Beykoz Akademi Dergisi, 2025; 13(1), 502-536 ARAŞTIRMA MAKALESİ
Gönderim tarihi: 16.08.2024 Kabul tarihi: 27.05.2025
DOI: 10.14514/beykozad.1534503

THE IMPACT OF HAPPINESS ORIENTATIONS ON JOB SATISFACTION AMONG HEALTHCARE WORKERS: A THEORETICAL AND EMPIRICAL EXAMINATION

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"Measures of both objective and subjective well-being provide key information about people's quality of life. Statistical offices should incorporate questions to capture people evaluations, hedonic experiences and priorities." (Stiglitz, 2009:16)

Abstract

Purpose: Healthcare workers are more likely to experience burnout, depression, drug use, and suicidal tendencies than other people. There are findings in the literature that eudaimonic (meaning) and engagement (flow) happiness orientations increase well-being and job satisfaction, and job satisfaction decreases negative job outcomes such as burnout and depression. The high rate of substance use among healthcare workers and the expectation of an increase in the future indicate a tendency toward hedonic happiness (pleasure). Therefore, the main purpose of our study is to investigate whether the happiness orientations of healthcare professionals have an effect on their job satisfaction and whether positive and negative emotions have a moderating role on this effect.
Method: In this research, the 18-item scale consisting of hedonic, eudomanic and engagement dimensions created by Peterson, Park and Seligman (2005) in their study titled "Orientations To Happiness and Life Satisfaction: The Full Life Versus The Empty Life" was used. As a job satisfaction scale, the scale adapted to Turkish developed by Brayfield and Rothe (1951) was used. Finally, the scale to measure positive and negative emotions developed by Watson et al. (1998) were used. The analysis methods used in the research consist of arithmetic mean, reliability tests and regression analysis. The data obtained in this study were analyzed with the licensed SPSS 25 package program.
Findings: Our study revealed that eudaimonic, hedonic, and engagement happiness orientations collectively accounted for 19% of the variance in job satisfaction. Specifically, it was observed that eudaimonic and engagement happiness orientations positively influenced job satisfaction, whereas hedonic happiness orientation did not exhibit a significant effect. Moreover, when investigating the moderating role of positive and negative emotions in the relationship between healthcare workers' happiness orientations and job satisfaction, it was found that positive emotions did not moderate this relationship. However, negative emotions emerged as a moderator, attenuating the strength of the relationship. In essence, our findings suggest that negative emotions diminish the impact of healthcare professionals' happiness orientations on their job satisfaction. Additionally, detailed results regarding the perception differences based on demographic characteristics are presented in the study.
Result: Although the impact rate is not high, we can say that healthcare professionals prioritize the greater goals and happiness they will achieve in the future over daily pleasures and goals. Therefore, hospital managers' use of motivational resources that will highlight the contributions of healthcare professionals and the meaning they create will increase the job satisfaction of healthcare professionals. Since health problems such as burnout and depression will decrease in employees with high job satisfaction, the opportunity to provide higher quality services will increase.

Key Words: Organizational Behavior, Happiness orientations, Job satisfaction, Health Institutions Management, Healthcare workers
Jel Classification: L2; D.23, M12

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SAĞLIK ÇALIŞANLARININ MUTLULUK YÖNELİMLERİNİN İŞ TATMİNİ ÜZERİNDEKİ ETKİSİ: TEORİK VE AMPİRİK BİR İNCELEME

Öz

Amaç: Sağlık çalışanlarının tükenmişlik, depresyon, madde kullanımı ve intihar eğilimi, diğer insanlara göre daha yüksektir. Literatürde ödemonik (meaning) ve akış/bağlılık (flow) mutluluk yöneliminin iyi oluşu ve iş tatminini artırdığı, iş tatmininin de tükenmişlik ve depresyon gibi negatif iş sonuçlarını azalttığı yönünde bulgular bulunmaktadır. Sağlık çalışanları arasında madde kullanımının yüksek olması ve gelecekte de artış beklenmesi hedonik mutluluğa (pleasure) olan yönelime işaret etmektedir. Bu nedenle sağlık çalışanlarının mutluluk yönelimlerinin iş tatminleri üzerinde etkisinin olup olmadığının ve, pozitif ve negatif duyguların bu etki üzerinde düzenleyici bir rolü olup olmadığının araştırılması çalışmamızın temel amacıdır.
Yöntem: Bu araştırmada Peterson, Park ve Seligman (2005) tarafından "Mutluluğa Yönelimler ve Yaşam Doyumu: The Full Life Versus The Empty Life" başlıklı çalışmada oluşturulan hedonik, ödemonik ve bağlılık (akış) boyutlarından oluşan 18 maddelik ölçek kullanılmıştır. İş tatmini ölçeği olarak, Brayfield ve Rothe (1951) tarafından geliştirilen ve Türkçe'ye uyarlanan ölçek kullanılmıştır. Son olarak Watson vd. (1998) tarafından geliştirilen olumlu ve olumsuz duyguları ölçmeye yönelik ölçek kullanılmıştır. Araştırmada kullanılan analiz yöntemleri aritmetik ortalama, güvenirlik testleri ve regresyon analizlerinden oluşmaktadır. Bu bilgiler elde edilen veriler lisanslı SPSS 25 paket programı ile analiz edilmiştir.
Bulgular: Araştırmamızda ödemonik, hedonik ve bağlılık mutluluk yönelimlerinin iş tatminini %19 düzeyinde açıklayabildiği tespit edilmiştir. Ödemonik ve katılım mutluluk yöneliminin iş tatmini üzerinde etkisinin olduğu ancak hedonik mutluluğun etkisinin olmadığı ortaya çıkmıştır. Sağlık çalışanlarının mutluluk yönelimlerinin iş tatmini üzerindeki etkisinde olumlu ve olumsuz duyguların düzenleyici rolü incelendiğinde, olumlu duyguların düzenleyici bir role sahip olmadığı ancak olumsuz duyguların düzenleyici bir role sahip olduğu ve etki düzeyini azalttığı tespit edilmiştir. Daha açık bir ifadeyle olumsuz duygular, sağlık çalışanlarının mutluluk yönelimlerinin iş tatmini üzerindeki etkisini azaltmaktadır. Araştırmada demografik özelliklere göre algı farklılıklarına ilişkin sonuçlar ayrıntılı olarak verilmektedir.
Sonuç: Etki oranı yüksek olmasa da sağlık profesyonellerinin gelecekte elde edecekleri daha büyük hedeflere ve mutluluklara, günlük zevk ve hedeflerden daha fazla öncelik verdiği sonucuna ulaşılmıştır. Bu nedenle hastane yöneticilerinin sağlık çalışanlarının katkılarını ve yarattıkları anlamı öne çıkaracak motivasyon kaynaklarını kullanmaları sağlık çalışanlarının iş tatminini artıracaktır. İş tatmini yüksek olan çalışanların tükenmişlik ve depresyon gibi sağlık sorunları azalacağından, daha kaliteli hizmet sunma olanağı artacaktır.

Anahtar Kelimeler: Örgütsel Davranış, Mutluluk yönelimleri, İş tatmini, Sağlık Yönetimi, Sağlık çalışanları
Jel Sınıflandırması: L2; D.23, M12

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1. Introduction

Healthcare professionals, such as physicians and nurses, are considered psychologically difficult professions due to the nature of their work, such as a high sense of responsibility towards other people, high emotional burden, and exposure to intense pain (Weinberg and Creed, 2000; Wieclaw et al., 2006; Cortese, 2007). Medscape's 2019 report (Kane, 2019) shows that 44% of physicians report burnout, 11% experience transient depressive symptoms (sadness or sadness), and 4% experience clinical depression. Depressive disorders and suicide have been found to be higher among physicians compared to other professional groups (Center et al., 2003, Tomioka et al., 2011). According to research, the biological model suggests that depression is caused by neurochemical imbalances (Meyer, 2003). The psychological model explains depression with the cognitive vulnerability hypothesis, which is based on how individuals give meaning to negative life events or how they interpret these events; these cognitive styles accelerate the development of depression and increase its impact (Alloy et al., 1999). Other factors such as occupational factors that cause depression include high job demands, low job control, inadequate effort-reward, low relational and procedural justice, role stress, harassment, and low social support at work (Yang et al., 2024).

