University of Szeged
Graduate School of Educational Sciences
Health Education Program

The Behavioral Scientific Investigation of the Nurse Profession and Health Care

Theses of Doctoral Dissertation

Márta Piczil

Supervisor: Dr. Bettina Pikó

Szeged, 2009

I. Introduction and Aims

Health care related issues are followed with attention by most members of the Hungarian society. Thus, results of researches in the field are always in the lime-light. Laymen and professionals ascribe equal importance towards the conditions of the working environment, guiding motivations and attitudes of individuals working in the health care sector. Crisis phenomena that had deepened in the past few years made the negative sides of the medical professions clear that of the hard and tiresome work both physically and mentally, the low rate of financial and moral appreciation, the huge fluctuation within some fields of the health care sector with a descending number of people choosing the nurse profession, and the lack of essential drugs and medical tools. In spite of all these negative tendencies, nursing and attendance are continuous on every level of medical attendance and every member of the remedial team is working on the issue of health promotion and revitalization of the indigents.

Nurses represent a special group within the organizational system of health care since their work is indispensable and at the same time their service gets undeservingly less attention in the doctor-centered remedial process. Their characterization happens to be often on the basis of stereotypes, for instance, by referring to their altruistic attitudes and by thinking that the urge for helping the indigents surpasses all the hardships experienced during the practice of their profession.

Researches have been made since 1998, in order to get acquainted with the reality of the living and working conditions of medical workers. These researches focused on the investigations of the motivations behind the choice of career orientations of nurses, their view of the profession, their psychic and somatic health conditions and the study of their health and risk conducts. Besides these, the ambitions of the research were also to get acquainted with their social backgrounds, copying mechanisms, living conditions and recreational activities. Moreover, the survey aimed also to highlight the level of satisfaction with their work and life and to gather information about their future plans.

The knowledge of reality and the action strategies based on facts hope to contribute to the process which aims to make the profession of nurses a recognized vocation with high prestige and help the nurses feel the importance and indispensability of their work on day by day.

Following the above mentioned principles and on the basis of the quantitative analyses the present study intends to focus on the subsequent aims:

The first aim was to come to know the orientations connected to the career choices of the respondents, their levels of satisfaction or the causes of their dissatisfaction, their opinions about the prestige of their profession and their reasons for their contingent leaving of the nurse profession. The subsequent questions were investigated in this topic:

a) Which factors influenced the career choices of the prospective, the student and the working nurses of different medical fields?

b) How do they think the doctors and other medical workers appreciate the prestige of the profession? What is their own opinion about the appreciation of their profession?

c) Where do they place the nurse profession in the hierarchy of other professions?

d) What kind of positive or negative characteristic features they use for describing the work in health care?

e) In what sense the interviewed nurses are exposed to the danger of burnout?

f) Have they ever thought of leaving their profession and choose another workplace? They were asked what would be the reason for quitting their jobs or remaining in their professions.

g) In case they opt for career change or abandoning their profession what kind of work they would like to do? What is the reason behind the motivation to change their profession?

h) Are they satisfied with their profession on the whole?

The second aim was to map the level whether any psychic burden appear within the investigated population during the remedial work and whether they can count on any help in lessening and resolving these psychic burdens. The subsequent questions were asked in this topic:

a) How often do the interviewed nurses encounter situations that entail psychic strain during the practice of their profession and work?

b) How often do they get help with a solution for this kind of situations?

c) From whom do they expect more help for the sake of a reassuring solution?

The third aim was to investigate how the student and working nurses judge their own health conditions; and aimed to highlight the rate of stress and attitudes which are harmful to their health in their working environment. The following questions contributed to the research on the subject:

a) Do they felt any psychic or somatic symptoms six/twelve months prior the investigation?
b) What their self-evaluation is like compared to their peers?
c) Do the interviewed nurses smoke, drink alcohol and coffee? If yes, how often? Do they take tranquillizers, sleeping-pills or any kind of stimuli for the sake of tension solution and stress channeling?
d) What are their attitudes towards stress?
e) Where and how much stress is present in the life of the interviewed people?

The fourth aim was to examine what are the most typical copying techniques and how the forms of social support shape. Observations were made with the means of the subsequent questions:
a) What are the most typical methods for conflict resolution among the respondents?
b) What the social background is like of the students and working nurses taking part in the research? Whom they turn to in case of psychic or financial problems?

The fifth aim was to gather information about the social situation and the recreational habits of the participants in the research. The following questions were asked in the subject:
a) Concerning the ownership and background of their dwellings, the interviewed people were asked whether they live in their own flat; what their home is like and with whom they share it.
b) How do their homes supplied with permanent consumer's goods?
c) What are they doing in their free time?
d) Do they work overtime in order to improve their financial situations? If yes, then what kind of work they do?

The aims of the qualitative analysis:

The underlying assumption of the study was to get acquainted with the stress sources that occur in the workplaces of the nurses in the sample and to highlight the most frequently used methods for stress management and resolution.

The formulated sub-goals were the following:

The first aim was to highlight those fields which are more exposed to the emergence of stress.

The following question was asked from the interviewed nurses:

a) Which is the most frequent stress factor in their workplaces?

The second aim was to map the methods of stress resolution with the subsequent questions:

a) What does she/he do for the sake of stress resolution?

b) Whom she/he speaks about the problems in the workplace?

c) Does she/he bring home his/her problem? If yes, how does his/her relatives help?

