



THE EFFECT OF TRANSFORMATIVE POWER OF SUFFERING ON LIFE SATISFACTION ON HOSPITAL WORKERS

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Dinçer et al (2015) prepared by Joshanloo (2014) which is composed of 5 expressions and "Life Satisfaction Scale" adapted from Turkish by Dağlı and Baysal (2016) prepared by Diener et al., (1985) which is composed of 5 expressions, was used. As a result of the research, it has been revealed that hospital employees have a belief in the transformative power of suffering, which has a positive influence on the life satisfaction of hospital workers.

Key Words: Transformative power of suffering, life satisfaction, hospital workers.

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ABSTRACT

In this study, the level of belief in the presence of the transforming power of suffering and the level of life satisfaction was measured on hospital workers working at Isparta City Hospital and Süleyman Demirel University Research and Practice Hospital. The purpose of this study was to determine the effects of the transformative power of suffering on the life satisfaction levels of hospital workers. The universe of the research was composed of employees of Isparta City Hospital and Süleyman Demirel University Research and Practice Hospital. Within the scope of the research, a questionnaire was applied to 287 hospital employees (physician, nurse / midwife, other health personnel, administrative personnel and other personnel). As a data collection tool, "Transformative Power of Suffering Scale" adapted from Turkish by

LIFE SATISFACTION

Life satisfaction is one of the most important indicators of well-being of individuals (Koivumaa et al., 2001: 433; Erdogan et al., 2012: 1038-1039). While subjective well-being is defined as individuals' cognitive and emotional evaluation of their lives; life satisfaction forms the cognitive dimension of the subjective well-being (Diener et al., 1985: 71; Diener and Lucas, 1999: 277). Life satisfaction is the situation or the attitude that the individuals get when they make evaluations towards their whole lives (Dikmen, 1995: 118; Dost, 2007: 133). Life satisfaction describes a cognitive process where the individuals compare the life standards with the standards defined by themselves. At the end of the comparison of personal goals and objectives with life standards, if the life standards comply with mentioned goals and objectives, it can be said that the life satisfaction of that individual is high. As it is seen, life satisfaction describes a cognitive and judicatory process where individuals

evaluate their lives according to their own criteria (Diener et al., 1985: 71; Pavot et al., 1991: 150; Pavot and Diener, 1993: 102; Koivumaa et al., 2001: 433).

Researchers address life satisfaction via two approaches; top-to-bottom approach and bottom-up approach. In the top-to-bottom approach life satisfaction is explained as permanent features like personal characteristics, while in the bottom-up approach many fields in the life of an individual (like working life, family, health etc.) are explained by correlating with life satisfaction (Erdogan et al., 2012: 1040-1041; Itzhaki et al., 2015: 404). Namely, personal characteristics of individuals are handled in the top-to-bottom approach of life satisfaction, while fields from the lives of individuals are handled in the bottom-up approach (Erdogan et al., 2012: 1042). Life satisfaction is related with numerous fields of individuals' lives. Factors like psychiatric problems of individuals, social support taken, life conditions etc. may have an effect on life satisfaction (Koivumaa et al., 2001: 433). Besides, increased life satisfaction decreases death rates, helps reduce sleep complaints, and moreover it minimizes the absenteeism inclination of the workers so that it increases their working performances and motivations (Erdogan et al., 2012: 1038-1039).

TRANSFORMATIVE POWER OF SUFFERING

“Was mich nicht umbringt, macht mich stärker” Friedrich Nietzsche

Nietzsche's above mentioned saying “What does not kill me, makes me stronger” forms the basis of the transformative power of the suffering. Individuals can be exposed to many traumatic events that are experienced by themselves or happened around them. Tedeshchi and Calhoun (1995: 16) report that numerous people suffer great pain all over the world caused

by witnessing the losing of one's life around them, experiencing traumatic events, natural disasters' destructive effects on the public, and contagious diseases that threat humankind etc.