Impairment in healthcare professionals is, unfortunately, all too common. Impairment occurs when a healthcare professional, whether a physician, nurse, or allied health professional, fails to provide competent and safe patient care due to a substance use disorder (Toney-Butler and Siela, 2024). Alcohol and drug abuse is a significant problem in the healthcare profession. Substance use among healthcare providers is expected to increase due to long work hours, stress, and increasing labor shortages in healthcare settings (Crowley, 1986; Duszynski et al., 1995). Healthcare professionals tend to use benzodiazepines and opiates more than illicit street drugs, likely due to ease of access. It is estimated that approximately 10% to 15% of all healthcare professionals will abuse drugs or alcohol at some point during their careers (Baldisseri, 2007). Accurate statistics on the exact number of people affected are unknown, but the rate of drug use by healthcare providers is thought to be five times higher than the reference rate for non-medical professionals (Arshem, 1993; Kenna and Lewis, 2008; Bryson, 2018).

The available evidence on factors contributing to poor mental health outcomes among healthcare professionals and physicians suggests that many of these factors are directly related to work (Wilhelm et al., 2004; Kivimaki et al., 2010; Tennant, 2001). These factors include professional challenges such as working in emergency departments, witnessing patient

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suffering and death, and being exposed to increased risk of infection; workload, conflicts between personal and institutional values; and organizational factors such as inadequate quality of healthcare and low professional autonomy.

Job satisfaction is closely related to mental health problems such as anxiety, burnout, and depression (Faragher et al., 2005). Job satisfaction is a multidimensional and complex concept that expresses the positive or negative attitudes of an employee towards working conditions, coworkers, and performing their job at work. In addition, job satisfaction is moderately related to mental health problems such as anxiety, depression, or burnout syndrome; on the other hand, the absence of burnout syndrome is a strong predictor of job satisfaction (Villarreal-Zegarra et al., 2022; Yang et al., 2024). Oliveira et al. (2018) found that job satisfaction reduces depressive symptoms and burnout, and burnout reduces job satisfaction.

According to the Medscape 2018 happiness report (Peckham, 2018), when doctors' happiness levels outside of work were evaluated, it was found that half were very or extremely happy, while only 10% were extremely or very unhappy. While 73% of the participants stated that they had a spiritual or religious belief, 76% of the doctors in this group stated that their beliefs helped them cope with job stress. This data emphasizes two important points. First, why are they not happy at work? Second, do beliefs such as serving a greater purpose play a supportive role in coping with job stress? There are similar studies in the literature showing a low but consistent relationship between religiosity and happiness (Myers, 1993; Csikszentmihalyi and Patton, 1997). Optimism and a sense of purpose in life are other important elements of psychological well-being that are consistently associated with better health outcomes (Kubzansky et al., 2018).

Philosophical discussions on how to achieve happiness have focused on two main trends, hedonic and eudaimonic, since the ancient Greek period (Huta, 2016). However, Seligman and Csikszentmihalyi (2000), who had important studies in the field of positive psychology in the late 1990s, added the flow state to these orientations, and then Seligman (2002) named the Authentic Happiness Theory. The theory of Authentic Happiness identified three distinct pathways of happiness: pleasure, engagement (flow[3]), and meaning. Behaviors that fall within each pathway contribute to an individual's well-being, but people often must balance activities

[3] Engagement, which Seligman (2002) defines as happiness orientation in his Authentic Happiness theory, is the flow state defined by Csikszentmihalyi (1975). It emphasizes the flow state experienced while doing work. For this reason, in order to ensure conceptual integrity in the study, "flow" and "work engagement" will be used synonymously.

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(e.g., the most meaningful activity may not be the most enjoyable) or rely on one pathway to neglect another (Schueller and Seligman, 2010).

Hedonic orientation is the prioritization of pleasure, comfort/painlessness, while eudaimonic orientation is the prioritization of originality, excellence, and growth (Pearce et al., 2020). Flow is a state in which a person is fully immersed in the work they do and experiences intrinsic satisfaction (Csikszentmihalyi, 1996). Hedony is generally represented by subjective well-being (SWB), which includes positive affect, life satisfaction, and low negative affect (Diener et al., 1999). In contrast, eudaimonia is typically represented by psychological well-being (PWB), which includes dimensions such as autonomy, purpose in life, personal growth, positive relationships, environmental mastery, and self-acceptance (Ryff, 1989). Flow/work engagement is defined as a positive, satisfying, and emotional-motivational state reflecting work-related well-being (Leiter and Bakker, 2010).

Our research contributes to the literature in two aspects. First, there are numerous studies in the literature showing that hedonic, eudaimonic (Huta and Ryan, 2010; Henderson and Knight, 2012; Park et al., 2009; Peterson et al., 2005; Vittersø and Søholt, 2011) and work engagement (Gonzalez-Roma et al. 2006; Bakker et al., 2006; Demerouti and Cropanzano, 2010; Salanova and Schaufeli, 2008) are positively related to well-being and life satisfaction. However, only three studies (Martinez-Martı and Runch, 2017; Proyer et al., 2012; Swart and Rothmann, 2012) investigating the relationship between happiness orientations and individuals' job satisfaction were found. First of all, our research will contribute to the happiness orientation and job satisfaction literature in this respect. Secondly, there is no research examining whether happiness orientations have an effect on the job satisfaction of healthcare professionals. Considering that healthcare professionals are five times more likely to experience mental health problems than other people, a conceptual framework and empirical findings will be presented to provide insight into the solution of this problem for both researchers and health policy makers. The findings from our research are intended to contribute to the development of practical interventions to help healthcare professionals develop resilience to work stress, protect their mental health, and strengthen their commitment to their work.

2. Literature Review

There are studies in the literature on the relationship between job satisfaction (Santana and Loureiro, 2019; Cunningham et al., 2022) of healthcare professionals and burnout (Villarreal-Zegarra et al., 2022; Chen and Meier, 2021), depression (Saquib et al., 2019; Salma and Hasan,

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2020; Poursadeghiyan et al., 2016; Tatsuse et al., 2019), anxiety (Ghawadra et al., 2019), physical and mental health (Faragher et al., 2005; Harvey et al., 2017). These kinds of health problems are mostly seen as consequences of organizational (Cohidon et al., 2019) and occupational factors (Del Carmen et al., 2019). Occupational factors that cause depression include high job demands, low job control, inadequate effort-reward, low relational and procedural justice, role stress, harassment, and low social support at work (Yang et al., 2024). Therefore, it is predicted that increasing job satisfaction will reduce negative outcomes resulting from occupational factors in healthcare professionals.

Individuals who see their work as meaningful or as an activity serving a larger purpose report better psychological adjustment, higher job satisfaction (Steger et al., 2012), and increased work unit fit (Arnold et al., 2007). Tei et al. (2015) provide evidence that increasing the sense of meaning at work can have protective effects on burnout and thus improve the quality of care for healthcare professionals. Fillion et al., (2009) Professionals who are exposed to patient distress and find meaning in the process experience less stress through actions such as relieving patient suffering.

Martinez-Martí and Runch (2017) examined whether happiness orientation has an effect on job satisfaction in adults, Proyer et al. (2012) in military personnel, and Swart and Rothmann (2012) in agricultural sector managers. These studies show that there is a connection between job satisfaction and happiness orientations, especially eudaimonic orientation and flow/engagement increase job satisfaction. However, no research has been found on whether happiness orientations increase job satisfaction in healthcare professionals.

