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Care With Love: Examining The Flow Experience In Healthcare Professionals In Terms Of Demographic Variables- A Research On Nurses And Midwives

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Abstract

The study was conducted to determine the statistical differences of some demographic characteristics of nurses and midwives working in public and private institutions, which are thought to be effective in flow experiences. The population of the study consists of nurses and midwives working in Turkey. Through convenience sampling, 393 survey data were obtained through an online survey and the study was conducted on these data. The 13-item Flow Experience Scale was used in the study. As a result of the analysis, frequency distributions show that nurses and midwives experience flow. Married employees were found to have higher flow levels than single employees, and those with children had higher flow levels than those without children. It was observed that the level of flow increased with increasing age and working years. In addition, the flow levels of employees whose income is equal to their expenses are higher than those whose income is less than their expenses. In the study, the importance of the frequency of flow experiences of nurses and midwives was emphasized and suggestions for managers were included. Since the effects of flow experience, the effects of which have been examined by many disciplines and professional groups, have not been sufficiently investigated on healthcare personnel, the research makes important contributions to the literature in terms of expanding the concept of flow experience.

Keywords: Flow Experience, Nurses, Midwives

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Introduction

In the information age we live in, technological innovations are advancing at a dizzying pace and major changes are taking place in all areas of life. From education to health, from home life to agriculture, breakthroughs are being made in almost every field to raise living standards and make life more livable. Never before in history has a society experienced such great changes in such a short period of time. While the great and radical changes have given birth to new professions in business life, some professions have disappeared. However, in some professional fields, the human factor always remains the most important element. Although the health sector, where one-to-one contact with people is experienced, is the field that is most affected by scientific developments and updates, health workers will remain the basic component. For this reason, health managers have important duties in managing health workers such as nurses, midwives, and doctors, ensuring that they stay in working life and doing their jobs with love.

Work outcomes such as job satisfaction, intrinsic motivation, and organizational commitment expected from employees in working life are important factors directly related to employee happiness. Happiness, one of the most basic human needs (Khosrojerdi, et al., 2018), is defined as long-term joy and joy of life (Sharifi, et al., 2010). Happiness improves creativity (Gavin & Mason, 2004), provides physical and mental well-being (Hamid & Ghaazaei, 2013), and reduces absenteeism and turnover intentions (Boehm & Lyubomirsky, 2008). Considering that a large part of the day is spent at work, workplace happiness for working individuals becomes closely related to personal happiness and family happiness. Individuals who love their jobs and work in harmony with their colleagues and managers will return home in the evening with less stress, less tired, and happier. Thus, by developing positive and effective communication with other family members, they will contribute to their happiness as well. This positive situation, which grows and spreads like a butterfly effect, will become a comprehensive output that spreads from the individual to the family and from the family to the society.

Happiness, which is important for all individuals, is also of great importance for nurses (Özkara, 2015). Nurses, who are exposed to many negative situations during the day due to the nature of their profession, work under great stress (Khosrojerdi, et al., 2018).

This situation puts nurses in danger of burnout. However, positive emotions such as happiness are a protective factor against negative outcomes (Vela & Kamsickas, 2022). A study conducted on Portuguese nurses on this issue revealed that high levels of happiness can protect nurses from psychological trauma (Feitor et al., 2022). Increasing happiness in nurses means improving the quality of care and personal health. According to the results of research on the happiness of nurses, the happiness levels of nurses are quite low (Nam & Kwon, 2013: Ju, et al., 2015). Increasing the standard of quality of life, improving job performance and satisfaction, and increasing the overall satisfaction level are important in terms of employee welfare and happiness. Various studies have been conducted to evaluate the level of happiness in nurses and to determine the factors affecting happiness. According to the results of a study conducted on civilian nurses working in a hospital in China, it was found that there were significant differences according to gender, age, and the type of city where the hospital was located, and it was revealed that nurses had a moderate level of happiness (Meng et al., 2023). Again, according to the results of a study conducted in India, it was revealed that the happiness of nursing students was at a medium level, and there were significant relationships between years of study, number of close friends, performance, compensation, and happiness levels (Kumar et al., 2022). The results of another study conducted on nurses to investigate the effect of quality of life and stress on happiness reveal that there are significant differences between age, marital status, number of beds in the hospital, number of nurses working, and happiness (Ahn & Kwon, 2020).

