

Full Length Research Paper

A study of the conditions of work on nurses' daily and social lives in Adana City of Turkey

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This study is performed in order to specify the working conditions and the issues of the nurses working in Adana City of Turkey at Çukurova University Balcalı Hospital; and to examine the effects of these on their family, daily and social lives. This was a descriptive study applied by distributing the survey form on 15.02.2008 to 238 nurses, which was prepared by benefitting from the literature; and by asking them to fill in the form voluntarily and recollecting the forms back. 55.9% of the nurses are married, 45.4% have license degree, 37.4% have associate degree and the average age is 39.4 ± 5 . Their term of employment is 10.09 ± 7.45 . Nurses stated that standing on duty effected their family lives (62.6%), social lives (60.9%), daily lives (60.5%), and they had problems from the point of children (76.5%). The most common reasons of complaint from the nurses during their daily lives were determined as follows: very tiring (76.5%), promotion facilities are limited (50.4%), needs extreme attention (42.4%), the given responsibility does not match with the level of the authority (40.8%) and there is a conflict between the working life, family duties and responsibilities (36.1%). The marital status of the nurses and its effect on the daily life ($p < 0.005$) and on the social life ($p < 0.005$) were found meaningful. The working conditions of the nurses need to be improved. Advanced researches may be suggested in order to meet the expectations of the nurses they have before starting their professions.

Key words: Family life, working on shift, occupational problems, nursing.

INTRODUCTION

The working life provides a certain role, statue and economic power to the individual in the social life. In addition to these facilities provided to the individual, the working life brings along some negativities from physiological and psycho-social aspects (Hıdıroğlu, 2006). The traditional approaches related to the place of the woman among the society are still being held today (Ere, 2006). There may emerge some family problems due to the working status of the woman, such as disagreements, stress, tension and non-supportive attitude of the spouses. Depending on the motherhood, the problems encountered by the women in family life are role

conflicts, house works and the child care problems (Hıdıroğlu, 2006).

The researches tended to research the social dimensions of health and sickness must contain the systematical analysis of the sex roles in the daily life both in and out of the house (Özvarı, 2007). The researches about those on the health sector, specifically on the women in the health sector, are very rare (Hıdıroğlu, 2006). Nursing adopts risk factors related to stress such as long working hours, extreme work load, time pressure, difficult or complicated tasks, insufficient rest breaks, monotonic and physically bad working conditions like place, temperature, lighting etc. During the treatment applications, depending on the service intensity they encounter irregularities like being obliged to stand for long durations, sleeplessness during shifts, irregular nutrition (Alçelik et al., 2005).

This study was performed in order to specify the

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working conditions and the issues of the nurses working at Çukurova University Balcalı Hospital; and to examine the effects of these on their family, daily and social lives.

METHODS

The research was concluded to specify the working conditions and the problems of the nurses employed at the Adana City of Turkey, Çukurova Medicine Faculty, Balcalı Hospital, and to examine the effects of these on their family, daily, and social lives. This research was applied on 15.02.2008 to working nurses and sampling was not taken. On the date of the research application totally 350 nurses were employed. From these 32 nurses were assigned at the polyclinics. The Survey forms were distributed to the clinics and they were asked to be filled voluntarily. Two of the forms which were received back were not evaluated due to deficient information. During the time when the research was being done, those who were on their off days, those who did not work on that day (night shift), those assigned at the polyclinics were not included in the research. The ratio of attendance to the research was 74.8%.

The survey form which was developed by benefiting from the literature as data collection tool was used (Hıdıroğlu, 2006; Çelikten, 2004; Sancar et al., 2006; Kadıpınar, 2005; Gönüllü, 2001). The survey form consists of 61 questions. 17 of them are the questions that examine the socio-demographical aspects, 44 of them are the questions that examine the working conditions and the effects of the working conditions on health, family, marriage, having children, and the negative and positive effects of the daily lives.

As a priority the open end questions were reviewed and after grouping them the data was analyzed on the computer by using the pack software SPSS 11.5 (Statistical package for Social Sciences). Average, percentages, and chi square analysis were benefited from the evaluation of the data.