When individuals experience a traumatic event, or expose to a suffering, firstly the adverse effects of that event come to mind. Calhoun and Tedeshi (1999: 5-10) indicated that, unwanted results like having psychological/behavioral disorders, or having a pessimistic mood and mind may arise at the end of such events that individuals experience. However, when the studies examined (Collicut and Linley, 2006; Peterson et al., 2008; Holgersen et al., 2010), it is seen that such events may also have positive effects on individuals as they can have negative effects (Calhoun and Tedeshi, 1999: 10-11; Calhoun and Tedeshi, 2001: 157-158). The perception of the traumatic events, suffering, and sorrow can differ according to the individuals and their cultures (Eid and Diener, 2001: 869; Joshanloo, 2014: 141). While suffering pain is correlated with results that cause displeasure in the Western culture, it can be correlated with positive results in some cultures. In some cultures it is believed that suffering pain helps individuals get mature and develop, and take the individual to happiness and goodness. In terms of the transformative power of the suffering, at the end of some traumatic, suffering experiences of the individuals, there is a belief that the suffering has a positive transformative power (Joshanloo, 2014: 140, Joshanloo, 2013: 1857; Wong; 2012: 13). World religions (Christianity, Islam, Hinduism, Buddhism etc.) point that good results will come after sufferings Besides, social scientists, philosophers, and some traditions also points out that individuals can have a positive change after big sufferings (Calhoun and Tedeshi, 1999: 10-11; Calhoun and Tedeshi, 2001: 157-158). At the end of the suffering and traumatic event, individuals can experience positive personal transformations like positive psychological changes, being more

sympathetic by applying empathy more often in interpersonal relations, increased self-reliance, enhanced sense of mercy, and psychological development (Tedeschi and Calhoun, 1995; Tedeschi et al., 1998: 10-14; Calhoun and Tedeschi, 2001: 159-160).

Traumatic events (experienced sufferings), affect the individual that is exposed and his/her family, relatives and witnesses, the healthcare staff that treat the individual, the workers that witness the event in the hospital etc., and affects individuals that indirectly exposed to the event (Yılmaz, 2020: 10). Raphael et al. (1984)'s study on the recovery workers after the railway tragedy took place in Australia, and in the study of McFarlane (1988) on the firefighters worked in the forest fire took place in Australia, it is revealed that the recovery workers of the tragic calamities are also affected psychologically (Weiss et al., 1995: 361). While the studies in this area have focused on the transformation and changes in the lives of the individuals that are exposed to the (trauma) suffering (Tedeschi and Calhoun, 1996; Tedeschi and Calhoun, 2004; Kardaş, 2013; Doğan, 2015), this study will examine the transformational power of the suffering, on the hospital workers who are unavoidably exposed to the sufferings of the patients by providing healthcare. Additionally, it is going to be examined how the belief of the hospital workers about the transformational power of suffering has an effect on the life satisfaction of the workers.

MATERIALS AND METHOD

Objective

This study aims to measure the level of belief in the presence of the transforming power of suffering and the level of life satisfaction of the workers of the Isparta City Hospital and Süleyman Demirel University Research and Practice Hospital; in that regard, to determine the effects of the

transformative power of suffering on the life satisfaction levels of the workers.

The Universe and Sample

The universe of the research is composed of employees of Isparta City Hospital and Süleyman Demirel University Research and Practice Hospital. The questionnaire was applied to physicians, nurses / midwives, other health personnel, administrative personnel and other personnel. Necessary permissions were taken from the hospitals for the study 287 questionnaires were collected with the convenience sampling method, and the questionnaires collected were taken into consideration.

Data Collection Tool

As a data collection tool, "Transformative Power of Suffering Scale" adapted from Turkish by Dinçer et al. (2015) prepared by Joshanloo (2014) which is composed of 5 expressions and "Life Satisfaction Scale" adapted from Turkish by Dağlı and Baysal (2016) prepared by Diener et al., (1985) which is composed of 5 expressions, was used in the research. The scales are unidimensional. Likert type scale was used in the data collection tool, the level of agreement of the questionnaire participants is scaled from "1" if the participant totally disagrees to "5" if the participant totally agrees. At the end of the questionnaire were the demographic questions.