While examining the concept of happiness, it is seen that flow experience, which is a concept that has been widely encountered in recent years in the fields of psychology, labor relations, and even business (Lina & Ahluwalia, 2021; Peifer & Tan, 2021; Yan & Donaldson, 2023). Flow theory was first defined by Csikszentmihalyi (1975) as the phenomenon of people completely immersing themselves in work while working (Csikszentmihalyi, 2000). Individuals who are in flow experience good feelings, psychological, and cognitive experiences, and concentrate on their work with intense concentration (Xu et al., 2018). While it is thought that the biggest source of motivation in the flow experience is the work itself (Chalofsky, 2003), it is suggested that no matter how risky the work is, this situation does not disturb concentration without causing anxiety (Csikszentmihalyi, 1990). In addition, individuals in flow experience great satisfaction beyond having fun and enjoyment (Clarke & Haworth, 1994). Individuals

who experience flow have clear goals, receive instant feedback, experience intense concentration by staying in the moment, have a balance between their opportunities and skills, and lack the notion of time (Csikszentmihalyi, 2020). In addition, the flow experience, which is characterized as the optimal experience (Fullugar & Kelloway, 2009), consists of three dimensions: intrinsic motivation, job satisfaction, and job enjoyment (Csikszentmihalyi, 2014).

Flow experience is an important concept used in psychology to understand the states in which individuals experience their highest performance and greatest satisfaction. To realize this experience, the activity must be compatible with the individual's abilities. Performance that is too high above one's abilities may alienate the individual from the work, while work that is too low below one's abilities may cause the individual to get bored. For this reason, getting into the flow depends on the balance between the capacity of the activity perceived by the person and the opportunities for action (Berlyne, 1960). Individuals who can experience flow by immersing themselves in the activity can forget the concepts of time and space during work and experience complete concentration. Accordingly, high levels of flow experience positively affect subjective well-being and positive social behaviors (Bu & Lee, 2023). In addition, flow experience provides optimal experience and well-being through clear goals, immediate feedback, a balanced level of challenge, and intense focus on work, and the right flow model helps people achieve their happiness goals (Moore, 2013). Research has shown that the happiest people are those who realize the meaning of life through intense experiences (Kotler, 2014).

The health sector is a sector where labor is more intense than in other service sectors, where the consequences of mistakes are sometimes irreparably important and require great attention and concentration (Tengilimoğlu & Yiğit, 2005). For this reason, it is expected and desired that health professionals both love their work and enter into flow with high levels of intrinsic satisfaction and motivation. As a result of research on the professions that experience flow the most, Csikszentmihalyi (1990) stated that surgeons have an important place. The health sector embodies the dimensions of flow, both in terms of difficulty-skill balance and in terms of action, awareness, instant feedback, and loss of time perception (Akman, 2018). In addition, flow experience protects healthcare workers from psychological disorders such as stress, depression, and burnout and helps them to be healthier and happier people (Martinez-Zaragoza et

al., 2017). Workflow experience contributes to the creation of an enjoyable working environment by increasing intrinsic interest at the time of activity, allowing the person to do the work for himself/herself. In particular, healthcare professionals who face intense stress will work at a high flow level, enabling them to provide effective treatment and care as well as their inner happiness (Rad et al., 2015).

The experience of flow in healthcare professionals has been examined from various perspectives. Studies show that flow can have positive effects on the performance, satisfaction, well-being, and productivity of doctors and nurses (Akman & Çatar, 2022; Shreffler & Huecker, 2022). In addition, flow experience can increase career enjoyment and performance while reducing fatigue and burnout (McQueen, 2021). In general, flow experience plays an important role in the healthcare profession, affecting work performance and well-being. To better analyze the flow experience in terms of healthcare professionals, the study tried to examine whether demographic characteristics affect the flow experience. Based on these inferences, hypotheses were developed in line with the question of whether the flow experience differs according to demographic characteristics.