The third aim was to get answers what kind of suggestions the interviewed medical workers would propose for the successful resolution of stress. They were also asked whether they carry any cases which they were unable to resolve reassuringly. Another question was to come to know whether the respondents do something for the function of the supportive system among their colleagues and whether they help their new fellow-workers in the process of integration to the community.

The subsequent questions helped us reach this aim:

a) Do you think the presence of a psychologist would be necessary in a hospital ward?

b) Do you think the organization of a conflict discussant group would be necessary?

c) Please describe one case which caused an inner problem to you. Please write also about a feasible conflict resolution.

d) Do you help your new colleague in the integration to the community? If yes, in what way?

The fourth aim was to map which factors cause satisfaction or dissatisfaction in their professions and to investigate how the nature of the different hospital wards influence the judgment of the work.

We had the following questions:

a) On which hospital ward/wards would you like to work? Please explain your choice.

b) Which factors influenced you to be satisfied or dissatisfied with your work?

II Analytical Methods

1. Monitoring of Operative and Prospective Nurses in Csongrád County

The first research was carried out in 1998. The monitoring was based on a questionnaire which was filled out by operative and student nurses anonymously. The participation of the respondents was on a voluntary basis, the sample was a random selection, and 10% of the nurses working in the county took part in the survey. Altogether 420 questionnaires were processed.

In case of the operative nurses (n=218), we took care of representation from the utmost disciplines and for helping the processing of data, the sections were divided into manual and non-manual categories. The *respondent workers* were from 19 to 61 years old, among them there were 13 men and 205 women. The *interviewed students* (n=202) were from 15 to 25 years old and they were studying the nurse profession in technical colleges, among them there were 12 boys and 190 girls.

Applied Measuring Instruments

a) The following *socio-demographic variables* were investigated in the case of the secondary school students: the highest scholastic qualifications of the parents, the employment status of the parents, the type of habitation and the self-qualification of the social status.

The *operative nurses* were asked about their highest school qualification, the highest school qualification of the spouses and companions, the ownership status and type of habitation and the self-qualification of the social status.

b) Questions connected to carrier orientation:

"Why did he/she choose the nurse profession?" Respondents can select from the following alternatives: 1. It is a traditional profession in my family. 2. Because my parents and acquaintances advised me to opt for this profession. 3. I like dealing with people. 4. I did not have any other opportunity to continue my studies. 5. There was no other working opportunity. 6. Because of other reasons. The interviewed people could answer the questions with many alternatives.

c) Questions connected to the prestige of the nurse profession:

"Please indicate on a seven-degree scale your opinion about how the society, other medical workers and you appreciate the prestige of the nurse profession." The first grade

of the scale is the equivalent of low appreciation, while the seventh grade of the scale means very high appreciation."

"Please rank your job compared to other professions." Fifteen occupations were listed which were the following: journalist, commissioned officer, cleaner, secretary of state, office manager, construction worker, agronomist, nurse, locksmith craftsman, shop assistant, lawyer, tailor craftsman, physician, pilot and teacher. The respondent could decide to rank the professions on the basis of the fact that 'rate 1' meant the lowest, while 'rate 15' corresponded to the highest level of social appreciation.

d) Questions connected to their work satisfaction

"How much are you satisfied with your work and working environment?" The first degree of the scale meant total satisfaction, while the seventh degree of the scale corresponded to absolute dissatisfaction.

"Please list the three most crucial factors that make you satisfied and dissatisfied respectively in your work." (*Beehr, King* and *King,* 1990).

e) Questions investigating psychic stress

"How often do you encounter a problem that causes you inner stress during your hospital work?" Alternatives: 1. Often, 2. Occasionally, 3. Rarely, 4. Never.

"Do you get any help in this case?" Again, there were four alternatives: 1. Often, 2. Occasionally, 3. Rarely, 4. Never.

"Whom do you expect more help?" The interviewed person could mark more from the listed alternatives: 1. From the members of my family, 2. From my friends, 3. From my fellow-nurses, 4. From the doctors, 5. From a psychologist, 6. From other person. Student nurses could choose also their class-mates and teachers (*Tumulty, Jernigan* and *Kohut,* 1994).

f) Psychosomatic scale

In the past twelve months how often do you have 1. Stress migraine, 2. Back or waist ache, 3. Insomnia, 4. Feeling of weakness and fatigue, 5. Heartburn, stomach- or belly-ache, 6. Nervous diarrhea, 7. Flutter or irregular heartthrob, 8. Painful periods. The frequency of the occurrences of these symptoms was marked with the following alternatives: 1. Often, 2. Occasionally, 3. Rarely, 4. Never (*Pikó, Barabás* and *Boda,* 1997).

g) Self-evaluation of the health condition

"How would you qualify your own health condition compared to others of the same age?" There were four alternative answers for it: 1. Excellent, 2. Good, 3. Just sufficient, 4. Bad (*Barsky, Cleary* and *Klerman,* 1992).

h) Questions investigating the frequency of the occurrences of risk-behaviors

The questionnaire asked about three patterns of risk behavior that of the smoking, alcohol consumption and drug abuse. Besides these, the questionnaire was also concerned about the frequency of the tranquilizer, sleeping-pills and stimuli consumption (*Pikó, Barabás* and *Markos,* 1996).

i) Questions monitoring smoking attitudes

In the questionnaire there were nine statements related to smoking attitudes which were the following: 1. Smoking is too expensive, 2. Smoking helps social interaction, 3. Children more easily took to smoking if they saw their parents smoking, as well. 4. Smoking has a soothing effect, 5. Smoking lessens the sense of hunger, 6. Smoking increases popularity within the circle of friends, 7. In the schools and workplaces a separated place has to be ensured for smokers, 8. Smokers have to ask the permission of their environment before lightening a cigarette, 9. Medical workers have to be exemplary models with their non-smoking attitude.