Analysis Method

The data obtained from the questionnaire forms was transferred to the computer with the help of Statistical Package for the Social Sciences (SPSS) program and the analysis of the data was made with SPSS as well. Frequency and percentage calculations were made for the questions related with descriptor information and qualitative variables. In the questionnaire, statistical evaluations were made depending on the arithmetic average and standard deviation calculations of the

statements that are in the realms of life satisfaction and the transformative power of the suffering.

The data was subject to test of normality, and kurtosis-skewness values of each dimension were procured. At the end of this evaluation, the test statistic values of the life satisfaction dimension and transformative power of suffering dimension, were observed in between -1.96 and +1.96. It was clearly understood that the dimensions were in normal distribution (Can, 2014: 85). Accordingly, parametric tests were used in the comparison of the dimensions with regards to demographic variables. One of the parametric tests, ‘significance test of the gap in between two averages (T-test)’ was used in the

comparison of the dual groups, while one of the parametric tests, ‘analysis of variance (ANOVA) (F-test)’ was used in the comparisons of three or more groups. At the end of the analysis of variance, when there found a gap in between the groups, ‘Turkey’s-b test’ was used to locate the source of the gap. Moreover, regression analysis was made to determine the effect of the transformative power of the suffering on the life satisfaction levels of the hospital workers.

RESULTS

Within the scope of the research, the distributions of the hospital workers according to various independent variables are shown in Table-1.

Table 1. Demographic Characteristics of Hospital Workers

Variables	Frequency	%
Gender		
Male	117	40.9
Female	169	59.1
Marital Status		
Married	199	69.8
Single	86	30.2
Age (Year)		
29≤	77	27.7
30-39	97	34.9
≥40	104	37.4
Role		
Physician	45	15.7
Nurse / Midwife	81	28.3
Other Health Personnel	74	25.9
Administrative Personnel	64	22.4
Other	22	7.7
Education Level		
Elementary/High School	40	14
Pre-license	74	25.9
License	130	45.5
Postgraduate	42	14.7
Income (TL)		
1999≤	63	25.7
2000-2999	38	15.5
3000-3999	106	43.3
≥4000	38	15.5
Total Working Years		

0-9	98	35.9
10-19	91	33.3
≥20	84	30.8
Hospital		
City Hospital	161	56.1
University Hospital	126	43.9
Total	287	100

As seen on the Table-1, %27.7 of the research participants are 29 years old or under, %34.9 were in between 30 and 39, and %37.4 were 40 or over. %40.9 of the participants were male while %59.1 were females. With regards to marital status, more than half of the hospital workers (% 69.8) were married. When the educational status of the participants were examined, it was found that quite a few of them (%45.5) have license degree.

With regards to the role distribution of the hospital workers, %15.7 of the participants were physicians, %28.3 of them were nurses / midwives, %25.9 were other health personnel, %22.4 were administrative personnel and %7.7 were

other personnel. From the point of income status, %25.7 of the participants have an income of 1999 TL and under, %15.5 of them have an income in between 2000-2999 TL, %43.3 of them in between 3000-3999 TL, and %15.5 of them have an income 4000 TL and over.

When the total working years of the questionnaire participants were examined, %34.1 of them were observed to have experience less than 9 years, while %33.3 of them have working experience in between 10-19 years, and the rest of them (%30.8) have experience over 20 years. Lastly, it was observed that %56.1 of the participants were from the City Hospital while %43.9 of them were from the University Hospital.