H1: Flow experience differs according to demographic characteristics.
H1a: Flow experience differs according to gender.
H1b: Flow experience differs according to age.
H1c: Flow experience differs according to income status.
H1d: Flow experience differs according to marital status.
H1e: Flow experience differs according to experience.
H1f: Flow experience differs according to having children.
H1g: Flow experience differs according to education status.
H2: Engagement in work differs according to demographic characteristics.
H2a: Engagement in work differs according to gender.
H2b: Engagement in work differs according to age.
H2c: Engagement in work differs according to income status.
H2d: Engagement in work differs according to marital status.
H2e: Engagement in work differs according to experience.
H2f: Engagement in work varies according to having children.
H2g: Engagement in work varies according to education level.
H3: Enjoyment of work varies according to demographic characteristics.

H3a Enjoyment of work varies according to gender.
H3b: Enjoyment of work varies according to age.
H3c: Enjoyment of work varies according to income level.
H3d: Enjoyment of work varies according to marital status.
H3e: Enjoyment of work varies according to experience.
H3f: Enjoyment of work varies according to having children.
H3g: Enjoyment of work varies according to education level.
H4: Intrinsic motivation varies according to demographic characteristics.
H4a: Intrinsic motivation varies according to gender.
H4b: Intrinsic motivation varies according to age.
H4c: Intrinsic motivation varies according to income level.
H4d: Intrinsic motivation varies according to marital status.
H4e: Intrinsic motivation varies according to experience.
H4f: Intrinsic motivation varies according to having children.
H4g: Intrinsic motivation varies according to education status.

Methods

This section includes the research design, data collection and analysis titles. In the research, journal writing rules, publication principles, research and publication ethics rules, journal ethics rules were followed. Before starting the study, an application was made to Hitit University's Non-Interventional Research Ethics Committee. At the meeting of the board dated 24.07.2023, there was a decision that the research is ethically appropriate with decision number 2023-191 and decision number 2023-12. During the research, attention was paid to the principle of volunteerism, and personal information was not obtained from the researchers.

Research Design

In this study, the relational survey method, which is one of the quantitative research methods, and the comparison relationship model were used. The survey model is a method used to describe the event or situation as it is, usually showing how the data collected from a large group is distributed among individuals. The relational screening model is a screening approach to explain the existence of changes in two or more variables together. In comparison-type correlational surveys, the reasons for reaching

a certain result are tried to be reduced to one and the relationships are tested by starting from the most probable solution (Fraenkel & Wallen, 2006; Karasar, 2012).

Data Collection and Analysis

A 2-part questionnaire administration was used in the study. In Part 1, demographic questions were asked about the descriptive characteristics of the participants. In Part 2, the "Work-Related Flow Inventory (WOLF)" developed by Bakker (2008) and adapted into Turkish by Yaşin (2016) was used. Consisting of 13 questions, the Likert-type scale includes the option 1. Never, 2. Rarely, 3. Some of the time, 4. Periodically, 5. Usually, 6. Very often, 7. Always.

Population and Sample

The population of the study consisted of working midwives and nurses. Data were collected between September 2023 and March 2024. The data were collected online using the Google form link. While collecting the data, an unbiased random sampling method was selected. In the unbiased random sampling method, the selected units have equal and independent chances of entering the sample and have a high ability to represent the universe (Baştürk & Taştepe, 2013). For the research, 393 questionnaires were collected and the study was analyzed with these data. In the research, the sample sizes that should be drawn from different population sizes were used for the standard deviation (α) = 0.05 and +- 0.05 sampling errors. According to this calculation, the sample was accepted as 323 people in places with a population between 100,000 and 1000,000 (Yazıcıoğlu & Erdoğan, 2014). Accordingly, the number of 393 questionnaires collected was deemed sufficient.

Limitation of the Research

The research is limited to the researchers included in the sample.

Reliability Analysis of Data

In the study, reliability analyses of the Flow Experience Scale and its sub-dimensions were conducted. The α coefficients of the 3 sub-dimensions of the scale, which consists of 3 sub-dimensions, were calculated as .688, .907, and .786, respectively. The total α coefficient of the Flow Experience Scale was calculated as .895. Reliability is the degree to which a scale consistently and consistently measures what it is intended to measure, and as it approaches 1, the degree of reliability increases

(Karasar, 2012). Accordingly, the scale and its sub-dimensions used in the study are statistically reliable.