The authorities of the institution were informed in order to be able to perform the research and the permission was received. Additionally, verbal consent was taken from the participants of the survey by submitting their information.

RESULTS

Two (0.8%) of the nurses attending the research were males and 236 (99.2%) were females. When the marital status of the nurses was questioned, 133 (55.9%) declared to be married and 97 (40.8%) declared to be single and 8 (3.3%) declared that they are divorced. 120 (50.4%) replied to question if they have any children by saying yes and 118 (49.6%) replied by saying no. When the number of their children was asked to those who have children, they replied that 46 (38.3%) have one, 68 (56.7%) have two and 6(5.0%) have three children. When the age distribution was viewed: 48 (20.2%) were between 19 and 24; 78 (32.8%) were between 25 and 29; 52 (21.8%) were between 30 and 34; 50 (21.0%) of them were between 35 and 39 the remaining 10 (4.2%) of them declared to be between 40 and 49 (Table 1). The average age was 39.4 ± 5.7 .

When the nurses were asked about their social security, 207 (87%) declared State Retirement Fund, 30 (12.6%) Social Security Institution (SSK) and 1 (0.4%) declared green card. Regarding the economical state,

174 (73.1%) declared to be at average, 34 (14.3%) declared to be good and 30 (12.6%) declared to be bad (Table 1).

The educational status of the mothers of the nurses who participated in the research was asked: the response was that 72 (30.2%) are not literate, 127(53.4%) are primary school graduates, 20 (8.4%) are secondary school graduates, 15 (6.3%) are high school graduates and 4 (1.7%) are university graduates (Table 1).

The nurses stated their spouses educational statuses as primary school by 1 (0.8%); secondary school by 6 (4.5%) and high school or open high school, license by 72 (54.1%) and post graduate by 10 (7.5%). The professions of their spouses are declared to be most commonly as teachers (27%), engineers (17.3%) and self-employed (14.3%) (Table 1). 108 (45.4%) of the nurses are licensed, 89 (37.4%) have associate degree, 36 (15.1%) are Health College graduates and have post graduate degrees. They were asked, for how many years they have been working as nurses; and 81 (34.0%) stated 1 to 4 years, 38 (16.0%) stated 5 to 9 years, 40 (16.8%) stated 10 to 14 years, 45 (18.9%) stated 15 to 19 years, 29 (12.2%) stated 20 to 24 years and 5 (2.1%) stated 25 to 30 years. 174 (73.1%) of the nurses stated that they stand on duty and 64 (26.9%) stated that they do not. When the number of the days they stand on duty was asked to those who stand on duty 33 (18.9%) stated 1 to 5 shifts a month, 128 (73.6%) stated 5 to 10 shifts a month and 13 (7.5%) stated 11 to 15 shifts a month. The working years are 10.09 ± 7.45 years.

From the nurses who participated in the research, when it was asked "according to you is there any advantages of working for the health services?" 142 (59.7%) nurses replied with yes, 81 (34.0%) replied by saying no, 15 (6.3%) replied that they do not have an opinion regarding this subject.

Regarding if standing on duty affected their family lives, 149 (62.6%) of the nurses stated that it affects, 18 (7.6%) stated that it does not affect and 71 (29.8%) stated they are not sure on the subject. Regarding the question if standing on duty affected their social lives or not, 145(60.9%) of the nurses replied that it does; 20(8.4%) replied that it does not, 73(30.7%) stated that they are not sure about this issues. Regarding the question if standing on duty affects their daily lives 144 (60.5%) of the nurses stated yes while 20 (8.4%) stated no and 74 (31.1%) of the nurses stated that they are uncertain about this subject.

When the nurses, who attended the research, were asked if they had expectations while starting their professions, 209 (87.8%) stated they had expectations, 29 (12.2%) stated they did not have expectations. They were asked if their expectations were met and 8 (3.4%) replied that they were met in whole, 149 (62.7%) replied that they were met partially and 81(33.9%) replied that their expectations were not met at all.

