

EDUCATION AND EXPERIENCE IN NURSING: A COMPARISON
BETWEEN VOCATIONAL SCHOOL AND UNIVERSITY GRADUATES

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

RANA ÇAVUŞOĞLU

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
DEPARTMENT OF GENDER AND WOMEN'S STUDIES

JANUARY 2013

Approval of the Graduate School of Social Sciences

Prof.Dr.Meliha Altunışık

Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science.

Prof.Dr. Yıldız Ecevit

Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Assist.Prof.Dr. Fatma Umut Beşpınar

Supervisor

Examining Committee Members

Prof.Dr.Yıldız Ecevit (METU, SOC)

Assoc.Prof. Dr.Elif Ekin Akşit (AU, Pub.Adm)

Assist.Prof.Dr. Fatma Umut Beşpınar (METU, SOC)

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last name: Rana Çavuşoğlu

Signature :

ABSTRACT

EDUCATION AND EXPERIENCE IN NURSING: A COMPARISON BETWEEN VOCATIONAL SCHOOL AND UNIVERSITY GRADUATES

Çavuşoğlu, Rana

M.Sc., Department of Gender and Women's Studies
Supervisor: Assoc. Prof. Dr. Fatma Umut Beşpınar

JANUARY, 2013, 112 pages

This study aims to examine the transformation of nursing from a traditional activity to a profession within Turkey's context within at least two decades and evaluate in comparative manner across nurses of different ages. The evaluation will be basically on the basis of representing different family background, education, understanding images of nursing in society, approaches towards traditional and professional ways of nursing. Various educational levels and nursing titles might cause the apprehension of understanding of care and emotional labor in nursing in different forms. It is also noteworthy to indicate that evaluation of transformation from traditional activity to professional occupation is not normative in this study, the intention of this study is neither to idealize professionalism nor to criticize traditionalism in nursing. In this framework two groups of nurses were selected for in-depth interview. These are experienced nurses with at least 15 years work experience and incipient nurses with at least 1 year work experience. It is noted that the outcomes do not lead us to come to the conclusion that the meaning of emotional labor or understanding of care show variations according to the different educational forms, family's socio economic backgrounds, work experience or ages of nurses, instead they are combined together. Professionalism in nursing is not related to nursing education; it can be also gained through experience.

Keywords: experience, education, nursing, emotional labour, professionalism

ÖZ

HEMŞİRELİKTE EĞİTİM VE DENEYİM: MESLEK LİSESİ VE ÜNİVERSİTE MEZUNLARININ BİR KARŞILAŞTIRMASI

Çavuşoğlu, Rana

Yüksek Lisans, Kadın Çalışmaları Anabilim Dalı

Tez Yöneticisi: Yard. Doç.Dr. Fatma Umut Beşpınar

Ocak , 2013,112 sayfa

Bu çalışmanın amacı Türkiye’de son 20 yıldır hemşireliğin geleneksel bir faaliyetten meslek olmaya doğru olan geçişini iki ayrı yaş grubunun üzerinden değerlendirilmesidir. Değerlendirme temel olarak iki ayrı grubun aile, eğitim, hemşireliğin toplumdaki yeri ile ilgili görüşleri, geleneksel faaliyet ve profesyonel bir meslek olma konusunda benzerlikleri ve farklarını anlamayı amaçlamıştır. Farklı hemşirelik eğitimi alan hemşireler arasında bakım anlayışını ve duygusal emek kavramlarının farklı algılanmasına neden oluşturabilir. Bu çalışma iki grup arasında geleneksel aktiviteden meslek olmaya yönelik bakış açıları normatif olarak ele alınmamıştır ve asıl amaç ne profesyonel bir iş olarak hemşireliğin idealize edilmesi nede geleneksel bir bakım faaliyeti olma durumunu eleştirmektir. Bu çerçevede iki grup hemşire ile derinlemesine görüşme yapılmıştır. Deneyimli hemşireler en az 15 yıl iş deneyimi yeni mezunlar ise en az 1 yıllık deneyimli olarak seçilmiştir. Sonuçun deneyimli ve yeni başlayan hemşirelerin duygusal emek veya bakım anlayışlarının farklı hemşirelik eğitiminden, farklı sosyo ekonomik statüden, deneyim veya yaştan kaynaklanmamaktadır. Profesyonellik hemşirelik eğitimi ile ilişkili değildir, deneyim ilede kazanılabilir.

Anahtar Kelimeler: Deneyim, eğitim, hemşirelik, duygusal emek, profesyonellik

To my mother and myself

ACKNOWLEDGMENTS

Firstly, I am grateful to my beloved parents for their support and effort in raising me with love and care. I also am grateful to my dear brother Riyat Çavuşoğlu for providing me love and support during my education both in Turkey and abroad in the past years. I have always felt lucky to be able to grow up among three great brothers Riyat, Ömür and Emre Çavuşoğlu my sincere thanks to them for providing emotional support and unconditional love to me as being their sister.