Table 1: Reliability Analysis Results for the Workflow Scale and its Subscales

Size	Article	Cronbach's Alpha	Mean	Min.	Max.
Dedication to work	4	.688	4,310	3,690	4,985
Enjoying work	4	.907	4,799	4,743	4,837
Intrinsic Motivation	5	.786	4,001	2,282	4,735
Work flow scale	13	.895	4,342	2,840	4,985

Findings

The results and evaluations regarding the frequency distributions, gender, age, educational level, marital status, marital status, having children, working time, and income status of the findings obtained by applying the 7-point Likert-style Flow Experience Scale with 393 samples are given in tables.

Table 2: Demographic Characteristics of Health Workers

		n	%
Gender	Female	300	76.3
	Male	93	23.7
Age	18-32 years	270	68.7
	33-47 years	103	26.2
	48-62 years	20	5.1
Education level	High school	74	18.8
	Licence	283	72
	Master's degree	34	8.7
	PhD	2	0.5
Marital status	Married	182	46.3
	Single	211	53.7
Having a child	Yes	153	38.9
	No	240	61.1
Experience	0-1 year	104	26.5
	2-6 years	138	35.1
	7-11 years	45	11.5
	12-15 years	34	8.7
	16 years and above	72	18.3
Income status statement	Income< Expense	151	38.4
	Income= Expense	195	49.6
	Income> Expense	47	12

Demographic characteristics of the health workers are given in Table 2. According to the table, 76.3% of the participants were female, 68.7% were between the ages of 18-32, 72% were undergraduate graduates, 53.7% were single, and 61.1% did not have children. When the educational status of the participants is examined; 18.8% are high school graduates, 72% are undergraduate, 8.7% are master's and 0.5% are doctoral

graduates. When the duration of the participants' employment in the organization is analyzed; 26.5% stated that they have been working for 0-1 year, 35.1% for 2-6 years, 11.5% for 7-11 years, 8.7% for 12-15 years and 18.3% for 16 years or more. When the answers given by the participants to the income status statements were analyzed, it was seen that 38.4% of them selected the option "My income is less than my expenses", 49.6% selected the option "My income is equal to my expenses" and 12% selected the option "My income is more than my expenses".

Table 3: Independent Groups T-test Analysis Results Comparing the Workflow Scale with Demographic Characteristics

	N	X	Ss	sd	t	p
Gender						
Female	300	4.33	.982	391	.232	.816
Male	93	4.36	1.11			
Marital Status						
Married	182	4.45	.963	391	1.97	.0049*
Single	211	4.24	1.04			
Having a Child						
Yes	153	4.47	.845	391	2.13	.033*
No	240	4.25	1.101			

Table 3 shows the mean scores of healthcare workers according to gender, marital status, and having children in the Workflow Scale. According to this, it was seen that there was no significant difference between workflows according to gender (p>.05), while there was a significant difference in the workflows of marital status and having children (p<.05). It was observed that the mean workflow scores of married health care workers (X=4.45) were higher than those of single health care workers (X=4.24), and the mean workflow scores of health care workers with children (X=4.47) were higher than those of health care workers without children (X=4.25). In this case, hypothesis H_{1a} is rejected while hypotheses H_{1d} and H_{1f} are confirmed.

Table 4: One-Way ANOVA Test Analysis Results Comparing Workflow Scale with Demographic Characteristics

	N	X	Ss	Source of variance	KT	sd	KO	F	p
Age									
18-32	270	4.24	1.04	Between Groups	11.071	2	5.536	5.507	.004*
33-47	103	4.47	.89	Within Group	392.059	390	1.005		
48-62	20	4.97	.93	Total	403.130	392			

Total	393	4.34	1.01		**Significance:** 48-62 >18-32				
Education level									
High school	74	4.53	1.19	Between Groups	5.962	3	1.987	1.947	.122
Licence	283	4.29	.96	Within Group	397.168	389	1.021		
Master's degree	34	4.27	.94	Total	403.130	392			
PhD	2	5.38	.00						
Total	393	4.34	1.01						
Experience									
0-1 year	104	4.25	.89	Between Groups	18.067	4	4.517	4.551	.001*
2-6 years	138	4.16	1.15	Within Group	385.063	388	.992		
7-11 years	45	4.29	.91	Total	403.130	392			
12-15 years	34	4.59	.60						
16 +	72	4.72	1.00		**Significance:**16+>0-1 year, 2-6 years				
Total	393	4.34	1.01						
Income status statement									
Income<Expense	151	4.19	.93	Between Groups	5.472	2	2.736	2.683	.070
Income=Expense	195	4.45	1.03	Whithin Group	397.658	390	1.020		
Income>Expense	47	4.35	1.13	Total	403.130	392			
Total	393	4.34	1.01						