Table 1. Distribution of socio-demographics characteristics of the nurses.

Demographic	N	Percent
Gender		
Female	236	99.2
Male	2	0.8
Age		
19-24	48	20.2
25-29	78	32.8
30-34	52	21.8
35-39	50	21.0
40-49	10	4.2
Social security		
Retirement fund	207	87.0
Social security institution	30	12.6
Green card	1	0.4
Economical state		
Good	34	14.3
Average	174	73.1
Bad	30	12.6
Educational status of the nurses' mothers		
Not literate	72	30.2
Primary school graduates	127	53.4
Secondary school graduates	20	8.4
High school graduates	15	6.3
University graduates	4	1.7
Educational status of the nurses' fathers		
Not literate	19	7.8
Primary school graduates	135	56.7
Secondary school graduates	32	13.7
High school graduates	35	14.7
University graduates	17	7.1
Marital status		
Married	133	55.9
Single	97	40.8
Divorced	8	3.3
Child status		
Yes	120	50.4
No	118	49.6
Total	238	100.0
Number of children		
1	46	38.3
2	68	56.7
3	6	5.0
Total	120*	100.0

Table 1. Contd.

Educational status of the nurses' spouses		
Primary school	1	0.8
Secondary school	6	4.5
High school or open high school	44	33.1
License	72	54.1
Post graduate	10	7.5
Working status of the nurses' spouses		
Teachers	36	27.0
Engineers	23	17.3
Self-employed	19	14.3
Health workers	18	13.5
Officer	15	11.2
Private sector employees	10	7.5
Worker	8	6.4
Painter, artist	2	1.4
Unemployed	2	1.4
Total	133**	100.0

* As those who have children have answered, n value is different (n=238-118=120),** As those who are married have answered, n value is different (n=238-105=133).

When the nurses were asked if they had any important, chronic disease that requires continuous treatment, 49 (20.6%) replied yes, 189 (79.4%) replied no. From those 40 nurses who had chronic diseases 8 (16.3%) stated that they have herniated disc, 7 (14.3%) stated allergic bronchial asthma, 6 (12.2%) stated varicosity, 4 (8.2%) stated hypothyroidis, 3 (6.1%) stated gastritis, 3 (6.1%) stated iron deficiency anemia, 3 (6.1%) stated diabetes mellitus, 2 (4.1%) hypertension, 2 (4.1%) stated cardiac problems and 2 (4.1%) stated osteopenia. From the remaining 9 nurses as being one per each renal calculus, extreme tiredness, vertigo, obsessive compulsive disease, chronic hepatitis, genetic Mediterranean fever, multiple sclerosis and graves disease.

When the nurses were asked "If they have any diseases that disturb them now, 84 (35.3%) replied yes and 154 (64.7%) replied no.

The distribution about the pregnancy leave, unpaid leave use after the latest pregnancy and the problems related to the baby care are given in Table 2; the distribution of the answers received from the questions to the nurses related to the effects of their working life on the family life, are viewed in Table 3, while the distribution of some opinions of the nurses related to their working life are viewed in Table 4.

The relation between the graduated school and the membership to a syndicate by the nurses is ($X^2=32.847$, $SD=3$, $p<0.001$) with the membership to an association was found meaningful ($X^2=30.215$, $SD=3$, $p<0.000$) (Table 5). The relation between the effect on the social life by the graduated school and standing on ($X^2=50.749$, $SD=9$, $p<0.001$), its effect on the daily life ($p<0.001$) is

meaningful. The relation between the graduated school and the education of the spouse is meaningful ($X^2=44.791$, $SD=15$, $p<0.001$).

While the effect on the daily life by standing on duty regarding the marital status of the nurses ($X^2=21.044$, $SD=6$, $p<0.005$), the effect on the social life ($X^2=18.512$, $SD=6$, $p<0.005$) was found meaningful and the effect on the family life was not found meaningful ($p>0.05$).

DISCUSSION

The significant majority of the nurses are women (Hidrođlu, 2006). Similarly the 2 (0.8%) of the nurses participating in the research were men and 236 (99.2%) of them were women.