Peckham (2018) found that when doctors' happiness levels outside of work were evaluated, half were very or extremely happy, while only 10% were extremely or very unhappy. In the same study, 76% of participants who stated that they had a spiritual or religious belief stated that their beliefs helped them cope with work stress. Applebaum et al. (2014) suggested that increasing the sense of meaning will reduce the feeling of burden. Seligman (2002); Peterson et al., (2005), Huta and Ryan (2010), Kahneman (1999) and Csikszentmihalyi (1999) suggest that hedonic, eudaimonic and flow/engagement happiness orientations increase life satisfaction. There are also studies suggesting that daily eudaimonic behaviors (e.g., expressing gratitude for something someone else did) increase positive emotions, a person's sense of meaning in life, and life satisfaction (Steger et al., 2008; Sheldon et al., 2019; Jia et al., 2021). In contrast, hedonic orientation has been found to be associated with low self-control and perseverance

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(Schueller and Seligman, 2010; Shi et al., 2015) and thus may lead to dysfunctional behaviors (Guintoli et al., 2021; Yang et al., 2017) and prevent people from achieving long-term goals (Anić and Tončić, 2013; Zeng and Chen, 2020).

In the literature, there are inconsistencies in the findings of studies investigating whether hedonic and eudaimonic happiness increase well-being. Chen and Zhen (2021) investigated the inconsistency in the literature in detecting both positive and negative relationships between hedonic and eudaimonic happiness orientations and well-being. In their research, they argue that orientation priorities (the relative importance individuals give to eudaimonia and hedonia) moderate the relationship between happiness orientations and well-being outcomes. However, the strength of these relationships depends on individuals' orientation priorities. While both orientations increase well-being in individuals who prioritize eudaimonia, these benefits are reduced or eliminated in individuals who prioritize hedonia. The findings reveal that orientation priorities play a decisive role in the effects of hedonic and eudaimonic orientations on well-being.

Pearce et al., (2020) showed in their study that eudaimonic orientation is more consistently associated with broad interest indicators such as prosocial/environmentally friendly values, future time perspective, and abstract interpretation of events. Hedonic orientation, on the other hand, has been associated with narrow egoistic values such as power and wealth, and fatalistic/hedonistic perspectives focused on the present. Pearce and Huta (2023) examined how hedonic orientation (prioritizing pleasure, comfort/painlessness) and eudaimonic orientation (prioritizing originality, excellence, and growth) are related to behaviors that help or hinder others and the desire to help others in different situations. They found that eudaimonic orientation is positively associated with helping others and negatively associated with hindering others, while hedonic orientation is positively associated with hindering others.

3. Happiness Orientations

The Authentic Happiness theory (Seligman, 2002) identifies three primary pathways to happiness: hedonic living, engagement, and meaning. Hedonic living focuses on hedonism, where happiness is derived from maximizing positive emotions and sensory pleasure. Engagement is achieved through flow-related experiences where individuals are deeply immersed in activities that align with their abilities, providing a sense of focus and fulfillment. Finally, the meaning pathway emphasizes eudaimonia, where happiness is rooted in a sense of purpose and connection to something greater than oneself. Together, these orientations provide

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a comprehensive framework for understanding the various ways individuals achieve happiness and well-being.

Happiness orientations refer to the values, motivations, and goals that shape individuals' behaviors in the pursuit of happiness (Huta, 2016). Hedonia and eudaimonia stand out as the two most prominent approaches to happiness. Hedonia represents the pursuit of pleasure and comfort, while eudaimonia emphasizes personal growth and a meaningful life goal (Ryan and Deci, 2001). Peterson et al. (2005) found that pleasure, involvement, and meaning orientations all positively predicted life satisfaction. Individuals who scored low on all three orientations also experienced the lowest levels of life satisfaction.

Huta and Waterman (2014) have suggested that there is conceptual confusion in the literature between hedonia and eudaimonia. Huta (2016) argues that to develop a complete picture of the eudaimonic-hedonic distinction, it is necessary to consider all four categories of definitions because they capture different stages of the continuum. These categories are:

• Orientations: Priorities, motives, values, and goals (why you do something).
• Behaviors: Specific activities (what you do).
• Experiences: Subjective feelings, emotions, and evaluations at the situational level (what you feel).
• Functioning: Long-term traits, abilities, accomplishments, habits, and character strengths (what you are good at).

Huta (2013 and 2015) argue that eudaimonia and hedonia should be defined primarily in terms of orientations. Orientations represent the reasons underlying an individual's actions and are often chosen voluntarily. While orientations and behaviors reflect the choices an individual makes, experiences and functioning often represent the consequences of those choices (Huta, 2020).

3.1. Eudaimonia

Meaning in life is a fundamental element for maintaining psychological well-being (Heng et al., 2020). In general, it refers to the importance individuals attach to their life purpose, goals, and overall satisfaction, and is often infused with spiritual elements (Sun et al., 2017).

Self-determination theory (SDT) (Ryan and Deci, 2000) integrates the concept of eudaimonia and emphasizes self-realization as a fundamental component of well-being. SDT identifies three basic psychological needs (autonomy, competence, and relatedness) as fundamental for

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psychological development, integrity, and well-being. These needs support intrinsic motivation, cultural internalization, and life satisfaction, as well as the experiences of vitality (Ryan and Frederick, 1997) and self-concordance (Sheldon and Elliot, 1999). Fulfilling these needs is considered a natural goal of human life and shapes the meanings and purposes behind human actions (Deci and Ryan, 2000).

Frankl (1972) developed Logotherapy, one of the most influential theories of the meaning of life, which focuses on the concept of "existential emptiness." "Existential emptiness" is defined as a belief that life lacks intrinsic meaning (Feldman and Snyder, 2005). According to Frankl, individuals who experience this emptiness are more likely to develop extra-genetic neurosis, which makes them vulnerable to psychogenic problems such as depression and anxiety.

Spreitzer (1995) suggested that meaningful work is a dimension of psychological empowerment in the workplace. Steger and Dik (2009) considered meaning as finding meaning in life in general and meaning in career. They found that experiencing career meaning improves well-being and people's confidence in their career decisions for those seeking global meaning in life. In another study, Steger and Dik (2010) state that work is often an important source of meaning in life as a whole.

Permanent personal resources, ranging from physical and intellectual resources to social and psychological resources, can be gained by pursuing eudaimonia. These resources can help individuals cope with stress more effectively, increase their resilience in the face of negative events, and thus improve their hedonic well-being (Diener et al., 2012; Freire et al., 2019). Eudaimonic motives are generally more abstract and focused on the future (Pearce et al., 2020).

3.2. Hedonism

Rooted in the philosophy of the Greek philosopher Aristippus, hedonism emphasizes the maximization of pleasure as the path to happiness, a view supported by thinkers as diverse as Hobbes, DeSade, and Bentham (Ryan and Deci, 2001). According to hedonism, achieving subjective well-being involves engaging in daily activities that elicit pleasure (van Halem et al., 2024). Hedonic motives are typically self-centered, focused on the present moment, and involve clear and concrete goals (Pearce et al., 2020). Most people naturally pursue hedonic motives, seeking pleasurable situations while avoiding situations that cause stress or discomfort (Higgins, 1997; Tamir, 2016). The emotional rewards associated with hedonic motives help people maintain a positive mood, which is an important aspect of subjective well-being.

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Kahneman et al. (1999) hedonic psychology equates well-being with the balance of pleasure over pain and identifies subjective well-being (SWB) as a key measure. However, there is debate as to whether SWB adequately captures well-being and whether hedonic principles effectively support it. Despite theoretical differences, much of hedonic psychology adopts an empirical, bottom-up approach, generally consistent with expectancy-value theory (Oishi et al., 1999), which posits that well-being results from the attainment of valued outcomes. This perspective is implicitly compatible with cultural relativity and behavioral reward-punishment (Shizgal, 1999), cognitive expectancies (Peterson, 1999) frameworks, and emphasizes the flexibility and cultural specificity of hedonic goals.

3.3. Flow/Engegament

Flow is a state in which a person is completely absorbed in what they are doing and experiences inner satisfaction. The experience of flow requires skill, concentration, and perseverance. In flow, there is no future or past, but an expanded present in which you dismantle and recreate meaning (Csikszentmihalyi, 1996).