(: p<.05 significant difference)*

Table 4 shows the mean scores of healthcare workers according to their age, education level, length of service in the organization, and income status. According to this, a significant difference was found between the ages of healthcare workers and their workflows ($F(2,390)=5,507$, $p=0,004$). Bonferroni test was applied as a post-hoc test to determine which age groups the difference was between. According to the results of this test, the workflow scores of healthcare workers aged between 48-62 years are higher than those of healthcare workers aged between 18-32 years ($p<0.05$). When the mean scores of the healthcare workers from the workflow scale were compared according to the duration of their employment in the institution, a significant difference was found between the duration of employment in the institution and workflows ($F(4,388)=4.551$, $p=0.001$). When it was analyzed between which groups the difference was between, it was determined that the workflow scores of healthcare workers with 16 years and more working time were higher than those of healthcare workers with 0-1 and 2-6 years of working time ($p<0.05$). There was no statistically significant difference between the education level and income status of healthcare workers and their workflows ($p>0.05$). In this case, hypotheses H_{1c} and H_{1g} are rejected, while hypotheses H_{1b} and H_{1e} are confirmed.

Table 5. Independent Groups T-test Analysis Results Comparing the Self-Employment Subscale with Demographic Characteristics

	N	X	Ss	sd	t	p
Gender						
Female	300	4,33	,963	391	0,68	0,49
Male	93	4,24	1,175			
Marital Status						
Married	182	4,43	1,02	391	2,19	0,028*
Single	211	4,20	1,00			
Having a Chid						
Yes	153	4,43	0,91	391	1,96	0,050
No	240	4,23	1,07			

Table 5 shows the mean scores of healthcare workers according to their gender, marital status, and having children. Accordingly, it is seen that there is no significant difference between the variables of gender and having children and the sub-dimension of giving oneself to work, while there is a statistically significant difference between the marital status and the mean scores of the sub-dimension of giving oneself to work ($p<0.05$). It was observed that the workflow scores ($X=4.43$) of married healthcare workers were higher than the self-employment sub-dimension scores ($X=4.20$) of single healthcare workers. In this case, while hypotheses H_{2a} and H_{2f} are rejected, hypothesis H_{2d} is confirmed.

Table 6: One-Way ANOVA Test Analysis Results Comparing the Self-Employment Subscale with Demographic Characteristics

	N	X	Ss	Source variance	KT	sd	KO	F	p
Age									
18-32	270	4,24	1,026	Between Groups	7,994	2	3,997	3,923	0,021*
33-47	103	4,38	,963	Within Group	397,383	390	1,019		
48-62	20	4,86	1,001	Total	405,377	392			
Toplam	393	4,31			**Significance:** 48-62>18-32				
Education Level									
High school	74	4,46	1,06	Between Groups	9,285	3	3,095	3,040	0,029*
Licence	283	4,28	,98	Within Group	396,092	389	1,018		
Master's degree	34	4,08	1,08	Total	405,377	392			
PhD	2	6,00	0,00		**Significance:** PhD >High school, Licence				
Total	393	4,31	1,01						
Experience									
0-1 year	104	4,32	,90	Between Groups	13,165	4	3,291	3,256	0,012*

2-6 years	138	4,10	1,13	Within Group	392,213	388	1,011		
7-11 years	45	4,29	,95	Total	405,377	392			
12-15 years	34	4,63	,58						
16 +	72	4,53	1,05		**Significance:** 16+>0-1 year, 2-6 years				
Total	393	4,31	1,01						
Income status statement									
Income<Expense	151	4,33	,92	Between Groups	,162	2	,081	0,078	,925
Income=Expense	195	4,29	1,04	Within Group	405,216	390	1,039		
Income>Expense	47	4,29	1,21	Total	405,377	392			
Total	393	4,31	1,01						