Respondents can choose from the following alternatives: with the above mentioned statements 1. I agree completely, 2. I agree partly, 3. I disagree.

The questions came from the survey of "'The Students' Health and Lifestyle Study, The University of Western Ontario, Canada" (*Pederson, Koval* and *O'Connor,* 1997) which aimed to monitor the attitudes connected to smoking. The adaptation of this survey took place prior to this research (*Pikó* et. *al*. 1995).

j) Stress surveying questions

"How do you think your life is stressful?" Participants of the research have the following alternatives to answer these questions: 1. Not at all, 2. A little, 3. Moderately, 4. Very (*Potter* and *Fiedler,* 1981).

"From where do you think you get most stress?" 1. Problems connected to work, 2. Problems related to studying, 3. Financial questions and money worries, 4. Social relations, 5. Fear from the future, 6. Other problems.

k) Questions connected to conflict resolution

We used the shortened version of the questionnaire developed by *Folkman and Lazarus* (1980) for the survey of the copying-strategies of the student and operative nurses

(*Pikó*, 2002). The original questionnaire consist of 68 questions, the present research used its shortened version with 14 questions. The questionnaire was assembled to cover those questions that correspond to the basic dimensions of the research. During the survey, we applied factor analysis to identify the copying-styles of the student and working nurses.

l) The list of inventory of socially supportive behaviors (ISSB)

Mapping the measure and type of social support, we used the questionnaire developed by *Barrera, Sandler* and *Ramsey* (1981). In our research we asked 16 questions; and measuring the frequency of the supportive forms we monitored the experiences of the respondents within a 12 months period with the help of a four-graded scale.

2. Monitoring Medical Workers Operating in the Hospital Wards of Szeged

The underlying assumption of the comprehensive survey in 2001 was to monitor the medical workers operating in the hospital wards of Szeged. 450 questionnaires were sent out to the hospitals for the sake of an extensive research, however, only 201 were completed and measurable questionnaires were sent back. The medical workers justified the low rate of response to the questionnaires that they are overburdened and, on the other hand, they think that there will be no positive change in favor of them even if they answer sincerely to the questionnaire and they share their problems and concerns with us.

In the survey, 11,1% of the participants were men and 88,9% of the respondents were women, and the average age was 33,1 years.

(Standard deviation: 14,1; median: 33; mode: 25) The average years of working in health care: 15,2 years.

Applied Measuring Instruments

a) The following *socio-demographic variables* were examined in the case of the medical workers of the hospital wards in Szeged: gender, age, marital status, number of children, the highest scholastic qualification, status and the number of years spent in the medical sector.

b) Questions connected to carrier orientation:

"Why did he/she choose the nurse profession?" Respondents could select from the following alternatives: 1. It is a traditional profession in my family. 2. Because my parents and acquaintances advised me to choose this profession. 3. I like dealing with people. 4. I did not have any other opportunity to continue my studies. 5. There was no other working

opportunity. 6. Because of other reasons. The interviewed people could select from many alternatives to answer this question.

c) Questions connected to the prestige of nurse profession:

"Please indicate on a seven-degree scale your opinion about how you, the doctors and the society appreciate the prestige of the nurse profession and other medical workers." The first grade of the scale is equivalent of low appreciation, while the seventh grade of the scale means very high appreciation."

d) Questions connected to work satisfaction

"Please list three positive characteristic features of the health care profession."

"Please list three negative sides of the health care profession."

"Currently are you thinking about to give up your profession and choose another workplace?"

"If you have to make a decision to choose again that scope of activity you hold now, how you would decide?" Alternatives: 1. I would choose it again without hesitation. 2. I would reconsider it. 3. I would decide not to choose this type of job.

"If one of your acquaintances wants to opt your profession, what you would advise to him/her." Respondents could choose from the following alternatives: 1. I would recommend it with firm belief. 2. I would have doubts to recommend it. 3. I would be opposed to it.

"All in all, how much are you satisfied with your work?" In this case four alternatives were offered to answer: 1. Very satisfied, 2.Relatively satisfied, 3. Not very satisfied, 4. Not at all satisfied.

e) Questions investigating psychic stress

"How often do you encounter a problem that causes you inner stress during your hospital work?" Alternatives to be answered: 1. Often, 2. Occasionally, 3. Rarely, 4. Never.

"Do you get any help in this case?" Again, there were four alternatives that can be chosen: 1. Often, 2. Occasionally, 3. Rarely, 4. Never.