According to Csikszentmihalyi's research (1997), a person's happiness depends on their ability to derive flow from their activities. The experience of flow is a key component that adds meaning and satisfaction to an individual's life. Flow states can contribute to long-term well-being by nurturing an individual's talents, increasing their interest, and developing their skills. These positive resources can create an upward spiral effect on both subjective well-being (SWB) and objective well-being (OWB). Individuals who frequently enter the flow state can be expected to be more productive and achieve higher levels of success in this context (Schueller and Seligman, 2010). The relationship between flow and happiness is not directly observable. During the flow experience, individuals generally do not think about happiness because this intense state of focus leaves no room for distractions. Flow itself does not allow the individual to think about subjective states by fully engaging in a task. Therefore, happiness is usually noticed after flow rather than experienced during flow. Individuals describe the experience as one of the most positive states possible after experiencing flow. Furthermore, autotelic individuals who frequently experience flow report more positive moods in general and tend to see their lives as more meaningful and purposeful (Adlai-Gail, 1994). Autotelic experience refers to an activity that is inherently enjoyable and meaningful, worth doing regardless of its consequences. Such experiences are often found in creative activities, music, sports, games, and religious rituals.

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4. Positive And Negative Emotions

Zhao et al. (2019) emphasize that burnout is closely related to personal emotions. Emotions are inherently linked to specific impulses to act in certain ways, and these are often referred to as specific action tendencies (Frijda, 1986; Lazarus, 1991). Positive affect (PA) refers to emotions that reflect a pleasant level of interaction with the environment in individuals, such as happiness, joy, excitement, enthusiasm, and satisfaction (Pressman and Cohen, 2005). These emotions can occur in short-term, longer-term, or stable trait-like forms. Leger et al. (2020) found that positive emotions play a critical role in individuals' stress coping and adaptation processes. Kaplan et al., (2009) stated that individuals with high levels of positive affect respond more to positive stimuli, while individuals with high levels of negative affect respond more to negative stimuli. Broaden and Build Theory (Fredrickson, 2004) suggests that positive emotions enhance optimal functioning by expanding individuals' thought-action repertoires and, over time, supporting the development of personal and social resources. For example, joy fosters play, creativity, and pushing boundaries; pride encourages sharing successes and envisioning larger goals; and interest drives exploration, learning, and experimentation. These broadened perspectives ultimately generate enduring resources such as enhanced knowledge, increased resilience, and stronger social connections (Fredrickson, 2003; 2013). Positive emotions have been found to mediate the relationship between strengths use, task performance (Gaudreau et al., 2006; Dubreuil et al., 2021), and organizational citizenship (Lavy and Littman, 2017; Van Woerkom and Meyers, 2015). Negative emotions such as anger, fear, shame, sadness, grief, and anxiety trigger phobias and other anxiety disorders and can lead to depression (Nolen-Hoeksema et al., 1993; Fredrickson and Roberts, 1997). Depression is one of the most common psychological disorders affecting healthcare professionals and increases the risk of suicide (Ram et al., 2017).

5. Methodology

5.1. Research Motivation and Aim

Healthcare workers are more likely to experience burnout, depression, drug use, and suicidal tendencies than other people. The high prevalence of substance use among healthcare workers and the expectation of an increase in the future (see the introduction section) have raised the question of whether they turn to hedonic happiness (pleasure) to overcome the psychological and mental health problems they experience due to their work. There are findings in the literature that eudemonic (meaning) and engagement (flow) happiness orientations increase

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well-being and job satisfaction, and job satisfaction reduces negative work outcomes such as burnout and depression (see literature review). Therefore, the main motivation of our study is to investigate whether healthcare workers' happiness orientations have an effect on job satisfaction.

This research aims to understand the role of happiness orientations on job satisfaction in order to provide suggestions to increase the well-being and job satisfaction of healthcare professionals. The question of whether one of the hedonic, eudemonic and engagement happiness orientations is superior to the others is not among the aims of our research.

5.2. Research Population and Sample

The population of this research consists of healthcare professionals. The sample of the research consists of healthcare professionals (1240 people) working at Siirt Training and Research Hospital in 2022-2023. In this context, in order to reach results with 95% reliability, 0.5% confidence interval and 5% margin of error from the research data, the sample size to represent 1240 healthcare workers working in Siirt Training and Research Hospital, where the application will be carried out within the scope of the research, was found to be 293 (n = 293), according to the distributed surveys. Since the return rate was high, 400 healthy surveys were analyzed.

5.3. Research Model and Hypothesis

Individuals who exhibit higher levels of eudaimonic orientations (seeking meaning and self-actualization), hedonic orientations (pursuing pleasure and positive emotions), and engagement orientations (being fully absorbed and immersed in tasks) will report higher levels of job satisfaction compared to those who exhibit lower levels of these happiness orientations. This hypothesis is based on the premise that individuals who align their work activities with their intrinsic values, derive pleasure from their work, and are fully engaged in their tasks are more likely to experience greater job satisfaction.

However, the relationship between healthcare workers' happiness orientations and job satisfaction may be further nuanced by the moderating influence of positive and negative emotions. Positive emotions, such as compassion, empathy, and resilience, may amplify the positive effects of happiness orientations on job satisfaction by enhancing healthcare workers' sense of fulfillment, connection to their work, and ability to cope with stress and adversity. Conversely, negative emotions, such as burnout, compassion fatigue, and emotional exhaustion, may diminish the relationship between happiness orientations and job satisfaction by undermining healthcare workers' emotional well-being and job engagement.

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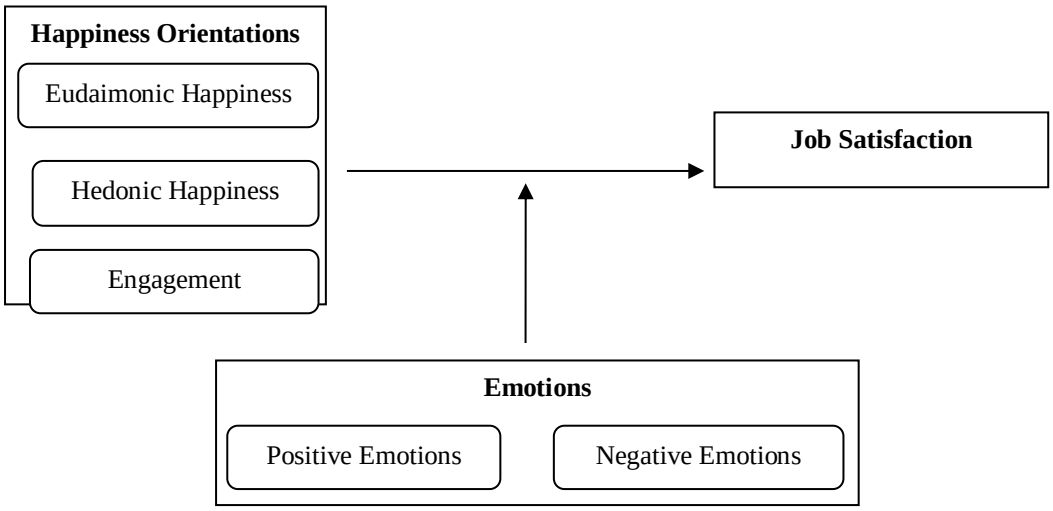
Figure 1. Research Model



The research has 3 main hypotheses and each main hypothesis has 3 sub-hypotheses. The hypotheses developed in accordance with the research hypothesis are as follows:
H1: Happiness orientation has an effect on job satisfaction.
H1a: Eudaimonic happiness orientation has an effect on job satisfaction.
H1b: Hedonic happiness orientation has an effect on job satisfaction.
H1c: Engagement has an effect on job satisfaction.
H2: Positive emotions has a moderating role in the effect of happiness orientation on job satisfaction.
H3: Negative emotions has a moderating role in the effect of happiness orientation on job satisfaction.

5.5. Scales Used in the Research

Happiness Orientation Scale: In this research, the 18-item scale consisting of hedonic, eudaimonic and engagement dimensions created by Peterson, Park and Seligman (2005) in their study titled "Orientations To Happiness and Life Satisfaction: The Full Life Versus The Empty Life" was used. The scale was adapted into Turkish by Sarıçam and Canatan (2015), its psychometric properties were examined, and validity and reliability studies were conducted. The items of the scale were collected in 3 dimensions (meaning, pleasure, engagement) in accordance with the form developed by Peterson et al. (2005). Factor loadings of the scale range between .36 and .59. Cronbach Alpha internal consistency reliability coefficient .88; the test-retest correlation coefficient was found to be .79. Additionally, corrected item-total correlations range between .39 and .61.