I am sincerely grateful to my dear supervisor Assist. Prof. Dr. Fatma Umut Beşpınar for her incredible support, patience, valuable advice, and excellent intellectual guidance as well as her understanding and love she provided me during all stages related to writing this thesis. Her encouragements, precious feedbacks and revisions motivated me to conduct and finalize this study. A paragraph would not be enough to express or emphasize my gratefulness to her. During this study, she helped me to realize that I am on the right track whilst following my educational goals. Not only that, but also I owe a debt of gratitude to her for assisting me to face my feelings towards nursing during writing this thesis. Without her precious help I would have never been able to reconcile those feelings.

I owe, my dear Prof. Dr. Yıldız Ecevit, a great respect and love for providing me intellectual guidance, emotional support, and encouragements during my master study starting from the first day I set my foot in METU. I would like to sincerely thank her for her valuable suggestions and critics as an examining committee member. Her enthusiasm to her work, her loving and caring personality have made me to feel fortunate that I am one of her student. She has

always been very kind and considerate and ready to listen and help as a Professor and Chair. She is not only a great Professor but also a great teacher, her contribution to my personal life and my academic studies are also worthwhile.

I am grateful to Assoc. Prof.Dr. Elif Ekin Akşit for her valuable guidance as well as for feedbacks and comments to my study as an examining committee member. I owe her respect for her sincerity and for her intellectual knowledge in her domain. Besides, she is one of the loveliest, kindest and most considerate women and mother I have ever met. My sincere thanks to her for being one of my greatest supporters while writing this thesis.

I would like to thank to all interviewees for dedicating their time and for disclosing their feelings and share their opinions on nursing during the interviews. Without their participation I could not conduct and finalize this study.

My heartfelt thanks to my dear friend Ayşe Nur Çiçek, for being a great sister and supporter since we have met in METU, besides, for her endless patience while providing technical assistance to me during writing stage of this thesis. She has always been there for me whenever I felt down and provided me sincere love and support. She has always made me to feel that I am very fortunate to have such an amazing friend and sister like her.

I would like to sincerely thank to Duygu Tokmak Pıtır and Hakan Pıtır for their sincere support. Not only that but for always make me to feel that I have a second home and amazing friends in Ankara.

My dear soul mate Nisrinne Abi Samra has always been there whenever I needed motivation. I am fortunate to have her in my life, regardless the distance and the borders between us she has always made me to feel that I am blessed to have her beside me.

My sincere thanks to my lovely friend Alison Sidaway, for providing me support and for motivating me both in my personal life and during writing this thesis. Seher Mansuroğlu has been a great friend and supporter for over 10 years, I am grateful for her real friendship and for her confidence in me whilst chasing my goals.

My sincere love and thanks to my dear friends Barbara Trevanion and David Trevanion for sharing their valuable life experiences with me since I have met them, for their encouragements and support and their very special friendship. I also wish to express my sincere gratitude to David for his time and effort on proof reading the final version of this study.

I would like to thank to my dearest Gülen Toker with whom I have been sharing joy and sorrow for years, not only that but for creating our sorority since the first day I have met her. I would also like to thank to my sweet friend Işıl Bayraktar for her friendship, support and encouragements. I am lucky to have both of them in my life as friends.

Many thanks to my dear assistant friends Aslı Çoban and Ayşe Gönüllü for providing me genuine help whenever I needed during my master study. My sincere thanks to dear Ayşe Ülkü Özakin for her patency and support she provided me especially at final stages of this study.

I wish to thank to Assoc. Prof. Dr. Mualla Yılmaz and Assoc.Prof.Dr. Selma Öncel for their contribution to my nursing studies and for their support and care whilst I was conducting this study.

I wish to thank to my dear friend Tuba Zeynep Keskin, for her commitment to our friendship. Not only that but also for providing me support and love since I started my long academic journey in Ankara. I would like to thank to Seda Nihal Dikçinar, one of the greatest nurse I have ever met for her guidance and emotional

support and my thanks to dear Serpil Kütahya for her support without her help I would never have reached to most of my interviewees.

My flatmate Evun Sevgi Okumuş deserve my heartfelt thanks for providing me support in hard times while writing this thesis. My sincere thanks to Yasemin Akis for supporting, comforting me as well as for offering me urgent support when needed. Also I must express sincere thanks to my jolly friends; Gülçin Con, Arda Nazım Çağdaş and Erman Bakırcı for their friendship and for their motivation. Finally, I also wish to thank to Ebru Eren my sweet friend, my ex room-mate and who is currently my neighbour for her support and special friendship throughout the years.

TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZ.....	v
DEDICATION.....	vi
ACKNOWLEDGMENTS.....	vii
TABLE OF CONTENTS.....	xi
CHAPTER.....	1
1.INTRODUCTION.....	1
2.METHODOLOGY.....	10
2.1. Introduction.....	10
2.2. Research Method.....	10
2.3. Research Field and Research Process.....	11
2.4. Limitation of This Study.....	15
3.HISTORICAL BACKGROUND OF EDUCATION AND PRACTICE.....	17
3.1. Tension Between Different Forms and Levels of Education.....	17
3.2. Menial work versus Emotional Labour.....	30
3.3. Skill versus Scientific Knowledge.....	34
3.4. Impacts of Nursing Status on Nursing Wage.....	35
3.5. Hospital Interrelations.....	37
3.6. Self-Image.....	40
3.7. Public Image.....	42
4.FACTORS THAT AFFECT WOMEN TO BECOME NURSE.....	44

4.1. Story of Becoming Nurse	44
5.RELATIONS IN THE HOSPITAL	51
5.1. Relations between Nurses and Patients	51
5.2. Dynamic Relations among Nurses.....	54
5.3. Dynamics between Doctors and Nurses	57
6.QUESTIONING NURSING IDENTITY	60
6.1. Is a Woman's Duty or a Skilled Occupation?	60
6.2 .Women's or Men's Job?	63
6.3. Self -Image and Identification Process	70
6.3. Public Image towards Nursing through Nurses' Point of View	79
6.4. A New Name for Nursing?	82
7.CHAPTER	86
CONCLUSION	86
LIST OF REFERENCE.....	95
APPENDICES.....	107
A.APPENDIX	107
IN-DEPTH INTERVIEW QUESTIONNAIRE	107
B.APPENDIX.....	112
TEZ FOTOKOPİSİ İZİN FORMU.....	112

LIST OF TABLES

TABLES

Table.1. Information of Interviewees.....	13
Table.2. Nursing schools from past to present.....	23
Table.2.Continued	24

CHAPTER 1

INTRODUCTION

My dear daughter you should be either a nurse or a teacher, they are the most ideal works for women, if you choose to be one of them you will have time to look after your child and take care of your home at the same time. Do not put your expectations too high, always be modest in your job selection. In the end, bare in your mind that you are only 'a woman' you do not have to struggle for a well- paid work with high status.

This quote was my father's favourite saying during my high school education. Feminism is to believe in equality between the sexes, this is how it was written in my English book when I was 12 years old. So if we were equal why did my father insist on me studying nursing which is so-called 'woman work'? Is it fair to attribute a gender to a work or an occupation? I do not know why I did not object to my father's idea. I was too young and had nobody to back me up to resist to my father's insistence when he forced me to attend a nursing department.

I attended a nursing faculty in the university, finished my study with an excellent grade and my father's dream was fulfilled with my graduation. He was very proud of me, yet it was not what I ever wanted. I went to the U.K, I studied, I worked and I travelled, I met new people and built up more confidence and I started to realize what I really want in this life. I decided to return to Turkey and study gender what I always wanted. The more I grow, the more I understand that I have that 'love-hate relationship' with nursing. I understand that instead of excluding nursing and be ashamed of studying nursing in my life I should embrace it as it led me to become the person who I am at the moment. I am grateful for nursing to contribute to my personality in some way and I have no grudge or resentment what so ever even towards my father. But I really wish that I did not see that ironic grin in people's face when I said that I was a nurse whenever they asked. I always wished that nursing would be understood and accepted as an important occupation as it deserves not only in Turkey but also in the world. I wish that one

day people in Turkey would understand that nursing not only deals with basic health practices rather it really has a challenging education process just like other measures. I wish that people would understand that when you decide to be a nurse, you will begin to invest in yourself mentally and emotionally, and it will push your boundaries within yourself. Nursing is one of those exclusive occupations that not only focuses on human's well-being but also touches their souls.

I was not aiming to study nursing, yet I understood that I should appreciate nursing for helping me to become a stronger woman instead of stick on the emotional struggle that I had experienced during my studies and working life and hate nursing. No! I am not a silent sufferer or a victim of my father's preference. I wish that one day, all my nurse colleagues and my women friends will be aware of their willpower to change whatever they like in their life instead of keeping quiet. Nursing has triggered my feminist stand towards life. I understood that nursing was beyond applying injections and treatments or giving the necessary body hygiene to patient. When I first attended the nursing department I had a prejudice for nursing; when I used to see them as a group of women who perform traditional care activity.

When we look at the origins of nursing in history, it is seen that nursing was considered as a daily routine work which provides emotional comfort and caring for the members of the households within communities in various cultures and societies till the mid-1800's (Melosh, 1967). Emotional and physical care or healing were given by women as female members of the family, as midwives and healers (Reverby, 1987). 'Every woman is a nurse'¹ 'good nurses make good mothers'². These statements have played an important role in strengthening the abovementioned ideas. Assistance during the delivery to neighbours, relatives or

¹ A motto written by Florence Nightingale in her autograph called 'The Art of Nursing' published in 1859. This motto later on started to be used among nurses.