"Whom do you expect more help?" The interviewed person could select more options from the listed alternatives: 1. From the members of my family, 2. From my friends, 3. From my fellow-nurses, 4. From the doctors, 5. From a psychologist, 6. From other person. (*Tumulty, Jernigan* and *Kohut,* 1994).

f) Self-evaluation of the health condition

"How would you qualify your own health condition compared to others of the same age?" There were four alternative answers for this question: 1. Excellent, 2. Good, 3. Just sufficient, 4. Bad (*Barsky, Cleary* and *Klerman,* 1992).

g) Psychosomatic scale

In the past six months how often do you have 1. Stress migraine, 2. Back or waist ache, 3. Insomnia or sleeping problems, 4. Feeling of weakness and fatigue, 5. Heartburn, stomach- or belly-ache, 6. Nervous diarrhea, 7. Flutter or irregular heartthrob, The frequency of the occurrences of these symptoms could be measured with the following alternatives chosen by the medical workers: 1. Often, 2. Occasionally, 3. Rarely, 4. Never (*Pikó, Barabás* and *Boda,* 1997).

h) Questions investigating the frequency of the occurrences of risk-behaviors

The questionnaire monitored two patterns of risk behavior that of the smoking habits and alcohol consumption. Besides these, the questionnaire was also concerned about the frequency of their tranquilizer, sleeping-pills, stimuli and coffee consumption (*Pikó, Barabás* and *Markos,* 1996).

i) Questions monitoring the supply with permanent consumer's goods of the households

In your household is there any 1. Television, 2. Automatic washing-machine, 3. Refrigerator, 4. Vacuum cleaner, 5. VCR, 6. CD-player, 7. Cassette recorder, 8. Dishwasher, 9. Microwave oven, 10. Freezer, 11. Computer, 12. Car.

j) Questions investigating recreational activities

"In the past five how many times were on holiday? How many times have you been on holiday in Hungary and abroad? What are you doing in your free-time? Are you doing any other jobs besides your work in hospital?"

k) The list of inventory of socially supportive behaviors (ISSB)

"Whom do you turn when you have psychic problems?" Respondents can select from the following people: 1. Spouse/ Companion, 2. Parents, 3. Daughter/Son, 4. Other relatives, 5. Friend, 6. Neighbor, 7. Colleague, 8. Priest, 9. Psychologist/ Psychiatrist, 10. Family doctor, 11. Nobody. Highlighting more people from the list was possible for the respondents.

"Whom do you turn when you have financial problems?" Alternatives to be chosen: 1. Spouse/Companion, 2. Parents, 3. Daughter/Son, 4. Other relatives, 5. Friend, 6. Neighbor, 7. Colleague, 8. Workplace (e.g. advance on salary), 9. Bank (e.g. credit), 10.

Local government (aids), 11. Nobody. Indicating more people from the list was also possible in this case.

l) Questions investigating burnout syndrome

The burnout syndrome was monitored with the tool of the Maslach Burnout Inventory (MBI, *Maslach* and *Jackson,* 1981). The scale consists of 22 items and 3 sub-scales which monitored the following attitudes: fatigue, alienation, personal efficiency.

3. Investigation of Medical Workers in Voivodina

In 2003, we carried out a survey on the living and working conditions of medical workers in Subotica (Szabadka), Voivodina. The survey was made with the means of questionnaire which guaranteed anonymity for the 253 voluntary participants. A local physician helped our research in the selection of the sample and carrying out of the investigation.

In the survey, 90 % of the participants were women and 9,5 % of the respondents were men. The average age of the participants was 29 years and the average number of the years working in the profession was 10 years.

Data procession took place with the means of the SPSS statistic package offer in all three cases.

4. Qualitative Analysis among the Medical Workers Working in the Clinical and Hospital Wards of Szeged

In 1999, as a supplement to our questionnaire monitoring, we carried out interviews by which we investigated the measure of satisfaction related to the nurse work, the sources of stress in their workplaces and their techniques to stress resolution and solution. As a complement to the quantitative survey, we decided also to use the qualitative method. The greatest merit of the qualitative method is that it helps revealing individual perspectives with the tool of case-orientation and its usage makes explicit the situational and social contexts of the problems in the workplace.

We carried out 51 half-structured interviews with nurses working in the clinic and hospital wards of Szeged. The gender relations of the participants were the following: 2 men and 49 women. The average age of the participants was 30 years. The interviewed nurses worked in twenty different hospital wards and divergent fields of health care

respectively. The questions of the interview were exposed during the listing of the aims of the qualitative research.

III. Outcomes and conclusions

Summing up the results of the quantitative research concerning ***the first aim*** of the survey, it became explicit that among the people choosing the nurse profession, the altruistic attitude is significant which is manifested in the urge for help and dealing with the needy and diseased people. This very attitude keeps these people in the nurse profession even if they encounter with the negative sides of their job during their work.

Most of them follow the family pattern and because of the model they start to work within the field of health care. There are those who have chosen the nurse profession because of their worse scholastic records by supposing the guaranteed permanent work opportunity because of the constant lack of manpower in the sector of health care.

In retrospect, by investigating the historical development of nurse profession, it can be argued that the nursing of the needy and diseased people was a contemned activity even before the secularization of the hospitals. Later on, this judgment became even worse by the fact that primarily women took part in the activity of nursing. In this sense, there is no surprise that the present-day nurses do not appreciate highly the prestige of their profession and they believe that neither the society, nor the doctors or other members of the remedial team pay due reverence to the otherwise indispensable nurses. It is also not so advantageous in respect to the judgment of the profession concerning the recruitment basis that even today primarily the children of parents with lowest school qualification choose this profession.