Table 2. Distribution of the Points That Hospital Employees Receive from Expressions of Life Satisfaction

No	Expressions	\bar{X}	SD
1	In most ways my life is close to my ideal.	2.91	1.046
2	The conditions of my life are excellent.	2.78	0.926
3	I am satisfied with my life.	3.37	1.040
4	So far I have gotten the important things I want in life.	3.33	1.045
5	If I could live my life over, I would change almost nothing.	2.57	1.255

The distribution of standard deviation and arithmetic average of each statement in the Life Satisfaction Questionnaire were shown on Table-2. When examined, the statement that was fourth among the cultural communication statements, *“I have possessed important things that I wanted from life until now.”* had the highest agreement level (3.33) among the hospital workers.

When the averages related with the statements were generally examined, the averages on 3.00 or over point out that the individuals are inclined to agree. In this context, it is obviously seen that the individuals are inclined to agree with statements 3 and 4, which have averages over 3.00. The other statements have averages that are close to 3.00. On that point it is going to be mentioned that, the life

satisfaction of the hospital workers is on a medium level. Besides, the statement that has the least agreement average among the other statements is “I would change almost nothing in my life if I came into the world

again.”, from which it is understood that, if the hospital workers have the opportunity they may want to make some changes in their lives while they are happy with their lives in medium level.

Tablo 3. Distribution of the Points That Hospital Employees Receive from Expressions of Transformative Power of Suffering

No	Expressions	\bar{X}	SD
6	Sometimes sadness and suffering can lead us to happiness.	3.26	1.241
7	Sadness can be a transcendent state with some benefits for one’s ultimate perfection and happiness.	2.99	1.199
8	It is necessary to go through sadness, hardship, and misfortune to achieve happiness.	3.49	1.220
9	Without sadness and suffering one cannot become perfect.	3.40	1.294
10	If suffering is taken with patience and gratitude, it gets converted to happiness.	3.72	1.230

The distribution of standard deviation and arithmetic average of each statement in the Transformative Power of Suffering Questionnaire were shown on Table-2. When examined, it is understood that the statements have an average over

3.00 except number 7. From that point, it is understood that, the workers of the hospitals of the research have a strong belief in that the suffering experiences serve to positive personal changes (Dinçer et al., 2015: 413).

Tablo 4. Psychometric Properties of Life Satisfaction Dimension and Transformative Power of Suffering Dimension

Dimensions	Number of Expression	Max/Min	Cronbach Alpha	\bar{X}	SD
Life Satisfaction	5	1-5	0.813	2.988	0.808
Transformative Power of Suffering	5	1-5	0.817	3.374	0.936

Cronbach Alpha parameters were calculated to measure the reliability of the dimensions in the research, and CronbachAlpha of the two dimensions were calculated over 0.70. The points that the hospital workers got from life satisfaction dimension were under 3.00, while the points from the transformative power of the suffering have an average over 3.00. From

that point, the hospital workers had a mediocre inclination to life satisfaction with an average of 2.988 that is close to 3.00, while the percentage of agreement to the idea that the sufferings helps personality development was found to be in a higher level.

Tablo 5. Comparison of Life Satisfaction Dimension According to Demographic Variables

Variables	n	\bar{X}	SD	Test Value	p
Gender					

Male	117	2.890	0.799	t=-1.717	0.087
Female	169	3.056	0.812		
Marital Status					
Married	199	2.991	0.792	t=-0.113	0.910
Single	86	2.979	0.858		
Age					
29≤	77	2.976	0.787	F=0.911	0.403
30-39	97	3.071	0.842		
≥40	104	2.917	0.807		
Role					
Physician	45	2.840	0.839	F=2.416	0.049
Nurse / Midwife	81	3.054	0.797		
Other Health Personnel	74	3.141	0.773		
Administrative Personnel	64	2.950	0.768		
Other	22	2.618	0.915		
Education Level					
Elementary/High School	40	2.828	0.962	F=2.768	0.042
Pre-license	74	3.207	0.690		
License	130	2.911	0.802		
Postgraduate	42	2.995	0.819		
Income (TL)					
1999≤	63	2.948	0.821	F=3.063	0.029
2000-2999	38	2.694	0.857		
3000-3999	106	3.139	0.772		
≥4000	38	2.936	0.789		
Total Working Years					
0-9	98	3.042	0.771	F=0.422	0.656
10-19	91	2.959	0.848		
≥20	84	2.938	0.811		
Hospital					
City Hospital	161	2.951	0.841	t=-0.879	0.380
University Hospital	125	3.036	0.767		

When the participants were compared according to the income groups in terms of life satisfaction dimension points, it was found out that there was a statistically significant difference in between the groups ($F=3.063$, $p=0.029$). In further analysis the difference was located to stem from the lower life satisfaction level of the workers in 2000-2999 TL level than the workers in 3000-3999 level.