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Job Satisfaction Scale: Many different scales have been developed from past to present to measure Job Satisfaction. In this study, a scale derived from the Job Satisfaction Scale developed by Brayfield and Rothe (1951), which is widely used in the literature, and adapted to Turkish, was used. The Job Satisfaction Scale was first developed as 18 items by Brayfield and Rothe (1951), and was later shortened into a 5-item form by Judge et al. (1998). It was translated into Turkish by Bilgin (1995) and its validity and reliability study was conducted by Keser and Öngen Bilir (2019). In order to facilitate the use and analysis of all items of the 5-item short scale, especially the reverse items, it was reinterpreted by Başol and Çömlekçi (2020) and a Turkish validity-reliability study was conducted. All items were changed to positive. A 5-point Likert type evaluation was used to evaluate the scale.

Positive and Negative Emotions Scale: The scale to measure emotions developed by Watson et al. (1998) includes 10 positive and 10 negative emotion items were used. Each item is scored between 1 (very little or not at all) and 5 (very much). The positive emotion subscale of PNDS refers to the extent to which the individual feels interested, active and alert; The negative emotion sub-dimension measures the level at which the individual feels subjective problems such as disgust, anger, fear and guilt. The original internal consistency (Cronbach Alpha) coefficient was reported as .88 for positive emotion and .87 for negative emotion when the assessment period was given with the instruction “the past few days”. Test-retest consistency was found to be .47 for both emotions when the "last week" instruction was given as the evaluation period. The scale was translated into Turkish by Dürü (1998). Gençöz (2000) developed the scale based on Dürü's (1998) translation.

5.6. Analysis and Evaluation of Data

In this section, the validity and reliability levels of the scales used in the research are stated, and the data obtained are analyzed and tested. Analysis methods used in the research consists of arithmetic mean, reliability tests and regression analyses. The data obtained in this study were analyzed with the licensed SPSS 25 package program.

5.7. Demographic Characteristics of Research Participants

To determine the demographic characteristics of the healthcare professionals participating in the study, their gender, age, marital status, number of children, education level, duties, unit they work in, working style, weekly working hours, experience level, and monthly income were investigated and the findings are shown in Table 1.

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Table 1. Frequency distribution table for socio-demographic characteristics

Gender	**n**	**%**	**Marital Status**	**n**	**%**			
Female	247	61,75	Single	200	50,00			
Male	153	38,25	Married	200	50,00			
Age	**n**	**%**	**Number of Children**	**n**	**%**	**Work Experience**	**n**	**%**
21-25	115	28,75	Don't have	245	61,25	Less than a year	54	13,50
26-30	161	40,25	1	76	19,00	1-5 year	135	33,75
31-35	72	18,00	2	55	13,75	6-10 year	124	31,00
36-40	32	8,00	3	20	5,00	11-15 year	54	13,50
41+	20	5,00	4 +	4	1,00	16 year+	33	8,25
Education Level	**n**	**%**	**Monthly Income**	**n**	**%**	**Weekly Working Hours**	**n**	**%**
High School	22	5,50	8000-18000 Tl	265	66,25	26-40	138	34,50
Associate Degree	144	36,00	18001-28000 Tl	93	23,25	41-50	173	43,25
Undergraduate	197	49,25	28001-38000 Tl	15	3,75	51-60	55	13,75
Graduate	21	5,25	38001-48000 Tl	9	2,25	61-70	15	3,75
PhD	16	4,00	48001 Tl +	18	4,50	71+	19	4,75
Work Position	**n**	**%**	**Working Unit**	**n**	**%**	**Working Style**		
Nurse	162	40,50	Operating Room	126	31,50	Shift	176	44,00
Technician	147	36,75	Intensive Care	46	11,50	Work in Shifts	70	17,50
Midwife	20	5,00	Delivery Room	11	2,75	Guard Duty	154	38,50
Doctor	36	9,00	Emergency	75	18,75			
Other Healthcare Worker	15	3,75	Policlinic	46	11,50			
Medical Secretary	20	5,00	Others	77	19,25			
			Laboratory	19	4,75			

When the socio-demographic characteristics of the study are examined; In terms of gender, it was represented by 247 women (61.75%) and 153 men (38.25%). The age variable shows that the most participants are between the ages of 26-30 (161 people, 40.25%), and the least participants are 41 years old and over (20 people, 5.00%). According to this data, the hospital's workforce consists of young employees. The marital status variable is evenly split: 200 people are classified as single (50.00%) and 200 people are classified as married (50.00%). The number of children variable shows that 61.25% of the participants are childless (245 people), 19% have one child (76 people), and 13.75% have two children (55 people). Finally, the education level variable shows that the most participants were at the undergraduate level (197 people, 49.25%), while the least participants were at the high school level (22 people, 5.50%). According to the results, the majority of employees are undergraduate graduates. These data provide information about the profile of employees in the health sector. The highest participation in the study is nurses (40.5%), followed by technicians (36.75%). The most worked unit is the operating room (31.50%), while the least worked unit is the delivery room (2.75%). Additionally, the majority of employees work during working hours (44.00%) and the experience level is generally between 1-10 years (77.75%). When monthly incomes are examined, most of the employees

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(66.25%) have an income between 8,000-18,000 TL, while a small portion (4.50%) earn an income of 48,001 TL and above.

5.8. Participants' Perceptions about the Variables Included in the Research Model

The results, mean and standard deviation values for the evaluation of the happiness orientation, eudaimonic happiness, hedonic happiness, engagement, job satisfaction, positive emotion and negative emotion variables discussed in the research by healthcare professionals are shown in the tables below.

Table 2. Perceptions of Happiness Orientations

	Mean	**SD**
1. My life serves a higher purpose	3,38	1,22
2. When choosing what to do, I always take into account whether it will benefit people.	3,89	1,11
3. I have a responsibility to make the world a better place	3,20	1,28
4. My life has a permanent meaning.	3,69	1,12
5. What I do is important to society.	3,45	1,22
6. I spend a lot of time thinking about what life means and how I fit into it as a whole.	3,47	1,16
General Average of Eudaimonic Happiness	**3,51**	**0,82**
7. Life is too short to postpone the gratification (pleasure) that can be achieved.	4,10	1,11
8. I make a special effort to feel joyful.	3,32	1,18
9. When choosing what to do, I always take into account whether it will be enjoyable.	3,68	1,10
10. I agree with the statement, “Life is short – eat dessert first.”	3,36	1,37
11. I like to do things that excite my emotions.	3,91	1,05
12. For me, the good life is the enjoyable life.	3,80	1,18
General Average of Hedonic Happiness	**3,69**	**0,76**
13. No matter what I'm doing, time passes so quickly.	3,21	1,20
14. I look for jobs that will develop (encourage) my talents and abilities.	3,45	1,24
15. At work or at play, I am often distracted and unaware of what I am doing.	2,15	1,16
16. I always give my full attention to what I am doing.	3,96	1,05
17. When choosing what to do, I take into account whether I can be committed to it to the extent of being absorbed in it.	3,40	1,10
18. I am rarely distracted by what is happening around me.	3,10	1,13
General Average of Engagement Happiness	**3,21**	**0,59**
General Average of Happiness Orientations	**3,47**	**0,61**

When the values in the table are examined, the average score given by the healthcare professionals participating in the research to the statements regarding the happiness orientation variable was found to be 3.47. The highest perception was "Life is too short to postpone the pleasure that can be obtained" with an average of 4.10, and the lowest perception was "I am usually distracted, both at work and at play, and I am not aware of what I am doing" with an average of 2.15. It has been observed that the expression '. The average score they gave for eudaimonic happiness, which is the sub-dimension of happiness orientation, was found to be 3.51. The highest perception of eudaimonic happiness was "When choosing what I will do, I always take into account whether it will be beneficial to people" with an average of 3.89, and the lowest perception was "I have a responsibility to make the world a better place" with an

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average of 3.20. It has been observed that the expression '. The average score they gave for hedonic happiness, which is the sub-dimension of happiness orientation, was found to be 3.69. The highest perception of hedonic happiness is "Life is too short to postpone the pleasure that can be obtained" with an average of 4.10, and the lowest perception is "I make a special effort to feel joyful" with an average of 3.32. has been observed. The average score they gave for the engagement variable, which is another sub-dimension of happiness orientation, was found to be 3.21. The highest perception of engagement was "I always give my full attention to what I do" with an average of 3.96, and the lowest perception was "I am usually distracted and not aware of what I am doing, both at work and at play" with an average of 2.15. has been observed.