Even during their studies, they encounter the negative sides of the profession and the years they spent in the profession shade further on this image. It became more and more explicit that the lack or lowest rate of financial and moral appreciation, the bad relations at the workplace, the negative attributes of the work logistics, the deficiency of drugs and medical tools, the experienced humiliating situations due to their lowest place in the professional hierarchy and the feeling of subservience make their work more difficult and significantly increase the sense of dissatisfaction.

As for the positive sides, medical workers consider the good working atmosphere and the adequate collegial relations as the most important things. This statement strengthens those facts in the existing professional literature which argues that the psycho-social

working environment, the good collegial relations inscribe the negative feelings experienced during the exercise of their profession. Nurses ascribe prominent significance to the confident and good relations with the patients and they consider the fact that they can help the patients and took part in the process of healing as one of positive attributes of the profession.

Pieces of information related to the characteristic features of work and working environment are also crucial because – as our research affirmed – nurses are also in danger to the burnout symptom with inherent physical, emotional and mental fatigue which frequently occurs among those choosing a supporting profession. The factors of burnout - emotional fatigue, alienation, decay of personal achievements – which are closely related to work-satisfaction, has a crucial impact upon the complacence with life.

Since the negative sides of working in health care are highly sensible, there is no surprise that many subjects of our research are bethinking themselves of leaving and giving up their profession. At the same time, those staying in their profession also have to face the necessity of the limited working opportunities; they are too old for job change and their age significantly decreases their chances in the labor market. It is also typical, however, that in case of profession leaving, the respondents also would be lead by the urge for helping and dealing with people in choosing their new job and workplace.

Balancing the positive and negatives sides, many respondents think that if they had the opportunity to choose again profession they would be more judicious and would hesitate even if they were in a position to recommend the nurse profession to youth who are on the verge of career decision.

2. As for the ***second aim*** of our survey, it became explicit that people exercising nurse profession often encounter situations during their work which generate inner strain and tension. Our qualitative research proved that the stressors can be identified in all cases. However, the methods of tension assimilation and resolution in most cases are not adequate, even inefficient or harmful for health. The above mentioned negative attributes that are in close relation with the profession such as the low financial and moral appreciation, the bad workplace relations, the lack of drugs and medical tools, the deficiency of manpower, the great scale of fluctuation and the humiliating situations can cause tensions. Another tension factors are the multiple shift working schedule, the burdensome situations experienced through their work with the patients, and with special attention to the fact of suffering and death. The respondents indicated that in case of free

working place option they avoided those hospital wards where they had to encounter the issue of suffering and the nursing of incurable and dying people on a daily basis.

In situations which entail inner strain there is very rare adequate help and the workers of the field even less rely on the interference of professional helpers, though, as they indicated, they do not really require such intervention. It should be noted that many of them would need pieces of advice and the reassuring presence of their fellow-nurses and doctors in the burdensome workplace situations. However, this kind of assistance rarely eventuates. Nevertheless, handling of tension would be very crucial, since the level of stress is in strong correlation with factors such as work-satisfaction, mental health, contentment with ones life, intention for giving up the profession and the burnout symptom.

3. After processing the survey items connected to ***the third aim*** it became clear that the tensions emerging during the practice of the nurse profession often manifest themselves within the forms of psychic and somatic symptoms. The frequent head-ache, the feeling of fatigue and distress, the stomach-ache, the flutter or irregular heartthrob and the sleeping problems can be related to the unresolved or badly processed stress. Experiencing these symptoms can contribute to the fact that the *self-evaluation of health condition* is also very low and there are only some who marked the "excellent" category in the survey. It is even more worth to think in terms of the fact which tells that only ten percent of the students consider themselves in a perfect condition untinged by diseases or tensions.

Besides the psychosomatic symptoms, the age and working years spent in health care have a great impact upon the self-evaluation of health. If one is working in multiple shifts and often has to face psychic strain, it is more likely that one will rank his/her health condition as bad or just acceptable. Working overtime has also a negative impact upon the self-evaluation of health and of course the dissatisfaction with work also worsens this judgment. Unfortunately, many of the nurses represented in this survey are obliged to work overtime for the stability of their financial situation.

For the sake of lessening the stress, nurses working in health care occasionally practice even those *behaviors that harmful to health*. They smoke, drink alcohol or by chance they expect the diminishing of stress by the usage of tranquilizers, sleeping pills or stimuli.

4. Knowing the fighting techniques against the often occurring stress situations within the health care sector and social support system surrounding the nurses can be peculiarly informative (however, we cannot ignore that the subjects of our research were women working in special workplace). In accordance with the ***fourth aim***, the results of our survey exemplify that certain dimension of the *copying-strategies* emerging among our respondents are not in every cases effective:

The risky fighting mechanism can be connected to the increasing level of the psychosomatic symptoms and harmful habits of nurses.

The optimistic tackling factor also does not mean constructive solution, though it entails a higher level of the self-evaluation of health.

On the basis of *the problem analyzer tackling strategy,* it is highly feasible that the nurses by analyzing the problems and searching for the ways of solution often suffer in insomnia, thus, their fatigue increases and for the sake of stress resolution they smoke a lot. Consequently, this method considered to be the most adaptive conflict resolution does not prove to be effective in our case.