(: p<.05 significant difference)*

The results of the analysis comparing the Self-Employment sub-dimension with some demographic characteristics are given in Table 6. According to the results of the analysis, while there was a significant difference between the mean scores of the sub-dimension of giving oneself to work with the age, education level, and duration of employment in the organization ($p<0.05$), it was determined that the mean scores of the health care workers did not differ according to the income status statements ($p>0.05$). When the mean scores of the self-employment sub-dimension were compared between the age groups of healthcare workers, it was determined that the mean scores of those aged 48-62 years were statistically higher than those aged 18-32 years ($F(2,390)=3.923$, $p=0.021$). When the mean scores of the self-employment sub-dimension were compared with the educational level variable of health care workers, it was found that the self-employment scores of health care workers with doctoral education level were higher than those with high school and undergraduate education level ($F(3,389)=3,040$, $p=0.029$). When the mean scores of the self-employment sub-dimension were compared with the length of employment in the organization, it was determined that the mean scores of self-employment of healthcare workers with 16 years or more of employment were higher than those with 0-1 year and 2-6 years of employment ($F(4,388)=3,256$, $p=0.012$). In this case, hypothesis H_{2c} is rejected, while hypotheses H_{2b}, H_{2e} and H_{2g} are confirmed.

Table 7: Independent Groups t-test Analysis Results Comparing Job Enjoyment Subdimension with Demographic Characteristics

	N	X	Ss	sd	t	p
Gender						
Female	300	4,78	1,33	391	0,332	0,74
Male	93	4,83	1,26			
Marital status						

Married	182	4,90	1,23	391	1,484	0,139
Single	211	4,70	1,38			
Having a Child						
Yes	153	4,98	1,17	391	2,26	0,024*
No	240	4,67	1,39			

The results of the analysis comparing the gender, marital status, and having children with the sub-dimension of enjoyment of work are given in Table 7. According to the results of the analysis, there was no significant relationship between the variables of gender and marital status and the mean scores of the sub-dimension of enjoyment of work, while a statistically significant difference was found between the mean scores of the sub-dimension of enjoyment of work and the status of having children ($p<0.05$). It was determined that the mean scores of healthcare workers who had children ($X=4.98$) were higher than those who did not have children ($X=4.67$). In this case, while hypotheses H_{3a} and H_{3d} are rejected, hypothesis H_{3f} is confirmed.

Table 8: One-Way ANOVA Test Analysis Results Comparing Job Enjoyment Subdimension with Demographic Characteristics

	N	**X**	**Ss**	**Source variance**	**KT**	**sd**	**KO**	**F**	**p**
Age									
18-32	270	4,68	1,31	Between Groups	16,485	2	8.243	4,825	0.009*
33-47	103	4,97	1,27	Within Group	666,259	390	1,708		
48-62	20	5,48	1,34	Total	682,745	392			
Total	393	4,79			**Significance:** 48-62>18-32				
Education Level									
High school	74	5	1,40	Between Groups	7,178	3	2,393	1,378	0.249
Licence	283	4,75	1,27	Within Group	675,566	389	1,737		
Master's degree	34	4,64	1,45	Total	682,748	392			
PhD	2	6	0,00						
Total	393	4,79	1,31						
Experinece									
0-1 year	104	4,73	1,22	Between Groups	28,799	4	7,200	4,272	0.002*
2-6 years	138	4,53	1,35	Within Group	653,946	388	1,685		
7-11 years	45	4,78	1,23	Total	682,745	393			
12-15 years	34	5,13	1,11						
16 +	72	5,25	1,40		**Significance:** 16+>2-6 years				
Total	393	4,79	1,31						
Income status statement									
Income<Expense	151	4,56	1,34	Between Groups	14,121	2	7,061	4,118	0,017*

Income=Expense	195	4,97	1,27	Within Group	668,623	390	1,714
Income>Expense	47	4,82	1,34	Total	682,745	392	
Total	393	4,79	1,31				

Significance:

Income=Expense>income<Expense

(: p<.05 significant difference)*

Table 8 shows the mean scores of the sub-dimension of enjoyment of work according to the age, education level, duration of employment in the organization, and income status of the healthcare workers. According to the table, a statistically significant difference was found between the mean scores of the sub-dimension of enjoyment of work with the expression of age, duration of employment in the organization, and income status. Accordingly, it was observed that the mean scores of the healthcare workers aged between 48-62 years were higher than those aged between 18-32 years ($F(2,390)=4,825$, $p=0.009$). When the relationship between the duration of employment in the organization and the sub-dimension of enjoyment of work was examined; it was seen that the mean scores of the sub-dimension of enjoyment of work of health care workers with 16 years of employment or more were higher than those with 2-6 years of employment ($F(4,388)=4,272$, $p=0.002$). When the mean scores of the sub-dimension of enjoyment of work according to the income level of the health care workers were analyzed; it was seen that the mean scores of the health care workers who answered "my income is equal to my expenses" were higher than the mean scores of the employees who answered "my income is less than my expenses" ($F(2,390)=4,118$, $p=0.017$). In this case, while hypothesis H_{3g} is rejected, hypotheses H_{3b}, H_{3c} and H_{3e} are confirmed.

Table 9: Results of Independent Groups t-test Analysis Comparing the Intrinsic Motivation Sub-Dimension with Demographic Characteristics

	N	X	Ss	sd	t	p
Gender						
Female	300	3,97	1,19	391	,683	0,49
Male	93	4,07	1,20			
Marital Status						
Married	182	4,10	1,15	391	1,54	0,124
Single	211	3,91	1,23			
Having a Child						
Yes	153	4,10	1,02	391	1,36	0,172
No	240	3,93	1,29			

No statistically significant difference was found between the gender, marital status and having children variables of healthcare professionals and the intrinsic motivation sub-dimension mean scores (p>0.05). In this case, hypotheses H_{4a}, H_{4d} and H_{4f} were rejected.

Tablo10: One-Way ANOVA Test Analysis Results Comparing Intrinsic Motivation Subdimension with Demographic Characteristics

	N	X	Ss	Source of variance	KT	sd	KO	F	p
Age									
18-32	270	3,90	1,24	Between Groups	10,154	2	5,077	3,580	0,029*
33-47	103	4,14	1,08	Within Group	553,126	390			
48-62	20	4,53	1,02	Total	563,280	390			
Total	393	4	1,19		**Significance:** 48-62>18-32				
Education Level									
High school	74	4,23	1,54	Between Groups	6,437	3	2,146	1,499	0,214
Licence	283	3,92	1,10	Within Group	556,843	389	1,431		
Master's degree	34	4,11	1,10	Total	563,280	392			
PhD	2	4,40	0,0						
Total	393	4	1,19						
Experinece									
0-1 year	104	3,81	1,01	Between Groups	20,028	4	5,007	3,576	0,007*
2-6 years	138	3,90	1,37	Within Group	543,252	388	1,400		
7-11 years	45	3,89	1,28	Total	563,280	392			
12-15 years	34	4,14	0,75						
16 +	72	4,44	1,11		**Significance:** 16>0-1 year, 2-6 years, 7-11 years				
Total	393	4	1,19						
Income status statement									
Income<Expense	151	3,79	1,11	Between Groups	11,456	2	5,728	4,048	0,018*
Income=Expense	195	4,15	1,23	Within Group	551,823	390	1,415		
Income>Expense	47	4,02	1,24	Total	563,280	392			
Total	393	4	1,19						
Income=Expense>income<Expense					**Significance:**				

(: p<.05 significant difference)*

The results of the analysis comparing the mean intrinsic motivation scores of healthcare workers with the variables of age, education level, length of employment, and income status are given in Table 9. It was determined that there was a significant difference between the age groups in the mean scores of intrinsic motivation

(F(2,390)=3,580, 0.029). Accordingly, it was found that the mean intrinsic motivation scores of healthcare workers aged between 48-62 years were higher than those of healthcare workers aged between 33-47 years and 18-32 years.

A statistically significant difference was found between the mean scores of intrinsic motivation and the length of service in the organization, and when the difference was analyzed between which groups; it was determined that the mean intrinsic motivation scores of healthcare workers with 16 years or more of service were higher than those with 0-1, 2-6 and 7-11 years of service (F(4,388)=3,576, p=0.007). When the mean intrinsic motivation scores of health care workers were compared with their income status statements, it was determined that the mean scores of those who answered "My income is equal to my expenses" were higher than those who answered, "My income is less than my expenses". In this case, while hypothesis H_{4g} is rejected, hypotheses H_{4b}, H_{4c} and H_{4e} are confirmed.