As the educational level of the women population in Turkey increases, the birth ratio decreases (Eređ, 2006). Similarly when the nurses attending the research were asked their number of children, 46 (38.3%) replied to have one, 68 (55.7%) replied to have two and 6 (5.0%) replied to have three children. In the study performed by Yılmaz et al. (2005), found out that 49.3% of the midwives and nurses have 2 children, it can be said that this is similar to this study (Yılmaz and Özkan, 2006). Only 39% of the women in the group between the ages of 30 to 39, who most intensively participated in the economical life in Turkey business life, were grouped as "working" (Özvarıđ, 2007). The average age in the research was similarly 39.4 ± 5.7 .

When the educational status of the nurses, who attended the research, was examined, it was viewed that

Table 2. The use of unpaid leave by nurses during their latest pregnancy; distribution of the problems related to baby care.

Question	N	Percent
How many days did you use as leave during your latest pregnancy?		
0 - 60 days	90	78.3
61 – 100 days	19	16.6
101 and more days	6	5.1
Did you use unpaid leave?		
Yes	30	26.1
No	85	73.9
Who looked after your baby?		
Nurse's mother	33	28.7
Babysitter	30	26.0
Husband's mother	27	23.5
Husband and babysitter	23	20.0
Mother and father	2	1.8
Did you have problems in child care?		
Yes	88	76.5
No	27	23.5
Total	115*	100.0
What are your problem regarding child care?		
Problems related to standing on duty	19	21.6
Being separated and not being able to get enough breast milk	33	37.5
Unable to find qualified baby sitter and boarding at husband's mother	36	40.9
Total	88**	100.0

* As those who have a child requiring care have answered n value is different (n=120-5=115). ** As nurses with child and have problems regarding child care have answered n value is different (n=115-27=88).

the ratio of the literate men is higher when compared to the women. In taking a role in social life, the inequality between the sexes in taking advantage of the opportunities is not only an issue in Turkey but in all developing countries (Özvarı, 2007). Importance must be paid to the education right of the women, which is the key to leverage her social status and to increase the schooling level; studies must be performed in order to raise the social awareness regarding this subject (Taşkın, 2004). Supporting women to work provides the increase of money coming to the family and causes an increase in the socio-economic level and consequently it will serve to develop the problem solving skills, accordingly it may be recommended to school, for girls who are candidates to be mothers (Tazeyurt and Savaşer, 2003).

108 (45.4%) of the nurses are licensed, 89 (37.4%) have associate degree, 36 (15.1%) are Health College graduates and have post graduate degrees. Similarly, in the study performed by Alçelik et al. (2005) the ratio of the college graduate nurses is 41.8%. Even though there has been a quantitative development in the education of

the women during recent years in Turkey, the qualitative changes cannot be transmitted to the society; and this situation emerges as one of the obstacles before the social development of Turkey (Ere, 2006).

When the nurses, who participated in the research were asked, if they had any expectations when they started their profession, 87.8% said that they had expectations and only 3.4% stated that their expectations were met completely. This finding is extremely important from the point of indicating the fulfillment of the expectations of these nurses. It may be suggested to perform more detailed researches regarding this subject.

47% of the nurses leave their professions due to marriage or child birth and 78% of the nurses who work on a shift system state that they want to leave their professions (Hıdıroğlu, 2006)

. In the research, 90 (78.3%) of the nurses stated that they used birth leave between 0 to 60 days during the last pregnancy and 30 (26.1%) stated that they used unpaid leave (Table 2).

If the mother is not satisfied with her job, she has concerns related to the child care and safety or when the

Table 3. Distribution of some findings on the family lives by the working lives of the nurses.