Looking for support plays positive role in the psychosomatic health of nurses. However, it is also correlates with alcohol consumption.

Those in favor of *the withdrawing tackling method* often smoke, show higher stress level and the appearance of psychosomatic symptoms are also more frequent among them. Thus, this tackling strategy can also considered as a maladaptive conflict resolution strategy in this context.

Concerning *social support*, one can say that *the practical and communicative-emotional factor* plays a positive role in the life of nurses but mostly the latest provides psychosomatic health.

On the basis of our research one can also state that in case of psychic problems most often the respondents need help coming from informal relations and very few require the knowledge and experience of professional helpers.

5. In accordance with the ***fifth aim***, it can be stated on the basis of the monitoring of the living conditions that in spite of the low salary rate the majority of the respondents have a reassuring flat condition. However, one cannot say that the equipment of the flats is adequate since in many cases the household appliances that can lessen the time spent with domestic work and the entertaining electronic devices are missing in the households.

After the psychically and mentally tedious work, spending free-time meaningfully would be important, however, the limited financial and timeframe do not allow of this. Holidays, relaxing and the activities being suitable for refreshment but money dependent recreational activities such as the cinema and theatre visit are neglected programs. At this point, we also have to mention the constraint of working overtime: many of them are obliged to work overtime for the sake of the safety of living and to earn surplus money which also significantly lessens the amount of free-time. Working overtime occasionally took place within the health care sector but there are cases when the nurses have to hold on in another field to assure the stability of their rate of living.

The outcomes connected to the analyzed aims transgress national boundaries; the surveys having done in Subotica, Serbia affirm the assumption which tells that observations related to health care and their nursing staff are more general and representative not only of the Hungarian situations.

On the basis of the knowledge of the above mentioned facts it is apparent that the solutions of these complex problems connected to the nurse profession and its practice is a compelling task. It would be an essential issue to *change the frameworks of working activity and the working conditions.* It should be noted among the aims to be accomplished in the near future that the number of patients related to the work of one nurse has to be in analogy with the European norms and the modernization of the technical equipments of nurses has to happen in a parallel way with the modernization of the diagnostics items. Professional decisions within the sector have to be made in a more rational and established way. Regularizing salaries, however, would be the most sorely needed necessity, in a way that the salaries should provide decent living for the nurses.

It is worth taking into consideration the protection of the psychic health of the workers. The worn-out reiterated prevention and treatment of prevention rarely materializes in practice. Concerning the issue of prevention it would be equally important to take steps both on the personal and organizational levels. On the personal level, it should be achieved that all individuals would feel responsibility towards his/her own health. As for the organizational level, the lessening of the labor force deficiency, the reorganization of work, the improvement of the working conditions, sharing of responsibility, setting of realistic aims, mutual support and strengthening of the supportive systems should be indispensable requisites. The accurate determination of aims and tasks at the workplace would also serve the mental hygiene. Nevertheless, the fixation of competencies and the

periodic rotation of the labor force would also be helpful in order to prevent fatigue and apathy. The prospective nurses have to be prepared for the recognition of burnout symptom and it would be reasonable to organize self-recognition trainings.

Besides the protection of the psychic health among medical workers, the safekeeping of the somatic health is also indispensable. Thus, the role of dispositions focusing on these principles is revalued. Nurses in adequate psychic and somatic health state can work more effectively on the fields of health protection, training and development. At the same time, nurses can gain in prestige with this kind of work. Moreover, it would be significantly purposeful to involve nurses in health prevention, as well. However, in the everyday life the pursuit of health training and development also rarely materializes.

Securing professional advance, the opportunities of training, outlining the carrier chances and the strengthening of worker autonomy would also provide better psychic state of the medical workers. The professional and carrier development has to happen in tune with the health care system.

Besides suggesting solutions for the existing problems, *the way of the future must be outlined* since the prestige of the nurse profession can be improved with the help of a clearly defined action program, thus, the profession can be made attractive. A strategy for national medical attendance improvement based on a social and professional consensus would be an essential need which gives high priority to the collective treatment and improvement of the education, labor force management, medical attendance leading and nurse practice and also to the obvious determination of the place and role of medical attendance.

Finally, special emphasis has to be given to make the values, place, roles, and the properly so called indispensability of profession clear to the social and political decision-makers. However, for reaching this aim, it is a prerequisite that the nurse profession also has to have a distinct and clearly shaped vision for the future which can serve as a great help for the development of an authentic identity.

Topic Related List of Publications

Books, Book Items

1. Piko, B. F., **Piczil, M.** (2007): The role of psychosocial work environment in psychological health and well-being among health care staff. In: Ina M. Pearle (eds): *Industrial Psychology Research Trends*. Nova Science Publisher, New York, 89-103.

Articles in Professional Journals

In Foreign Languages

1. Piko, B., Kasza, B., **Piczil**, M., Markovic, M. (2005): Sa ove i sa druge strane državne granice…Životni i radni uslovi medicinskih sestara Segedina i Subotice. *Opšta medicina*, 11. 1-2. 9-13.