² Another motto from Nightingale which was also mentioned in her autograph 'The Art of Nursing'

sharing tips about how to bring down the fever of a baby or a child and even providing some information about the traditional birth control methods were all considered as part of the women's work at home (Ehrenreich and English, 1994). Women's involvement and taking active roles in care activities in the family context created an image of nursing as low-paid and unskilled work in public space. This kind of understanding leads us to a possible conclusion to say that the family and the household has long been considered as the private space where care activities took place and regarded as a part of routine tasks of women in this private space.

Nursing has undergone transformations in terms of being a traditional activity to an institutionalized occupation over the years. Transformation of nursing from being a traditional activity which is performed by women in the public space as healers or caregivers started in mid nineteenth century (Ehrenreich, 1994; Enloe, 2006). It has been institutionalized initially in military, medicine and church in western societies. Military and medicine also have been two main factors leading nursing to be institutionalized in Turkey. In contrast to western societies, religion does not have a significant role in Turkey in the institutionalization of nursing. 'Nursing also has been influenced by social, political and economical as well as by technological advances particularly in science' (Chitty and Black, 2011). It is possible to observe the similar way of transformations in Turkey equally with the world at the same time. In order to understand the transformation stage of nursing both in Turkey and in the world, it is noteworthy to shed light the stages of care giving. Nursing could be considered a work which started from being a private space care activity then transferred to public space due to military and wars. Later on transferred to an occupation in public space as low paid work, institutionalized work and finally becoming an occupation.

Career-related activities have not spread out from the private space immediately. There is a triggering factor for it and the major factor could be considered continuous wars from the mid-1800s, care activities gradually started to be

performed outside of the private space. The Crimean War is an important war in the history of nursing since care was given by women not in the private but in the public space for the first time during that war. Florence Nightingale has become an important figure as a nurse related with that war and today she is considered as the founder of modern nursing. Nightingale as a British woman decided to travel to military barracks to visit and give the necessary care for the British soldiers who were wounded in the Crimean War, between 1853 and 1856. Nightingale travelled with 38 other women and they were all volunteered and worked as unpaid nurses (Summers, 1988; Şentürk, 1994; Enloe, 2006; Rethke, 2011). Military barracks could be considered as the first places where caring giving by women transferred from private to public space.

Physical care and emotional support were given to the soldiers outside of their houses for the first time by those women other than their mothers, sisters or wives (Ehrenreich and English, 1992; Berkday, 1992, p. 73; Rethke, 2011, p. 26).

During these wars, nursing was organized as a basic new occupation particularly in the military, therefore nursing's occupational history is not as old as other occupations. The word 'organized' for nursing is the development period of nursing with contribution of Nightingale's mentoring system. The fundamental way of teaching nursing has been assured through conveying the practice of nursing from a mentor to apprentice (Melosh, 1967). Wars and military barracks were the places in urgent demand of excellent care and hygiene for the wounded soldiers; thus nursing started to be considered to gain an initial status of an occupation (Enloe, 2006).

Women's care work either in their homes taking care of their husbands, children or in the military barracks taking care of the soldiers has been considered equally as a kind of charitable work or a menial skill. Although nursing has been transferred from the private to the public sphere and been considered as a new occupation, the look at the content of the work has not been radically changed. Thus nursing has been considered as an activity related to womanhood and this has been valued less than other occupation in public sphere.

Being relatively a newly organized work, nursing has been considered as an occupation instead of being menial work which was taught within the mentor system thanks to advanced scientific methods that could be only practiced by nurses. Technological development in medicine equally increased the necessity for new applications and methods in care, in the meantime, nursing has become a work that has a set of standards and having more than just being a general women's duty. The high technology developments in medical field started to increase the demand on women who have particular skills in nursing and the process of gaining knowledge about nursing practices and improving care skills resulted in increased demand for nurses. This process of training also provided the nurses the opportunity to be more needed in the medical area. As a result, having specific education and skills has led nurses to be able to negotiate their occupation of nursing as a paid work in the public space.

In the last decade of the Ottoman Empire, nursing started in the military during the Çanakkale war. Besim Ömer Paşa, a leading medical doctor of 19th.century attempted to establish a new health system and hospitals in Turkey. He had been influenced by Nightingale and her work and had met her during a Red Cross meeting in London. Ömer Paşa decided to establish and promote modern nursing in Turkey. Turkey's nursing education has showed fluctuation since the foundation of modern Turkey. Due to the shortage of nurses and demand in the health sector, the nursing assistant diploma program was initiated after primary school education in inception, subsequently nursing education moved up to high school level which is also called nursing vocational school. University education in nursing brought a final stage, back-and-forth period in nursing education especially in between university level and vocational education is explicit and is still remaining a dilemma both in nursing education institution and in the health policy of the state.

