. 7(1), 535-548.
- Bakker, A.B. (2008). The Work-Related Flow Inventory: Construction and Initial Validation of The WOLF. *Journal of Vocational Behavior*. 72, 400-414.
- Benli, S.S., Yıldırım, A. (2017). Relationship between Nurses' Life Satisfaction and Attitudes towards Death. *Gümüşhane University Journal Of Health Sciences*. 6(4), 167-179.
- Biassoni, F., Cassini, G., Balzarotti, S. (2017). Autobiographical Narration as a Tool for the Empowerment of Older Adults' Subjective and Psychological Wellbeing in Nursing Homes. *Clinical Gerontologist*.
- Csikszentmihalyi, M. (1997). *Finding Flow*. New York: BasicBooks.
- Csikszentmihalyi, M., (2003). *Good Business*. New York: Viking.
- Csikszentmihalyi, M. (2014a). *Applications of Flow in Human Development and Education*. Springer.
- Csikszentmihalyi, M. (2014b). *Flow and the Foundations of Positive Psychology*. Springer.
- Csikszentmihalyi, M. (1990). *The Psychology of Optimal Experience*. New York: Harper Collins.
- Csikszentmihalyi, M., Abuhamdeh, S., Nakamura, J. (2005). Flow. *Handbook of Competence and Motivation*. 598-608.
- Csikszentmihalyi, M., LeFevre, J. (1989). Optimal Experience in Work and Leisure. *Journal of Personality and Social Psychology*. 56(5), 815-22.
- Diener, E., Chan, M.Y. (2011). Happy People Live Longer: Subjective Well-Being Contributes to Health and Longevity. *International Association of Applied Psychology*. 3(1), 1-43.
- Diener, E. (2000). The Science of Happiness and a Proposal for a National Index. *American Psychological Association*. 55(1), 34-43.
- Diener, E. (1984). Subjective Well-Being. *American Psychological Association*. 95(3), 542-575.
- Doğan, T., Çötök, N.A. (2011). Adaptation of the Short Form of the Oxford Happiness Questionnaire into Turkish: A Validity and Reliability Study. *Turkish Psychological Counseling and Guidance Association*. 4(36), 165-172.
- Doğan, T., Eryılmaz, A. (2012). Work-Related Basic Need Satisfaction and Subjective Well-Being Among Academicians. *Ege Academic Review*. 12(3), 383-389.
- Eklund, C.R., Tenenbaum, G. (2014). *Encyclopedia of Sport and Exercise Psychology*. SAGE Publications.
- Eryılmaz, A., Ercan, L. (2016). The Development of The Scale of Subjective Well-Being Increasing Strategies at Workplace. *International Journal of Eurasia Social Sciences*. 7, 248-257.
- Guan, X. (2013). A Study on Flow Theory and Translation Teaching in China's EFL Class. *Journal of Language Teaching and Research*. 4(4), 785-790.
- Gurkova, E., Dzuka, J., Soosova, M.S., Ziakova, K., Harokova, S., Serfelova, R. (2012). Measuring Subjective Quality of Life in Czech and Slovak Nurses: Validity of the Czech and Slovak Versions of Personal Wellbeing Index. *Journal of Social Research & Policy*. 3, 95-110.
- İlhan, T., Özbay, Y. (2010). The Predictive Role of Life Goals and Psychological Need Satisfaction On Subjective Well-Being. *Turkish Psychological Counseling and Guidance Association*. 4(34), 109-118.
- Işık, E., Bedel, A. (2015). Relationship of Coping Strategies to Subjective Well-Being among Adolescents. *Selçuk University Journal of Institute of Social Science*. 34, 53-60.
- Leao, E.R., Fabbro, D.R.D., Oliveira, R.B., Santos, I.R., Victor, E.S., Aqrone, R.L., Andrade, C.B., Ribeiro, V.F., Oliveira, R.C., Friendlander, R., Ferreira, D.S. (2017). Stress, Self-Esteem and Well-Being

- Among Female Health Professionals: A Randomized Clinical Trial on The Impact of A Self-Care Intervention Mediated By The Senses. *Plos One*. 12(2).
- Martinez-Zaragoza, F., Benavides-Gil, G., Martin-Del-Rio, B., Fernandez-Castro, J., Ato-Garcia, M., Solanes-Puchol, A. (2017). A Study of Its Relationship With Health and Burnout in a Hospital Work Context. *Holistic Nursing Practice*. 31(5), 303–314.
- Nakamura, J., Csikszentmihalyi, M. (2002). The Concept of Flow. *Handbook of Positive Psychology*. 89-105.
- Özata, M., Bebe, Ç., Oflaz, F., Durukan, E. (2016). Determination of Work Related Flow” Situation of Health Care Staffs at Konya Beyhekim State Hospital. *Journal of Social Technical Researches*. 11, 34-42.
- Özer, M., Karabulut, Ö.Ö. (2003). Satisfaction of Life in Elderly Individuals. *Turkish Journal of Geriatrics*. 6(2), 72-74.
- Pilke, E.M. (2004). Flow Experiences in Information Technology Use. *Int. J. Human-Computer Studies*. 61, 347-357.
- Rettie, R. (2001). An Exploration of Flow During Internet Use. *Emerald Insight*. 11, 103-113.
- Sanchez, R.M.A. (2009). The story flows on: A multi study on the flow experience. *Universitat Jaume I*.
- Shang, R., Chen, Y., Shen, L. (2005). Extrinsic Versus Intrinsic Motivations for Consumers to Shop Online. *Information & Management*. 42, 401-413.
- Sürücü, Ö. (2016). Optimism, Life Satisfaction and Happiness in Professional Life; An Application For Hotel Employee. *The Journal of International Social Research*. 9(43), 2017-2176.
- Yalçınkaya, P. (2013). The Work-Related Flow Inventory: Validation Study. *The Sakarya Journal of Economics*. 2(1), 66-87.
- Yaşın, T. (2016). The Effects of Psychological Capital and Personality Dimensions on Psychological Well Being, Flow, Job Satisfaction and Performance[PhD Thesis]. *Başkent University*. Ankara
- Yıldırım, A., Hacıhasanoğlu, R. (2011). Quality of Life and Effective Variables Among Health Care Professionals. *Journal of Psychiatric Nursing*. 2(2), 61-68.