Questions	N	Percent
What are your general conversation subjects with your family?		
Economy	40	16.8
Work	95	39.9
Children	59	24.8
House	44	18.5
Who helps you in house works?		
Paid helper	31	13.0
Close elderly family relative	34	14.3
Husband	41	17.2
I do the house works	132	55.5
Have you ever paused working?		
Yes	56	23.5
No	182	76.5
Total	238	100.0
If you paused working, what are the reasons?		
Baby	28	50.0
Health problems	16	28.6
Clothing problems	12	21.4
Total	56*	100.0
Is it a problem to continue the work life and family life together?		
Yes	68	28.6
No	39	16.4
Sometimes	131	55.0
Total	238	100.0

* As those who paused work life have answered, the n value is different (n=238-182=56).

working conditions are stressed and heavy, depending on these factors the interaction between the working mother and the child is affected adversely. In fact we have the opinion that it is not correct to diminish the effect of the mother's working condition on the child to only one factor; when it is viewed from the point of the educational level of the mother, working conditions, the reason to work, the quality of the child-mother relation, family relations, by whom and how the child is cared when the mother is absent, the characteristics of the person caring about the child and the continuity of the caring person, at which development level the child is, the number of children in the family and the birth order factors may also have an effect (Akta, 1994).

The humanitarian needs and the daily life activities are along a rhythm. Working in a shift system and working on very often changing shifts may have an effect on the daily rhythm. Depending on the day time and night time shifts, from the point of factors such as physiological incoherence to the nightshift, sleeping disorder and tiredness, working on shifts were found to be the most

destructive working systems (Yüksel, 2002). The nurses who have attended the research stated similarly that working on shifts has an effect on their family lives (62.6%), social lives (60.9%), and daily lives (60.5%).

Working for payment does not stop women from doing their housework. Most of the women in addition to giving birth to children and looking after them, take place in activities like caring for the elderly and dependent individuals apart from the economical activities (Özvarı, 2007).

Finding the suitable person to look after the child is one of the most important problems of the working woman. In the research 88 (76.5%) of the nurses declared that they have problems related to child care. Most of nurses declared that child care is mostly handled by nursing mother (28.7%), by the husband's mother (23.5%), baby sitter (26%) (Table 2). It is detected that the children of 32.4% of midwives and nurses are looked after by a relative. It is indicated that if the children are carried out of the house environment, this situation increases the anxiety level. It may be suggested to do working programs

Table 4. The distribution of some opinions related to the work life of nurses.

Question	N	Percent
According to you what is the ideal way of living for women?		
To be successful business women	9	3.8
To receive professional education and to use it when necessary	15	6.3
To be a good housewife and a good mother	15	6.3
To combine the housewife and business women roles	199	83.6
Total	238	100.0
According to you what are the problems that must be solved about working women?		
To provide employment	14	10.6
To maintain a kindergarten at the Business Place	57	43.2
To consider the other social roles	23	17.4
To provide equal opportunities	15	11.4
To improve the working conditions	23	17.4
Total	132*	100.0
In the work life what would you like your manager's sex to be?		
Woman	33	13.9
Man	50	21.0
No difference	155	65.1
If you think that there is a discrimination what are the subjects of the discrimination?		
In recruiting	32	13.4
In wages and the additions to wages	19	8.0
In providing on service education opportunities	6	2.5
In work distribution	44	18.5
In providing promotion and advancement opportunities	48	20.2
In employment assurance	15	6.3
In being assigned managerial responsibilities	44	18.5
In participating in the syndicate activities	9	3.8
What is the most difficult field of your work?		
Physical tiredness	201	84.5
Sleeplessness	151	63.4
Task complexity	123	51.7
Communication	84	35.3
What are the most important reasons of working at this work place?		
Economical obligations	139	58.4
The satisfaction of the job	59	24.8
Benefiting from the performed education	92	38.7
Assurance for future	167	70.2
Being free economically	178	74.8
Having an occupation, the wish to build a career	56	23.5
What are the reasons for most complaints related to your work life?		
Very tiring	182	76.5
Very monotonous	18	7.6
Requires extreme attention	101	42.4
Conflicts of work life and family tasks and responsibilities	86	36.1
Limited promotion opportunities	120	50.4
Unequal authority regarding the given responsibility	97	40.8

Table 1. Contd.