Many studies have been conducted in nursing within several disciplines in Turkey and in the world. Nursing has been discussed and analyzed firstly by the nursing discipline regarding practices, nursing codes and nursing care and within the

scope of nurse-patient and nurse-doctor relations. Nursing as a profession has been analyzed by social science disciplines such as sociology, anthropology, psychology and history. As for some international studies, race, culture, ethnicity and nursing education and age in nursing are subjects of nursing studies. When I have a glance at some explicit studies on nursing I came across to some essential studies which are written on the definition of good care in nursing (Maas, 2008) understanding emotional intelligence in nursing (Debby, 2010) which aims to tackle the emotional labour involvement of nursing. Another similar study is on emotional labour and gender relation in nursing (Patricia, 2009) targets the long term care working and its impact on nurses. Experience on choosing nursing as career is another study, which was based on narratives. Also questioning men whether they are enough to care or not (Dunken, 2009) their contribution to nursing profession. Studies on existing racial bias and the place of race in cultural nursing education (Katleen, 2009) are some examples studies around the world. Turkey does not have diverse races, thus these studies could not be taken as set of example in this thesis due to their unrelated topics. There are only a few studies conducting on nursing within social science in Turkey, first one is a descriptive study on nursing image among nurses written in 2006, the study gives an overall view of women's identity in relation to nursing image. The study was also conducted in Ankara and interviewees were selected from only one hospital. The group of interviewees was selected randomly. The main measure is to have a nursing title. Modernism and nursing history from gender aspect was the main aim of the study. Another study was written in 2010 and nursing has been tackled also from a gender aspect with qualitative method. This study was on military nurses, personal stories of both retired and military nurses on their nursing education and working life. Military hierarchy towards genders and private-public space of nursing was targeted on this study. The interviewees were selected from nurses who come from military education. Other thesis on nursing was written in nursing discipline which aimed to tackle relationships among nurses, the definition of nursing duties an example for this could be taken as a study which was written in 1989. Another interesting study was conducted in 2009 on attitudes

towards collaboration and evaluation of views on professionalism among nurses and physicians.

This study aims to examine the transformation of nursing from a traditional activity to a professional occupation in Turkey in the last two decades. It aims to do this by comparing the experience of nurses in different age groups. The evaluation will be basically on the basis of representing different family background, education, understanding images of nursing in society, approaches towards traditional and professional ways of nursing. Therefore, the main research question of this study is ‘how have the nursing practices been transformed in Turkey in the last two decades by taking the nurses coming from different socio economical backgrounds and cohorts and having different forms of education into account?’

Within the scope of this study, the main argument is that the structural changes of nursing from a traditional activity to a professional occupation have reflections in the understandings of care in nursing and emotional labour in nursing within nurses themselves. This transformation is expected to be visible and inheritable for the ones who perform the nursing activity however, differences exist among the different groups of nurses from different family backgrounds, educational background, socio economic background and age. This study also aims to reveal these differences among different generations of nurses.

My assumptions are that changes in the understanding of care in nursing could be in relation with education level, socio economic levels of their families of nurses and their ages. Various levels of educational levels and nursing titles might cause confusion in titles of nurses in the field. It is also noteworthy to indicate that assessing the transformation of nursing from traditional activity to professional occupation is not normative in this study, the intention of this study is neither to idealize professionalism nor to criticize traditionalism in nursing, but to analyse

the possible differences between nurses from different levels and forms of nursing education.

Two nursing groups were interviewed within the frame of this study. The first group composed of experienced nurses who graduated from nursing vocational schools and had their university degree while working. The second group is incipient nurses who come from high schools and continue to study at the nursing schools in universities. The first group is composed of experienced nurses who have work experience between 15- 30 years in nursing, serving as nurses in various hospitals across Turkey. The second group is incipient nurses with working experiences starting from 1 year up to 3 years in hospital. In this study, the word ‘experienced nurses’ refers to ‘mature nurses’, while the word ‘incipient nurses’ refers to ‘young graduate nurses’. In some chapters these words are used interchangeably. I have decided to label the group of young graduate nurses “incipient nurses”, because the English description of “young graduate nurses” does not fully reflect the situation in Turkish hospitals.

I preferred to limit my incipient nurses group between 1- 3 years working experience with the age of maximum 26 with the age of 23 minimum. Some of the experienced nurses were aged between 38 and 55, even though I paid attention in selecting experienced nurses who have at least 15 years experiences in the field. The age for the second group is not standard and taken under control as the incipient nurses. Moreover, both generations were carefully selected according to their education, all interviewees held 4 years of undergraduate diploma in nursing. Majority of experienced nurses were educated in vocational high schools and later on to university educational levels, this group has experienced being nurses starting from 70’s and some of them 80’s and onwards therefore, working periods and changes in health policies according to the working period of experienced nurses.