When the life satisfaction dimension was compared with educational status ($F=2.768$, $p=0.042$) of the hospital workers, it was found out that there was a statistically

significant difference. In further analysis the difference was located to stem from relatively lower life satisfaction level of the elementary/high school graduate workers, than the workers with license and postgraduate degrees. From this point, it can be conferred that the life satisfaction level of the workers generally increases as the educational status gets higher. Besides, when the comparisons related with the role distribution were examined, it was observed that there was a statistically significant difference ($F=2.416$, $p=0.049$). It was understood that the difference originated from the higher level of life satisfaction of the other health personnel, than the other

personnel. No significant difference was located among the other variables.

Table 6. Comparison of Transformative Power of Suffering Dimension According to Demographic Variables

Variables	n	\bar{X}	SD	Test Value	p
Gender					
Male	117	3.294	1.006	t=-1.236	0.218
Female	169	3.433	0.884		
Marital Status					
Married	199	3.354	0.911	t=-0.515	0.283
Single	86	3.416	0.997		
Age					
29≤	77	3.451	0.948	F=0.441	0.644
30-39	97	3.343	0.965		
≥40	104	3.325	0.927		
Role					
Physician	45	3.164	0.956	F=1.160	0.329
Nurse / Midwife	81	3.362	0.869		
Other Health Personnel	74	3.473	1.009		
Administrative Personnel	64	3.477	0.886		
Other	22	3.373	1.021		
Education Level					
Elementary/High School	40	3.661	0.987	F=2.884	0.036
Pre-license	74	3.503	0.842		
License	130	3.285	0.988		
Postgraduate	42	3.161	0.808		
Income (TL)					
1999≤	63	3.480	1.039	F=1.472	0.223
2000-2999	38	3.092	1.091		
3000-3999	106	3.409	0.898		
≥4000	38	3.310	0.770		
Total Working Years					
0-9	98	3.338	0.882	F=0.633	0.532
10-19	91	3.454	1.006		
≥20	84	3.303	0.928		
Hospital					
City Hospital	161	3.350	0.946	t=-0.537	0.592
University Hospital	125	3.410	0.926		

When the participants were compared according to the educational status in terms of the transformative power of suffering dimension points, it was found out that there was a statistically significant difference in between the groups (F=2.884, p=0.036). In further analysis the difference was located to stem from the lower points of the workers with license or postgraduate

degrees, than the elementary/high school graduate workers. It is understood that the more educated the hospital workers, the less they agree with the idea that the sufferings helps individuals mature and positively affect personality development. No significant difference was located among the other variables.

Tablo 7. Analysis of the Effect of Transformative Power of Suffering on Life Satisfaction

Independent variable	Dependent variable	R	R ²	F	p	β	t	p
Transformative Power of Suffering	Life Satisfaction	0.357	0.127	41.521	0.000	0.357	6.444	0.000

At the end of the regression analysis, %12 of ($R^2=0.340$) the change in the variable of the life satisfaction is explained with the transformative power of the suffering. Moreover, it was seen that there was no problem with regards to the significance of the expressive power of the model ($F=41.521$, $p=0.000$). At the end of regression analysis it was found that the transformative power dimension ($\beta=0.357$, $t=6.444$, $p=0.000$), which was handled as the independent variable, had a positive effect on the life satisfaction dimension, and that the effect was statistically significant. From that point, it can be mentioned that the more the hospital workers have the belief in the transformative power of the suffering, the more the level of the life satisfaction inclined to increase.