Table 3. Perceptions of Job Satisfaction

	Mean	**SD**
1. I enjoy my job.	3,33	1,27
2. I find happiness in my work.	2,49	1,16
3. I am satisfied with my current job.	2,96	1,31
4. I find my job enjoyable.	2,99	1,30
5. Time passes well at work.	3,07	1,27
General Average of Job Satisfaction	**2,97**	**1,07**

When the values in the table are examined, the average score given by the healthcare professionals participating in the research to the statements regarding the job satisfaction variable was found to be 2.97. It was observed that the highest perception was "I love my job" with an average of 3.33, and the lowest perception was "I find happiness when I am at work" with an average of 2.49.

Table 4. Perceptions of Positive Emotions

	Mean	**SD**
1. Related	3,03	1,04
2. Excited	2,55	1,16
3. Strong	3,20	1,09
4. Enthusiastic	2,87	1,26
5. Proud	3,46	1,29
6. Alert	2,53	1,17
7. Inspired (Full of thoughts)	3,20	1,28
8. Determined	3,35	1,18
9. Careful	3,54	1,14
10. Active	3,46	1,19
General Average of Positive Emotions	**3,12**	**0,79**

When the values in the table are examined, the average score given by the healthcare professionals participating in the research to the statements regarding their positive emotions was found to be 3.12. It was observed that the highest perceptions as positive emotions were "careful" with an average of 3.54, "active" with an average of 3.46 and "proud" with an average

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of 3.46. It was observed that the lowest perceptions in terms of positive emotions were "alert" with a mean of 2.53 and "excited" with a mean of 2.55.

Table 5. Perceptions of Negative Emotions

	Mean	SD
1. Distressed	2,92	1,18
2. Unhappy	2,73	1,22
3. Guilty	1,58	0,91
4.Frightened	1,92	1,21
5. Hostile	1,43	0,87
6. Irritable	2,77	1,32
7. Embarrassed	1,84	1,08
8. Angry	2,79	1,27
9. Uneasy	2,61	1,26
10. Scared	2,13	1,25
General Average of Negative Emotions	**2,27**	**0,72**

The average score given by the healthcare professionals participating in the research to the statements regarding their negative emotions was found to be 2.23. It was observed that the highest perceptions as negative emotions were "distressed" with a mean of 2.27 and "angry" with a mean of 2.79. It was observed that the lowest negative emotions were "hostile" with a mean of 1.43 and "guilty" with a mean of 1.58.

Table 6. Frequency, normality and reliability results for scales

Variables	Mean	Min.	Max	SD	Skewness	Kurtosis	Cronbach's Alpha
Happiness Orientation	3,47	1,00	5,00	0,61	-0,599	1,264	0,873
Eudaimonic Happiness	3,51	1,00	5,00	0,82	-0,523	0,229	0,803
Hedonic Happiness	3,69	1,00	5,00	0,76	-0,674	0,632	0,829
Engagement	3,21	1,00	5,00	0,59	-0,186	1,424	0,842
Positive Emotions	3,12	1,00	5,00	0,79	-0,158	-0,145	0,863
Negative Emotions	2,27	1,00	5,00	0,72	0,405	-0,333	0,817
Job Satisfaction	2,97	1,00	5,00	1,07	-0,092	-0,669	0,898

These data show the results of a survey about the happiness orientations, eudaimonic happiness, hedonic happiness, engagement, job satisfaction, positive and negative emotions of a certain group of people. Happiness orientation: The average value of 3.47 shows that the participants generally tend to be between "indecisive" and "agree" in their happiness orientation. That is, most participants had a neutral or positive view of their happiness orientation. The standard deviation is 0.61, which shows that there are significant differences between individuals, but they are not extreme, and most people have similar feelings on this issue.

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It was observed that the participants were generally in a position between neutral and positive in terms of happiness orientation, eudaimonic happiness and hedonic happiness levels. This implies that individuals generally show a positive trend towards happiness and well-being. It was observed that the engagement dimension was slightly lower than other dimensions. Accordingly, the participants showed a neutral attitude towards engagement. Job satisfaction is at a moderate level and large individual differences have been observed in this regard. While positive emotions were observed to be experienced neutrally, it was determined that negative emotions were generally experienced at a low level.

For the reliability of the scales, the internal consistency coefficient Cronbach's alpha test statistic was used. Reliability coefficient $0.00 \leq \alpha < 0.40$ (unreliable); $0.40 \leq \alpha < 0.60$ (low confidence); It was determined as $0.60 \leq \alpha < 0.80$ (highly reliable) and $0.80 \leq \alpha < 1.00$ (highly reliable) (Kalaycı, 2008). Considering its assumption, the scale and its sub-dimensions are said to be highly reliable.

5.9. Examining The Effect of Happiness Orientation on Job Satisfaction

Regression analysis was conducted to examine the effect of happiness orientation on job satisfaction, the results are presented in Table 7.

Table 7. The Effect of Happiness Orientation on Job Satisfaction

Variables	**Job Satisfaction**			**Multicollinearity Statistics**		**Correlations**		
	Beta	T	p Value	Tolerance	VIF	Zero-order	Partial	Part
Happiness Orientation	0,428	9,447	0,000	1,000	1,000	0,428	0,428	0,428
R	0,428[a]							
R^2	0,183							
Adjusted R^2	0,181							

As seen in Table 7, the regression model created is statistically significant at the 0.05 significance level and the R^2 value was found to be 0.183. Accordingly, happiness orientations can explain 18% of job satisfaction, which is the dependent variable in the model. Happiness orientations included in the model affect job satisfaction (β =0.428: P<0.000). In the context of the findings, the H1 hypothesis predicting the effect of happiness orientations on job satisfaction was accepted.

5.10. The Effect of Happiness Orientation Dimensions on Job Satisfaction

Regression analysis was conducted to examine the effect of happiness orientation dimensions on job satisfaction. Findings are presented in Table 8.

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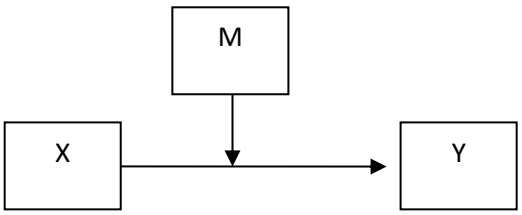
Table 8. The Effect of Happiness Orientation Dimensions on Job Satisfaction

Variables	Job Satisfaction			Multicollinearity Statistics		Correlations		
	Beta	T	p Value	Tolerance	VIF	Zero-order	Partial	Part
Eudaimonic Happiness	0,273	4,567	0,000	0,566	1,767	0,410	0,224	0,206
Hedonic Happiness	0,041	0,740	0,460	0,648	1,543	0,289	0,037	0,033
Engagement	0,196	3,434	0,001	0,625	1,599	0,374	0,170	0,155
R	0,444[a]							
R^2	0,197							
Adjusted R^2	0,191							

As seen in Table 8, the regression model created is statistically significant at the 0.05 significance level and the R2 value was found to be 0.197. Accordingly, eudaimonic happiness, hedonic happiness and engagement, which are the sub-dimensions of happiness orientations in the model, can explain only 19% of job satisfaction. Eudaimonic happiness and engagement (β =0.273: P=0.000: P<0.05; β =0.196: P=0.001: P<0.05) included in the model affect job satisfaction. Hedonic happiness (β =0.041: P=0.460: P>0.05) included in the model does not affect job satisfaction. In the context of the findings, H1a hypothesis predicting the effect of eudaimonic happiness orientation on job satisfaction and H1c hypothesis predicting the effect of engagement dimension on job satisfaction were accepted. However, hypothesis H1b, which predicts the effect of hedonic happiness orientation on job satisfaction, was rejected.