The term ‘tradition’ in this study is taken to account as ‘nursing customs’ since the existence of the occupation. These customs are related with menial skills of

nursing together with traits that are attributed to nursing which are stable and do not respond to social or cultural factors. As for the meaning of profession that requires long university education, ethics, values and legal regulations are priority in the job, individual has strong fidelity towards the job, employees are autonomous, tendency on switching to other job is very low, individuals are directly responsible for their works (Chitty, 1997). This study does not categorize whether interviewed groups of incipient nurses are professional. It does not pay less attention to emotional labour, nor aims to determine whether the experienced are still attached to traditional nursing and emotional labour as an important part of their duty. I only try to figure out the ‘understanding of care’ in nursing and emotional labour within the frame of transformation from traditional occupation to professional work in nursing, which will be examined through social science, with feminist methodology and qualitative method. This will be the contribution of the study to both women & gender studies and nursing literature.

Following the introduction, the methodology chapter emphasizes the research field and research process. Chapter two will focus on the etymology of the word nursing and nursing education both in Turkey and in some specific countries; the theoretical framework of emotional labour and understanding of care, professionalism and skilled work, status and wage as well as identification process of nurses including self and public image and interrelations in the hospital will be discussed in chapter four. Perception towards the occupation of nursing among the nurses and their families, also in their work environment; the perception towards the occupation in society with the challenges and dilemmas will be examined in the fifth chapter while the last chapter which is the conclusion will be composed of overall assessment and discussions of findings of the study.

CHAPTER 2

METHODOLOGY

2.1. Introduction

Methodology chapter has three parts. I start with giving in-depth information on my research method. Secondly, I unfold the process of my field research and finally I point out methodological limitations of this study.

2.2. Research Method

I conduct in-depth interviews in this study. Literature review was a useful and necessary tool in order to search, retrieve and analyze any study which previously has been done regarding nursing, feminism and traditional gender roles in nursing.

In-depth interviews and questionnaire forms were used in order to retrieve more data about nurses perceptions and ideas about the profession. My aim is to analyze this study with qualitative method. I categorize in-depth questions in headings: 1) Marriage and family 2) socio-demographic –family background: 3) Perceptions and expectation on nursing education and occupation: 4) Ethics and Work-life 5) Nurse- Patient Relationship 6) Hierarchy – Discipline –Hospital Environment 7) Violence: 8) Media- Society Relation Additional questions on social policy in health, nursing rights and nurses views on government and government's actions on health workers.

Qualitative analysis through in-depth interview is a crucial tool in social science especially in critical social science to analyze life experiences which are very instrumental in feminist studies. Every life story is a hidden treasury which assists us to grasp the perception of how nurses generate their daily knowledge and to what extent they comprehend and practice the traditional gender roles in daily

activities and in work. The questions are all open-ended. These questions led the interviewers to go between their past and present, express their feelings and sometimes reveal their feelings or excitement. These questions will examine the common and different points of view of experienced and incipient nurses in relation to nursing and their opinions and experiences on the transformation of nursing from traditional to professional. However the intention is not to deliver statistical facts that will reveal the entire representational situation of nurses in Ankara.

2.3. Research Field and Research Process

I conducted the field research in Ankara. Ankara is an ideal city due to the varieties of both private and public hospitals as well as University hospitals. The Turkish Nursing Association and the Health Union's General Headquarters are also based in Ankara. I needed to select nurses randomly and personnel from these two institutions were helpful in finding and selecting interviewees in Ankara. Ankara is an ideal city to work which offers opportunities to nurses to work either in private or public hospitals. I intended to talk to nurses who come from different social and economical backgrounds with a different range of ages. These nurses are from different regions in Turkey. As a former nurse, I already had some contacts among nurses. I needed to reach more nurses from different ages that work in different hospitals.

I requested my nursing professors to assist me in getting in contact with lecturers in Ankara. I also visited the Turkish Nursing Association. I introduced myself and explained what I had been doing so far and of this study and asked the possibility of interviewing one of the board members of the association and requested to assist me in reaching other lecturers in different universities in Ankara. The board member assisted me to get in contact with some lecturers in universities, however, was reluctant to participate as an interviewee in my study.

I did my field work in Ankara from January 2012- April 2012. The in-depth interviews were conducted with 20 nurses and 5 lecturers. 10 out of 20 were experienced nurses, the other 10 nurses were incipient nurses both groups were holding higher education degree in nursing and 5 lecturers at the University with at least Ph.D. titles. Interviewed nurses come from different regions and provinces in Turkey. The list of cities which nurses come from is demonstrated in the table as follows:

Table.1. Information of Interviewees

PSEUDONAME	AGE	CITY
Peri	24	Urfa
Yağmur	25	Ankara
Tuğçe	26	Malatya
Semra	25	Mersin
Serap	25	Ankara
Kübra	23	Kırıkkale
Şenay	24	Çorum
Nevin	25	Ankara
Seher	23	Erzincan
Gizem	25	Adana
Nermin	55	Kars
Gül	53	Kars
Hatice	38	Erzurum
Belgin	45	Amasya
Yasemin	38	Artvin
Döne	53	Sivas
Güliz	43	Yozgat
Emel	38	Niğde
Safiye	45	Mersin
Nurgül	38	Tunceli
Ayla	45	Kars
Ayten	55	Konya
Zeliha	38	Niğde
Mediha	55	Nevşehir
Şengül	48	Tunceli

I used snowball sampling to find the interviewees. It was easier for me to reach incipient nurses as my friends work in intensive care unit and they introduced me to their friends in university hospitals which are widely known in Turkey. I also had the chance to conduct interviews with incipient nurses who work in private

hospitals as well as public hospitals. The lecturers I talked to are also from various universities in Ankara.

The interviewees were conducted either at the hospitals, offices, union or in the house of the interviewees. The duration of the interview was at least 40 minutes up to 90 minutes depending on the answers of the interviewees. I always considered their time, ensured whether they are short of time or have enough time to finalize the interview. All interviewees had enough time, apart from one interviewer an active member and Woman Secretary to the Health Union (Sağlık Emekçileri ve sosyal Hizmetler Sendikası) our interview was cut short due to a meeting in the union office, we agreed on another day yet same day the police had conducted coordinated raid to many unions and my interviewer was also among those women who were arrested. On the basis of this we could not complete our interview.

The interviewees were very keen on participating in interviews; a tape-recorder was used to record all the interviews. Before starting to record, I asked for permission, 4 out of those participants hesitated, however after, I explained the purpose of recording, they were convinced. I recorded all interviews fully to the recorder. Face-to-face and in-depth method assisted them in engaging with storytelling, indeed, the personal story of each participant broke their silence and somehow enabled them to confront and embrace their lives. Audio-recording was an instrumental device in order to record the interviews. During the interviews I experienced some challenge; these challenges were mostly timings of the nurses, some interviewees accepted to make an interview during their hospital shifts. I got our mutual friends to convince them and as first step, I also showed them my questions and they were attracted by the questions. They were touched with them as it was all what they have been experiencing and some of them made them to pause and think on their situation and life. I believe that as a person who is an outsider and insider in nursing, namely as woman who has nursing education and experience and also tries to analyze the situation from a social science aspect I

asked relevant and to the point questions to nurses. Having a nursing background was an advantage for me in building up a genuine relation with nurses throughout my interviews. The interviewees were surprised with my career choices which started with nursing and later moved on to another field that I had engaged enthusiastically.

I opted to use in-depth interviews with nurses as the data collection method. This was instrumental tool to encourage the participants for a friendly conversation and enabled the participants to develop women and colleague solidarity with me. Combining my nursing background with my current studies led me to analyze and criticize as a nurse and as an outsider in other words a feminist social researcher additionally, my personal curiosity led me to study this subject. Having a nursing background was an advantage for me in building up a genuine relation with nurses throughout my interviews. The interviewees were surprised with my career choices which started with nursing and later moved on to another field that I had engaged enthusiastically.

Feminist methodology and epistemology underpins necessity of developing solidarity between the interviewer and interviewee, avoiding the formal communication style and assuring the participants disclose their emotions and personal experiences and life stories whole-heartedly. This assisted me to discover new issues and problems on the mentioned subject. As a feminist, I believe that the ontological position of women affects them, to speak out their experiences or life stories, and cause them to grasp the false apprehension of possessing insignificant life-story.

The incipient nurses were more interested with my studies. It was surprising to them to see a study which is done outside of nursing discipline nonetheless directly related to nursing itself. During and after the interviews especially the experienced nurses reported that they travelled to their past with the interview questions and started to recall their initial days of their nursing careers.

Interviewees did not criticize me for studying another discipline, instead appreciated my attempt and hard work on enhancing the profile of nursing with studying gender.

Experienced nurses and the lecturers had more to share with me there were moments when they burst into tears and explained to me that they were moved with some questions which reminded them of bittersweet memories during their nursing education. The incipient nurses talked about their future plans and required advices for possible options that would lead them to move in nursing or to completely shift their careers.