What is the field that you cannot cope with in your work life?		
Team communication	65	27.3
Communication with the patient	31	13.0
Communication with the patient's relatives	90	37.8
Not being able to manage the time	14	5.9
Stress	110	46.2
Violence	9	3.8
Emotional loads	108	45.4
From the point of your professional future what is your opinion related to future?		
To get retired	32	22.2
To achieve progress after post graduate studies	53	36.8
To work at better conditions	27	18.8
To work at day time	3	2.1
To work at another field of health by using the facilities now at hand	3	2.1
I want to leave	17	11.8
To be occupied by another work	2	1.4
To provide that independent functions emerge	7	4.9
What are your opinions related to the new legal regulations?		
Positive	17	17.7
Negative	79	82.3
What are your opinions about the new health system?		
Positive	13	13.8
Negative	81	86.2
Are you affiliated to any syndicates?		
Yes	105	44.1
No	133	55.9
Are you affiliated with any occupational associations?		
Yes	76	31.9
No	162	68.1
Total	238	100.0

* As there are 106 persons who did not answer to this open ended question the value of n is different (n=238-106=132).

for the working mothers that will not disturb the child care and to secure them under legal assurance (Yılmaz et al., 2005).

The nurses were asked "According to you what are the problems that must be solved as being related to the working women? The most common response was that there is no child care center at the working place (43.2%) (Table 4). It may be suggested to widespread the social supports such as kindergartens, day time care houses etc. and to do the necessary regulations to share the child care responsibility equally between the government and the family in order to reduce the problems that arise from the working of the women that intend to increase the

living quality of the family and to support them to work (Arpacı, 2007; Gökdemirel et al., 2008).

The researches reveal that for a woman to be able to cope with the socio-cultural structure, being educated is not always sufficient enough in the society where there is traditional women image and social pressure (Ereğli, 2006). In the research similarly 199 (83.6%) of the nurses stated that the ideal way of living for women is to combine the working woman and house wife roles (Table 4).

The working woman is under significant time pressure to be a good mother, a good housewife and to keep up with the works on both fields and so most of the time she

Table 5. Examination of the graduated schools of the nurses and the membership to occupational associations.

Graduated school	Membership to occupational associations					
	Yes		No		Total	
	N	Percent*	N	Percent*	N	Percent**
Health occupation high school	2	5.6	34	94.4	36	15.1
Associate degree	43	48.3	46	51.7	89	37.4
License	27	25.0	81	75.0	108	45.4
Postgraduate	4	80.0	1	20.0	5	2.1
Total	76	31.9	162	68.1	238	100.0

*Line percentage; **Column percentage, $\chi^2=30.215$, $SD=3$ and $P=0.000$.

misses many status and promotion opportunities or may delay them. Woman, while living the tension created by all these conflicts, she also loses her health (Hıdıroğlu, 2006). When the nurses were asked "Do you have any diseases at the moment which disturb you" 84 (35.3%) replied yes.

For those who work for the health services have many risks in question such as patients, technology, the unit they work for, biological, chemical, physical and psychological (Hıdıroğlu, 2006). The nurses who work tends to protect and develop the health of a healthy or a sick individual, at great risks against their health sourcing from their field of work (Kılıç et al., 2008). The nurses were asked if they have any significant chronic diseases which requires continuous treatment, 49 (20.6%) of them replied with yes; 189 (79.4%) replied with no. Similarly, in the study performed by Yılmaz and Özkan (2006), it is detected that 20.9% of the nurses have chronic diseases.

Nurses, having important duties and responsibilities in protecting and developing health, need to protect and develop their own health as a priority in order to be able to be more helpful to the patients (Yılmaz and Özkan, 2006).