5.11. The Moderating Role of Positive and Negative Emotions in the Effect of Happiness Orientation on Job Satisfaction

Figure 2. The Role of the Moderating Variable in the Effect of the Independent Variable on the Dependent Variable



In order to determine whether positive and negative emotions have a moderating role in the effect of happiness orientation on job satisfaction, hierarchical regression analysis was performed by selecting Model 1 in the Process Macro plug-in in the SPSS program, and the findings are shown in the tables below.

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An analysis was conducted to determine whether positive emotions had a moderating role in the effect of happiness orientation on job satisfaction, and the findings are shown in Table 9.

Table 9. The Moderating Role of Positive Emotions in the Effect of Happiness Orientation on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_2 HO*PE>JS	HO>JS	0,1986	0,2369	39,21	0,8385	0,4022	-0,2671	0,6643	0,2295
	PE>JS	-0,0648	0,2705	39,21	-0,2395	0,8108	-0,5965	0,4669	0,2295
	Interaction>JS (HO*PE)	0,1140	0,0758	39,21	1,5036	0,1335	-0,0351	0,2631	0,2295

HO: Happiness Orientation, JS: Job Satisfaction, PE: Positive Emotions

Looking at the results in Table 9, it was determined that positive emotions did not have a moderating role (P_{HO*PE} =0.1335) in the effect of happiness orientation on job satisfaction. Since the non-zero condition is not met between the low reliability range of LLCI and the high reliability range of ULCI values ((-0.0351)-(0.2631)), it is seen that positive emotions does not have a moderating effect between happiness orientation and job satisfaction. Based on these results, H2 hypothesis was rejected.

Analysis was conducted to determine whether positive emotions have a moderating role in the effect of eudaimonic happiness on job satisfaction, and the findings are shown in Table 10.

Table 10. The Moderating Role of Positive Emotions in the Effect of Eudaimonic Happiness on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_{2a} EH*PE>JS	EH > JS	0,2812	0,1916	37,37	1,4674	0,1431	-0,0956	0,6580	0,2211
	PD> JS	0,2587	0,2155	37,37	1,2003	0,2307	-0,1650	0,6824	0,2211
	Interaction > JS (EH * PE)	0,0283	0,0599	37,37	0,4725	0,6368	-0,0895	0,1461	0,2211

EH: Eudaimonic Happiness, JS: Job Satisfaction, PE: Positive Emotions

Looking at the results in Table 10, it was determined that positive emotions did not have a moderating role (P_{EH*PE}=0.6368) in the effect of eudaimonic happiness on job satisfaction. Since the non-zero condition between the low reliability interval LLCI and the high reliability interval ULCI values ((-0.0895)-(0.1461)) is not met, it is seen that positive emotions does not have a moderating effect between eudaimonic happiness and job satisfaction. Based on these results, H2a hypothesis was rejected.

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Analysis was conducted to determine whether positive emotions have a moderating role in the effect of hedonic happiness on job satisfaction, and the findings are shown in Table 11.

Table 11. The Moderating Role of Positive Emotions in the Effect of Hedonic Happiness on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_{2b} HH* PE > JS	HH > JS	-0,0598	0,2033	28,65	-0,2942	0,7688	-0,4594	0,3398	0,1787
	PD> JS	0,1167	0,2574	28,65	0,4535	0,6504	-0,3893	0,6227	0,1787
	Interaction> JS (HH * PE)	0,0910	0,0670	28,65	1,3574	0,1754	-0,0408	0,2227	0,1787
HH: Hedonic Happiness, JS: Job Satisfaction, PE: Positive Emotions									

Looking at the results in Table 11, it was determined that positive emotions did not have a moderating role (P_{HM*PE} =0.1754) in the effect of hedonic happiness on job satisfaction. Since the non-zero condition is not met between the low reliability range of LLCI and the high reliability range of ULCI values ((-0.0408)-(0.2227)), it is seen that positive emotions does not have a moderating effect between hedonic happiness and job satisfaction. Based on these results, the H2b hypothesis was rejected.

Analysis was conducted to determine whether positive emotions have a moderating role in the effect of engagement on job satisfaction, and the findings are shown in Table 12.

Table 12. The Moderating Role of Positive Emotions in the Effect of Engagement/Flow on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_{2c} E*PE>JS	E>JS	-0,1072	0,2478	37,63	0, 4325	0,6656	-0,3801	0,5944	0,2223
	PE>JS	0,0077	0,2616	37,63	0,0284	0,9773	-0,5070	0,5218	0,2223
	Interaction >JS (E*PE)	0,1252	0,0798	37,63	1,5688	0,1175	-0,0317	0,2822	0,2223
E: Engagement, JS: Job Satisfaction, PE: Positive Emotions									

Looking at the results in Table 12, it was determined that positive emotions did not have a moderating role (P_{E*PE} =0.1175) in the effect of engagement on job satisfaction. Since the non-zero condition is not met between the low reliability range of LLCI and the high reliability range of ULCI values ((-0.0317)-(0.2822)), it is seen that positive emotions does not have a moderating effect between engagement and job satisfaction. Based on these results, H2c hypothesis was rejected.

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Analysis was conducted to determine whether negative emotions have a moderating role in the effect of happiness orientation on job satisfaction, and the findings are shown in Table 13.

Table 13. The Moderating Role of Negative Emotions in the Effect of Happiness Orientation on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_3 HO*NE>JS	MY> JS	1,2538	0,2322	41,85	5,3997	0,0000	0,7973	1,7102	0,2407
	NE> JS	0,4627	0,3333	41,85	1,3885	0,1658	-0,1925	1,1179	0,2407
	Interaction > JS (HO *NE)	-0,2288	0,0954	41,85	-2,3986	0,0169	-0,4164	-0,0413	0,2407

Moderating Effect	Mean	Effect	p	LLCI	ULCI
Low (Negative Emotion)	1,50	0,9105	0,0000	0,6977	1,1234
Medium (Negative Emotion)	2,20	0,7504	0,0000	0,5975	0,9033
High (Negative Emotion)	3,00	0,5673	0,0000	0,3660	0,7687

HO: Happiness Orientation, JS: Job Satisfaction, NE: Negative Emotions

Looking at the results in Table 13, it was determined that negative emotions had a negative moderator role (β=-0.2288) in the effect of happiness orientation on job satisfaction. Since the condition of not being zero between the low reliability interval LLCI and the high reliability interval ULCI values ((-0.4164)-(-0.0413)) was met, it was determined that negative emotions had a moderating effect between happiness orientation and job satisfaction. Based on these results, H3 hypothesis was accepted. In other words, it was determined that when negative emotion increased (low > high), the moderating effect between happiness orientation and job satisfaction decreased. In short, the increase in negative emotions of healthcare professionals weakens the relationship.

An analysis was conducted to determine whether negative emotions had a moderating role in the effect of eudaimonic happiness on job satisfaction, and the findings are shown in Table 14.

Table 14. The Moderating Role of Negative Emotions in the Effect of Eudaimonic Happiness on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_{3a} EH*NE>JS	EH > JS	0,8653	0,1747	37,75	4,9532	0,0000	0,5219	1,2088	0,2224
	ND> JS	0,2198	0,2586	37,75	0,8496	0,3960	-0,2887	0,7283	0,2224
	Interaction > JS (EH * NE)	-0,1559	0,0725	37,75	-2,1496	0,0322	-0,2985	-0,0133	0,2224

Moderating Effect	Mean	Effect	p	LLCI	ULCI
Low (Negative Emotion)	1,60	0,9016	0,0000	0,4733	0,7897
Medium (Negative Emotion)	2,20	0,6586	0,0000	0,4085	0,6362
High (Negative Emotion)	2,80	0,4157	0,0000	0,2442	0,5511

EH: Eudaimonic Happiness, JS: Job Satisfaction, NE: Negative Emotions

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Looking at the results in Table 14, it was determined that negative emotions had a negative moderator role (β=-0.1559) in the effect of eudaimonic happiness on job satisfaction. Since the condition of not being zero between the low reliability range of LLCI and the high reliability range of ULCI values ((-0.2985)-(-0.0133)) was met, it was determined that negative emotions had a moderating effect between eudaimonic happiness and job satisfaction. Based on these results, H3a hypothesis was accepted. In other words, it was determined that when negative emotion increased (low > high), the moderating effect between eudaimonic happiness and job satisfaction decreased. In short, the increase in negative emotions of healthcare professionals weakens the relationship.