In Hungarian

1. Pikó Bettina, **Piczil Márta** (2007): A saját egészség megítélése és a pszichoszociális munkakörnyezet. Vizsgálat a szabadkai egészségügyi szakdolgozók körében. *Lege Artis Medicinae*, 17. 1. 65-69.
2. Pikó Bettina, **Piczil Márta** (2006): A pszichoszociális munkakörnyezeti jellemzők összefüggése az elégedettséggel nővérek körében. *Mentálhigiéné és Pszichoszomatika*, 7. 4. 301-310.
3. Markovic Marija, **Piczil Márta**, Kasza Bálint, Pikó Bettina (2006): Egészségügyi szakdolgozók szociális helyzete az ápolás tükrében Szegeden és Szabadkán. *Egészségügyi Gazdasági Szemle*, 44. 4-5-6. 73-78.
4. Markovic Marija, Pikó Bettina, **Piczil Márta**, Kasza Bálint (2006): Egészségi állapot, életmód és egészségmagatartás az ápolók körében Szegeden és Szabadkán. *Nővér*, 19. 3. 17-25.
5. **Piczil Márta**, Kasza Bálint, Markovic Marija, Pikó Bettina (2005): Határon innen és túl…Szegedi és vajdasági ápolók élet- és munkakörülményei. *Nővér*, 18. 2. 3-10.
6. **Piczil Márta**, Pikó Bettina (2003): Az ápolói hivatás pszichoszociális kihívásai. Kiégettség, kockázati magatartás, társas támogatás. *Ápolásmenedzsment*, 5. 5. 29-33.
7. **Piczil Márta**, Pikó Bettina (2003): Fókuszban a szociális gondozók. Szakma vagy kényszerpálya? *Szociális Munka*, 15. 1. 18-25.
8. **Piczil Márta**, Pikó Bettina (2002): Quo vadis, nővéri hivatás?! Egészségügyi szakdolgozók szociális körülményei Szegeden. *Egészségügyi Gazdasági Szemle*, 40. 5. 575-582.
9. Pikó Bettina, **Piczil Márta** (2002): Megküzdési (coping) stratégiák és a társas támogatottság összefüggése az ápolónők egészségi állapotával. *Pszichológia*, 22. 4. 437-447.
10. Pikó Bettina, **Piczil Márta** (2000): "És rajtunk ki segít…? Kvalitatív egészségszociológiai elemzés a nővéri hivatásról. *Esély*, 10. 1. 110 - 120.
11. Pikó Bettina, **Piczil Márta** (1998): Az elégedettség és elégedetlenség szociológiai vizsgálata a nővéri hivatásban. *Lege Artis Medicinae*, 8. 10. 728 - 734.

Conference Presentations

In Foreign Languages

1. Kasza, B., **Piczil, M.,** Markovic, M. (2007): Social background among health care staff in Szeged and Subotica in the light of their professional environment. Culture and Health, *First Conference of the Central and Eastern European Society of Behavioural Medicine*, Pécs
2. **Piczil, M.** (2002): Relationship between nurses' health, coping and social support. *The 16th Conference of the European Health Psychology Society*, Lisboa
3. **Piczil, M.,** Piko, B. (2001): Ways of coping and social support among nurses in Hungary. *The 22nd International Conference of the Stress and Anxiety Research Society*, Palma de Mallorca
4. **Piczil, M.,** Piko, B. (2000): Nurses' occupational stress under microscope. Results from a qualitative research. *The 21th International Conference of the Stress and Anxiety Research Society*, Bratislava

In Hungarian

1. **Piczil Márta**, Pikó Bettina (2007): Főiskolát végzett ápolók pályaorientációja és munkaelégedettsége. *Ápolásmenedzsment Konferencia*, Szeged
2. **Piczil Márta**, Pikó Bettina (2006): „Csak egymásra számíthatunk…" – A kiégés veszélye szegedi egészségügyi dolgozók körében. *Ápolásmenedzsment Konferencia*, Szeged
3. **Piczil Márta**, Markovic Marija, Kasza Bálint, Pikó Bettina (2005): A munkaelégedettség jelentősége a menedzsment számára: szegedi és szabadkai nővérek helyzetének összehasonlítása. *Ápolásmenedzsment Konferencia*, Szeged
4. **Piczil Márta**, Pikó Bettina (2005): A népegészségügy kihívásai az ezredfordulón: munka és elégedettség a nővérek körében. *NETT XIV. Nagygyűlése*, Szeged
5. **Piczil Márta**, Pikó Bettina (2004): Pszichoszociális munkakörnyezet és addikciók a segítő hivatásban: a nővérek esete. *Magyar Addiktológiai Társaság V. Országos Kongresszusa*, Balatonfüred
6. **Piczil Márta**, Pikó Bettina (2004): Úton az Európai Unió felé – helyzetkép Csongrád megyében dolgozó nővérekről. *Ápolásmenedzsment Konferencia*, Szeged
7. **Piczil Márta**, Pikó Bettina (2004): Az ápoló hivatás pszichoszociális kihívásai. *Magyar Pszichológiai Társaság XVI. Nagygyűlése*, Debrecen
8. **Piczil Márta**, Kasza Bálint, Markovic Marija, Pikó Bettina (2004): Határon innen és túl... Szegedi és vajdasági ápolók élet- és munkakörülményei. *Főiskolát és egyetemet végzett ápolók VI. Országos találkozója*, Szeged
9. **Piczil Márta** (2003): Pályaelhagyás vagy hivatásszeretet? Szegedi egészségügyi szakdolgozók szociális helyzete és életmódja. *Ápolásmenedzsment Konferencia*, Szeged
10. **Piczil Márta**, Pikó Bettina (2002): Quo vadis, nővéri hivatás? *NETT XI. Nagygyűlése*, Nyíregyháza
11. **Piczil Márta**, Pikó Bettina (2002): A kvalitatív vizsgálati módszerek jelentősége a magatartástudományi kutatásokban. *III. Magatartástudományi Napok*, Debrecen
12. **Piczil Márta**, Pikó Bettina (2001): A munkával való elégedettség motivációs meghatározói a nővéri hivatásban. *Ápolásmenedzsment Konferencia*, Szeged
13. **Piczil Márta**, Pikó Bettina (2000): Stressz az egészségügyben: fókuszban a nővéri hivatás. *NETT IX. Nagygyűlése*, Hévíz