Results

The study, which aims to examine the flow experiences of healthcare workers consisting of nurses and midwives based on demographic characteristics, was conducted on 393 survey data. The majority of the participants (76%) were women. Universally, there was an imbalance between genders as the majority of nurses and midwives were women. Analyses showed that the flow scale and its sub-dimensions did not differ by gender, indicating that this imbalance was due to the universal disproportion between the two genders.

Significant differences were found between the marital status of the participants the overall flow experience and the sub-dimension of giving oneself to work. It was observed that married employees had higher mean flow experiences and self-engagement than single employees. Married individuals may have higher marital support and motivation than single individuals. In addition, married individuals who have a more organized life may be more successful in coping with stress than singles. Increased responsibilities and a sense of belonging are also seen as factors that increase the ability of married individuals to stay in the flow. The results of the study conducted by Akman (2018) to examine the flow experiences of health professionals show different results from the study, stating that there are no significant differences between marital status and flow experience.

Significant differences were found between the participants' having children and their flow experiences and work enjoyment sub-dimension. It was observed that the flow experiences and work enjoyment levels of participants who had children were higher than those who did not have children. Having children primarily contributes to the clarification of the meaning and purpose of life. In addition, since parents are concerned about the future of their children, they are more willing to work and act more responsibly. Due to this situation, individuals who have children may experience higher flow experiences than those who do not.

The relationships between the ages of the participants and flow experience and its sub-dimensions were examined, and according to the results of the analysis, it was seen that as the age increases, the levels of flow experience, enjoyment of work, self-employment, and intrinsic motivation also increase. When the literature is examined, it is seen that there are studies supporting the results of the study (Akın, 2020). According to Robbins (2007), who examined the relationship between job satisfaction and age, job satisfaction follows a linear path until the age of 60. Likewise, it was observed that there were significant relationships between the working hours of the participants and flow experience and its sub-dimensions. In parallel with age, it is seen that the average scores of flow experiences increase as the working time increases. The increase in flow experience as age and experience increase may be due to many factors. First of all, since experience will bring self-confidence, skills will develop over time and the ability to look at things from a wider perspective will increase. This situation supports the rule of balance between the ability sought in the flow experience and the difficulty of the work (Csikszentmihalyi, 2014).

When the relationship between income status and flow experience and its sub-dimensions is examined, it is seen that there are significant relationships between participants whose income is equal to their expenses and enjoyment of work and intrinsic motivation. Increasing income level is a concept closely related to both happiness and well-being. The flow experience, which is a state of psychological well-being, is also positively affected by another situation whose outcome brings happiness. The results of Durak and Serinkan's (2007) study on nurses also confirm this study by showing that there are significant relationships between income and job satisfaction.

Discussions

The results of the study emphasize the effect of flow experience on nurses and midwives, who are the most important components of the healthcare team. In this

direction, in terms of revealing the degree of significance of the relationships between the flow levels and demographic characteristics of nurses and their flow experiences, the quality of health care is closely related to the physical and mental health of the staff (Martinez-Zaragoza et al., 2017). Nurses who report high levels of stress, anxiety, and burnout face many problems ranging from weight loss to poor performance (Malinauskiene, 2011).

Flow experience is a positive psychological state that allows actions to be performed under the desired psychological conditions and accordingly increases performance and satisfaction (Burke & Matthiesen, 2005). For this reason, it is thought that flow experience will contribute positively to the psychological well-being of nurses. In addition, flow experience can increase nurses' job satisfaction and positively affect their performance. This will lead to positive results such as increased health service quality and reduced errors.

Understanding the relationships between nurses' demographic characteristics and flow experience may have positive effects on several organizational outcomes. For example, if nurses belonging to certain demographic groups experience flow more frequently, it will guide managers in personnel management, contribute to a decrease in labor turnover, and increase the positive attitude of the staff. Since encouraging flow among healthcare workers will increase the health and performance of nurses, human resources and management departments have important duties to create this environment. In this direction, effective leadership plays an important role in encouraging nurses to work (García-Sierra et al., 2016). In addition, organizing training to improve subjective well-being and intrinsic satisfaction to increase the level of flow will also make positive contributions to the staff.

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