An analysis was conducted to determine whether negative emotions have a moderating role in the effect of hedonic happiness on job satisfaction, and the findings are shown in Table 15.

Table 15. The Moderating Role of Negative Emotions in the Effect of Hedonic Happiness on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_{3b} HH*NE>JS	HH> JS	0,8920	0,1989	23,10	4,4856	0,0000	0,5011	1,2830	0,1490
	NE> JS	0,4531	0,2968	23,10	1,5267	0,1276	-0,1304	1,0365	0,1490
	Interaction >JS (HH *NE)	-0,2153	0,0793	23,10	-2,7168	0,0069	-0,3712	-0,0595	0,1490

Moderating Effect	Mean	Effect	p	LLCI	ULCI
Low (Negative Emotion)	1,50	0,5690	0,0000	0,3826	0,7555
Medium (Negative Emotion)	2,20	0,4183	0,0000	0,2877	0,5489
High (Negative Emotion)	3,00	0,2460	0,0029	0,0849	0,4072

HH: Hedonic Happiness, JS: Job Satisfaction, NE: Negative Emotions

Looking at the results in Table 15, it was determined that negative emotions had a moderating role (β=-0.2153) in the effect of hedonic happiness on job satisfaction. Since the condition of zero being present between the low reliability range of LLCI and the high reliability range of ULCI values ((-0.3712)-(0.0595)) is not met, it is seen that negative emotions has a moderating effect between hedonic happiness and job satisfaction. Based on these results, H3b hypothesis was accepted. In other words, it has been determined that when negative emotion increases (low > high), the moderating effect between hedonic happiness and job satisfaction decreases. In short, the increase in negative emotions of healthcare professionals weakens the relationship.

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Analysis was conducted to determine whether negative emotions had a moderating role in the effect of engagement on job satisfaction, and the findings are shown in Table 16.

Table 16. The Moderating Role of Negative Emotions in the Effect of Engagement on Job Satisfaction

Hypothesis	Model	β	SH	F	t	p	LLCI	ULCI	R^2
H_{3c} E*NE>JS	B> JS	0,9177	0,2613	33,16	3,5119	0,0005	0,4040	1,4314	0,2008
	ND> JS	-0,0229	0,3540	33,16	-0,0646	0,9486	-0,7187	0,6730	0,2008
	Interaction> JS (E*NE)	-0,1059	0,1089	33,16	-0,9724	0,3315	-0,3200	0,1082	0,2008
E: Engagement, JS: Job Satisfaction, NE: Negative Emotions									

Looking at the results in Table 16, it was determined that negative emotions did not have a negative moderating role (PB*ND =0.3315) in the effect of engagement on job satisfaction. Since the condition of non-zero between the low reliability interval LLCI and high reliability interval ULCI values ((-0.3200)-(-0.1082)) was not met, it was determined that negative emotions did not have a moderating effect between engagement and job satisfaction. Based on these results, H3c hypothesis was rejected.

5.11. Results of Research Hypotheses

The general summary results of the hypotheses created in accordance with the research model are shown in the tables below.

Table 17. Results of Research Hypotheses

Hypothesis	Effect			β	Result
H_1	Happiness Orientation	→	Job Satisfaction	0,753	Accepted
H_{1a}	Eudaimonic Happiness	→	Job Satisfaction	0,273	Accepted
H_{1b}	Hedonic Happiness	→	Job Satisfaction	0,041	Rejected
H_{1c}	Engagement	→	Job Satisfaction	0,196	Accepted

Table 18. Results of Moderating Effect Hypotheses in the Research

Hypothesis	Effect	β	Result
H_2	Happiness Orientation *Positive Emotions → Job Satisfaction	0,1140	Rejected
H_{2a}	Eudaimonic Happiness * Positive Emotions → Job Satisfaction	0,0283	Rejected
H_{2b}	Hedonic Happiness * Positive Emotions → Job Satisfaction	0,0910	Rejected
H_{2c}	Engagement * Positive Emotions → Job Satisfaction	0,1252	Rejected
H_3	Happiness Orientation * Negative Emotions → Job Satisfaction	-0,2288	Accepted
H_{3a}	Eudaimonic Happiness * Negative Emotions → Job Satisfaction	-0,1559	Accepted
H_{3b}	Hedonic Happiness * Negative Emotions → Job Satisfaction	-0,2153	Accepted
H_{3c}	Engagement * Negative Emotions → Job Satisfaction	-0,1059	Rejected

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6. Conclusion

In our research, it was found that eudaimonic, hedonic and participation happiness orientations can explain job satisfaction at a level of 19%. It was revealed that eudaimonic and participation happiness orientations have an effect on job satisfaction, but hedonic happiness does not. When the moderating role of positive and negative emotions in the relationship between happiness orientation and job satisfaction of healthcare professionals was examined, it was found that positive emotions did not play a moderating role. However, it was found that negative emotions moderated the relationship and reduced the level of effect. In other words, negative emotions reduce the effect of happiness orientation of healthcare professionals on job satisfaction.
Although the effect rate is not high, we can say that healthcare professionals prioritize bigger goals and happiness that they will achieve in the future instead of daily pleasures and goals. Therefore, if hospital managers use motivational resources that emphasize the contributions of healthcare professionals and the meaning they create, this will increase the job satisfaction of healthcare professionals. Since healthcare professionals with high job satisfaction will have less health problems such as depression and burnout, they will have the opportunity to provide higher quality service.

Health institution managers can significantly increase workplace satisfaction and general well-being by implementing a few important suggestions. First, they should prioritize encouraging eudaimonic happiness and engagement over pure hedonic pleasure by creating a work environment that emphasizes meaningful work, provides ample opportunities for professional development, and recognizes contributions that align with employees' personal values and career aspirations. Second, managers should address the moderating effect of negative emotional states on job satisfaction. This includes implementing targeted strategies such as stress management programs, resilience training, and supportive counseling services to help healthcare professionals effectively manage and reduce negative emotions. These efforts not only enhance employee well-being, but also contribute to a more supportive organizational climate conducive to optimal performance and satisfaction. Healthcare institutions have a mission that is extremely important for human health and life. Healthcare professionals spend most of their time under stressful, intense, and difficult working conditions, both during their education and during their working hours. In this context, it becomes important for hospital management to provide an organizational climate and culture that ensures healthcare professionals' job satisfaction. However, policies implemented for this purpose may not have

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the same effect in all professions. Because happiness orientations cause people to develop different mental and behavioral patterns in determining their priorities and making decisions. More clearly, there are differences in the priorities of those who aim to live a meaningful life and those who try to minimize pain or maximize pleasure in their daily life practices, behaviors, and thoughts.

This study did not investigate whether one happiness orientation is superior to the other. However, since no effect of hedonic happiness on job satisfaction was found, eudaimonic (meaning) and engagement (flow) happiness-oriented policies can be developed in health institutions to increase job satisfaction in the fight against depression and burnout.

6.1. Suggestions for Future Studies

Based on the findings, future research could examine the mechanisms by which eudaimonic happiness and engagement influence job satisfaction across healthcare settings, including how different work environments and cultural contexts influence these relationships. Comparative studies across healthcare systems could provide important insights.

Our study found that the role of hedonic happiness was negligible. It could be investigated whether specific circumstances, individual differences, or specific job roles may increase the importance of hedonic happiness in predicting job satisfaction.

The moderating effect of negative emotions on the relationship between happiness orientations and job satisfaction should be further investigated. Future research could investigate the sources of negative emotions in healthcare and examine whether interventions aimed at increasing positive emotions could mitigate their dampening effects.

Finally, these dynamics could be studied in other high-stress occupations, such as education or law enforcement, to understand how happiness orientations and emotions interact across different occupational contexts. This could lead to broader strategies for improving job satisfaction and well-being across occupational domains.

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