In the research it was found that the nurses mostly have herniated disc (16.3%), allergic bronchial asthma (14.3%) and varicosity (12.2%). In the study performed by Kılıç et al. (2008) the nurses stated their experienced health problems as tiredness (67%), varicosity (67%), and backache (43.7%) (Kılıç et al., 2008). In the study performed, it was detected that 39.9% of the nurses suffer from waist, 30.1% from their back and stomach, 17.8% shoulders, 33.1% neck, 10.4% have arm pains, 17.8% varicosity and 12.3% have hemorrhoids (Yılmaz and Özkan, 2006). In their study reported that 52.9% of the nurses suffer lumbar pain, 48.5% backache, 38.2% shoulder pain; 38.2% neck pain; 30.8% arm pain, 48.5% stomachache; 35.3% varicosity; 13.2% have hemorrhoid (Alçelik et al., 2005). In the literature, it was reported that most of the nurses suffer muscle-skeleton system pains such as lumbar pain and lower extremity pains (Yılmaz and Özkan, 2006). Regarding the health problems viewed in these studies there is no quantitative similarity and the most likeness is in subject from the point of lumbar pain.

For reducing such problems it may be suggested to provide service education to the nurses. As working people necessary precautions must be taken amongst their safe working environment related to health, safety, occupational diseases and work health units must be established (Kılıç et al., 2008).

The conflict between the working woman and the role of being a wife and a mother as assigned to the women by the society has an impact on the performance of the woman at work and at home. Especially when the working woman is married and has children this situation even gets more difficult. Ahead of these difficulties there comes the care of the children when the mothers are at work, the mother's not being able to spare sufficient time for the child as she comes from work exhausted, stressed and not being able to establish a healthy communication with the child. In addition to the fact that this situation affects all working women it also affects the women who work in the health sector (Yılmaz et al., 2005).

The most common reason of complaint by nurses in their working lives was stated as being very tiring (76.5%), limited opportunities for promotion (50.4%), requires extreme attention (42.4%), not having the authority equal to the responsibilities (40.8%) and the conflicts between the working life and the family life as well as its responsibilities and duties (36.1%) (Table 4). Due to the fact that the knowledge and the education responsibility of the nurses who come from very different educational levels like occupational high school, associate degree, license, post graduate, has not diversified sufficiently; the group with the least satisfaction from profession is the nurses (Hıdıroğlu, 2006). In the study performed by Kılıç et al. (2008) the nurses similarly indicated tiredness among their problems (67%). In the research 63.4% of the nurses stated that they suffer sleeping disorders (Table 3). Alçelik et al. (2005) found that 67.6% of the nurses have irregular sleep problems. The health workers have the duty to undertake the care for their house and children after they serve the patients and leave for home and they do not have any private time for themselves (Yılmaz et al, 2005). A Task distribution is necessary among the family members for the continuity of the family life (Arpacı, 2007).

Nursing is qualified as a stressful profession having an intensive work load due to many adverse factors sourcing from the working media. As nursing is a profession specific to women, it develops the dimensions of the stress and difficulties coming from the work life of women and the problems associated with them. Also, the mother's role in social pressures is associated with them (Yılmaz and Özkan, 2006).

In the research nurses generally indicated the area of their working life that is more difficult to them as suffering stress (46.2%) (Table 4). The nurses need to protect their physical and psychological health in order to be more beneficial for the patients (Alçelik et al., 2005). In order to reduce the stress and to increase the satisfaction in life, it is suggested that the nurses must be taught how to organize socio-cultural activities and techniques to fight against the stress (Yılmaz and Özkan, 2006).

The result of the study was shared with the hospital management and on service education activities were organized. 44.1% of the nurses declared to be a member of a syndicate, 31.9% declared to be a member of an occupational association (Table 4). The significance of being a member of an occupational association was emphasized during the on service educations.

Regarding the opinions of the nurses about the legal regulations, 82.3% stated negative opinions, and 86.2% stated their negative opinions about the health care.

For the solution of the experienced problems and for the workers to secure themselves, it is obvious that they need to struggle as being organized. Freedom and future will be gained as a conclusion to the struggles made by women workers on the side of the male workers (Aydın, 2000). Women should become effective members of the society and in order to be prepared for the globalized information society they should improve their powers and skills. As long as the women are not prepared for the future they will not be able to go beyond their status today (Ereç, 2006). The most important step to be taken for this, is to raise the social status of the woman and thus to increase the effectiveness of the woman in the family and the social life (Taşkın, 2004).

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