DISCUSSION AND CONCLUSION

At the end of the research, it was determined that women compared to men, married ones compared to singles, and University Hospital workers compared to City Hospital workers have higher levels of life satisfaction. Similarly, in the research on the physicians by Ünal et al (2001) it was found out that women compared to men, and married ones compared to singles have higher levels of life satisfaction. The research about examining the effects of life satisfaction on suicide risk by Koivumaa-Honkanen et al (2001) suggested that among the participants, men compared to women have higher levels of life satisfaction. Besides, it was seen that there was an inverse proportion in between total working years and life satisfaction. The other health personnel have the highest life satisfaction level. It should be added that, there are several factors like; being newly transferred to Isparta City Hospitals, having

more intensive work hours than before, having a dual-executive administration (private+government) structure, that are affecting the life satisfaction level of the University Hospital workers being more than the City Hospital workers.

It was found out that, among the participants, women compared to men, singles compared to married ones, and University Hospital workers compared to City Hospital workers, have a higher level of belief that the suffering experiences in their lives have returned as personal gaining, and those had been critical factors towards bliss. Moreover, while the belief in the transformative power of suffering and oldness have an inverse proportion, it was identified that it was the same for the education level. In other words, the younger hospital workers concede that the suffering has positive effects on individuals than the older workers do. At the same time, the higher the hospital workers have education level, the lower they have belief in the transformative power of suffering. The group with the highest level of belief in that suffering renders an individual powerful and it is a factor that brings to bliss, is composed of administrative personnel.

The universe of this research is composed of the hospital workers. The starting point of this was the thought among the hospital workers that the transformative power of suffering was a critical criterion. In other words, the hospital workers undergo suffering or traumatic experiences in their own lives, moreover they also have to expose to traumatic cases and have to see these cases in the line of their jobs. The hospital workers' having to expose to such cases, can positively or negatively affect their perception about suffering, and may

change the results of the suffering on themselves. At the end of the research, it is seen that the average of the workers is over 3.00 (3.374) with regards to the transformative power of suffering dimension. It is understood that the workers believe in that traumatic experiences that they expose both in their own lives and in daily hospital activities, will create positive results and contribute to their personal development. The hospital workers believe that at the end of such suffering experiences, they will turn into more merciful individuals, and will be able to reach to the bliss.

At the end of the research it was proved that, the hospital workers' belief in the transformative power of suffering is effective on their life satisfaction levels. Together with the belief in the transformative power of the suffering, their levels of life satisfaction show an increase; in other words, the transformative power of suffering has a positive effect on the life satisfaction level. Similarly, in the study of Dinçer et al (2015) on students, it was put forth that there was a statistically significant positive relation in between transformative power of suffering and life satisfaction. In their research, Linley and Joseph (2011) showed that there was a relation in between meaning of the life and growth after trauma. Besides, Triplet et al (2012) has put forth that there was an inverse proportion in between the life satisfaction, the meaning of life, and the growth after trauma. It is understood from here that there is a relation in between life satisfaction, the transformative power of suffering, and individual's positive growth after trauma. However, this relation can change according to the sample that these researches applied. This is because of different interpretation of suffering among different individuals and cultures. In Islam, it is believed that calamities, bad happenings, and illnesses come from the God, and there is a belief that if the individual patiently bears that burden, the volition of God will take place. Individuals

believe that at the end of sufferings, they will reach peace and bliss (Jashanloo, 2014: 1864). On the other hand, in the study of Triplet et al (2012) on the students of a university in America, it was found out that there was an inverse proportion in between life satisfaction and transformative power of suffering. However, the study of Dinçer et al (2015) on Turkish students, and our study on Turkish hospital workers, have proved a positive relation in between life satisfaction and transformative power of suffering. It is because of the fact that the sample groups are from different cultures, different religious perspectives, that is why the approach towards suffering and interpretation of the results of suffering are diversified.

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