14. **Piczil Márta**, Pikó Bettina (2000): ”És rajtunk ki segít…?” – Kvalitativ egészségszociológiai elemzés a nővéri hivatásról. *Magyar Szociológiai Társaság Konferenciája,* Hódmezővásárhely
15. **Piczil Márta**, Pikó Bettina (1999): A nővéri hivatás társadalmi kérdéseinek finomszemcsés elemzése. *NETT VIII. Nagygyűlése*, Sopron
16 **Piczil Márta**, Pikó Bettina (1999): "És rájuk ki gondol?" – fókuszban egy paramedikális szakma. *SZOTE Főiskolai Kar Általános Szociális Munkás Szak és Gyógytornász Szak Jubileumi Konferenciája*, Szeged
17. **Piczil Márta**, Pikó Bettina (1998): Stresszterhelés, munkakörülmények és a szakma presztízsének megítélése nővérek körében. *NETT VII. Nagygyűlése*, Pécs

Other Contributions

Books, Book Items

1. **Piczil Márta** (2005): Ifjúság a posztszocialista átmenetben. In: Pikó Bettina (szerk.): *Ifjúság, káros szenvedélyek és egészség a modern társadalomban.* L'Harmattan, Budapest, 134-152.
2. **Piczil Márta** (2002): Anómia – elméletek; Kultúra és szubkultúra elméletek;
A szimbolikus interakcionizmus deviancia elmélete; Egyéb, devianciát magyarázó elméletek; Bűnözés, mint deviancia.
In: Pikó Bettina (szerk.): *A deviáns magatartás szociológiai alapjai és megjelenési formái a modern társadalomban*. JATE Press, Szeged, 19-26., 43-53., 55-64., 65- 76., 77- 88.

Articles in Professional Journals

In Foreign Language

1. Piko, B. F., **Piczil, M.** (2004): Youth Substance Use and Psychosocial Well-Being in Hungary's Post-Socialist Transition. *Administration and Policy in Mental Health*, 32. 1. 63-71.

In Hungarian

1.**Piczil Márta**, Dr. Pikó Bettina (2006): Fókuszban a csoport – fókuszcsoportos munka serdülőkkel. *MÁTRIX Magyar Csoport-Pszichoterápiás Egyesület szakmai elektronikus kiadványa*, 13. 13-18.
2. Pikó Bettina, **Piczil Márta** (2003): Ahogyan ők látják…– Fókuszban az ifjúság. *Társadalomkutatás*, 21. 2. 191-201.
3. **Piczil Márta** (2001): Prizonizáció: magatartásváltozás egy totális intézményben. *Tanulmányok: Szociális munka, szociálpolitika, szociológia*. SZTE Egészségügyi Főiskolai Kar Általános Szociális Munkás Szak kiadványa, 31-40.

Conference Presentations

In Foreign Languages

1. **Piczil, M.,** Piko, B. (2001): Social stress and its lifestyle consequences – Focus on youth in the post-socialist transition. *The 22nd International Conference of the Stress and Anxiety Research Society*, Palma de Mallorca
2. **Piczil, M.,** Piko, B. (2001): What do they experience? Qualitative health research on adolescent substance abuse. *European Union for School and University Health and Medicine*, Budapest

In Hungarian

1. **Piczil Márta** (2006): „Adni kellene valamit helyette…" Szegedi középiskolás fiatalok drogfogyasztó magatartásának vizsgálata. *NETT XV. Nagygyűlése*, Siófok
2. **Piczil Márta**, Pikó Bettina (2005): Fókuszban a csoport – fókuszcsoportos munka serdülőkkel. *Magyar Csoport-Pszichoterápiás Egyesület VI. Országos Konferenciája*, Budapest
3. **Piczil Márta** (2004): A kannabiszfogyasztás jellemzői szegedi középiskolások körében végzett kutatások tükrében. *Kannabisz és kannabinoidok; Továbbképző konferencia*, Szeged
4. **Piczil Márta**, Pikó Bettina (2001): "CARPE DIEM..." – A deviáns magatartás fõbb jellemzõi serdülő- és ifjúkorban. *"A pszichiátriai rehabilitáció határterületei" Konferencia*, Szeged
5. **Piczil Márta**, Pikó Bettina (2001): Ahogyan Ők látják... – Fókuszban az ifjúság. *NETT X. Nagygyűlése*, Gyula
6. **Piczil Márta** (1997): Prizonizáció - A szervezeti alkalmazkodás egy típusa. *XIII. OTDK, Társadalomtudományi Szekció*, Eger