2.4. Limitation of This Study

As for limitations of this study, I chose incipient nurses who have working experiences between 1 year up to 3 years. The age range starts from 23 up to 26. I preferred to limit the first group according to their work experience and to be freshly graduated in order to grasp their attitude on nursing as I thought they will have a dramatic difference with the experienced nursing group. The experienced nurses were at least 38 years old up to 55 and with the work experiences of at least 15 up to 30 years. The experienced nurses cohort age range is wider than the young graduate nurses, the main reason for this is the variation in nursing education during periods. I limited the age with minimum 38, considering that the youngest nurse in experienced nurses should be the person who graduate from nursing school at university around 23, apart from her vocational nursing school education. It is also worth emphasizing that the experienced nurses all come from nursing vocational school and continues to their university education in nursing. The lecturers were also between 37 up to 55 years. I selected the experiences nurses who have at least 15 years work experiences as this is a sub limitation for being an expert in nursing and have the right to ask the management to work on any wards due to their experiences. This experienced group became nurses starting from the 70's and some of them the 80's and onwards therefore, working periods and changes in health policies according to the working period of

experienced nurses is another limiting factor in this study. The lecturers were holders of minimum doctorate degree. I have chosen two lecturers randomly, the other three were chosen due to involving gender perspective to their courses and their researches. My other limitations were also the family backgrounds of the cohorts. The interviewees come from similar family backgrounds and socio economical status. Assuming that this might be a stable parameter on assessing nurses' ideas about the reasons to enter nursing.

CHAPTER 3

HISTORICAL BACKGROUND OF EDUCATION AND PRACTICE

3.1. Tension Between Different Forms and Levels of Education

There are triggering factors for nursing to be assumed as a woman's duty, first it could be said that women were keen on performing nursing without any external factors just because it was assumed as their natural duty which is also charitable work, secondly expectation of the public from women according to the private space duties lead nursing to embrace nursing more than other areas of work, thirdly medicine dominated by men and there was no place for women physicians till the beginning of 20th century. (Melosh, 1967; Ehrenreich and English, 1992).

Wars across the world are one of the major reasons for nursing to be organized as work in the public space. As I mention in the introduction chapter there are some mottos in nursing; these are 'good nurses make good mothers', 'every woman is a nurse' and nursing is art of caregiving' these mottos are related to womanly affairs of nursing and nursing has been directly considered as a women duty. Is that the main reason for women to domain nursing just because it assumed that nursing originated in private space as a woman duty? When we consider the power of medicine dominated by male physicians in Europe especially until end of 19th century (Ehrenreich and English 1994) even during the wars in military barracks, where only one area was left for women and that was nursing.

When we go through nursing history in the world; it is possible to observe that nursing started to be performed initially by women and despite of the increment of men in nursing women still remain the dominant group in nursing and the portrait is pretty much the same in the world. There are some situations that are applied by many countries in order to encourage more men to study nursing. On the one

hand, nursing's history caused the conclusion that nursing is a woman's work, questioning the format of nursing whether it is a profession or traditional activity is assumed as women duty. I believe that this is a very complicated issue and intermingled; thus nursing should be examined according to its practice and education to have more in depth details on nursing.

Before the Modern Republic of Turkey, people also attached importance to medicine and caregiving. In Seljuk's period care homes, hospitals and medical centres were founded and operated. Especially Gevher Nesibe Sultan, daughter to Kılıç Aslan the Turk Seljuk Sultanate strived to improve and promote medicine, and social services and caregiving during 7th and 8th Centuries (Şentürk, 2011). Just before Modern Turkey, in the last days of Ottoman Empire, the main concept of nursing starts in the military during the Çanakkale War. Besim Ömer Paşa, a leading medical doctor of 19.century attempted to establish a new health system and hospitals in Turkey. Besim Ömer Paşa was influenced by Nightingale and her work and met her during a Red Cross meeting in London. Ömer Paşa decided to establish and promote modern nursing in Turkey.

Wars are also an important reason for nursing to develop in Turkey. During the 1st world war and Tripolis wars need for soldier care occurred, wounded soldiers were easily threated there was a lack of care during hospitalization. This were with initiative of Besim Ömer Paşa, the volunteered women took six months of courses before they travelled to the military barracks and give care to the wounded soldiers. According to Şentürk (2011) with establishing hospitalization system in Turkey brought equally the necessity of nurses in hospital for care giving of the in patients.

Nursing education both in high school and university level is also another issue in Turkey, as we have seen in other countries in the world nursing titles and job description are specified according to their education period. For instance, nursing basically separated to nurse assistant whose education is two years and to bachelor

degree level which is at least three years. Nursing education in short periods do not have the same eligibility like bachelor graduate nurses in the world. I think it is essential to analyze and compare Turkey's nursing education and practice. Nursing education has improved in Turkey, especially the curriculum consists of intensive subjects, student nurses are asked to complete 6 major modules in four years both in theoretical and practical training. These modules are nursing foundation, gynaecology, paediatric, adult surgical, internal disease, mental health, community health nursing, besides of all basic medical subjects, anatomy, physiology, as well as sociology and other communication courses.

After four years of education students are eligible to work as nurses either in private or public hospitals. Nurses are not specifically guided to specialize in a main area such as only adult nursing, paediatrics or mental health nursing. This prejudices the situation of nursing in Turkey and hinders specialization like in other countries. Because when a nurse graduated from university she/he holds bachelor degree and this bachelor degree does not lead any nurse to gain a specification. It is a must to study a master degree for nurses in order to be accepted as specialist in one of nursing fields.

It is remarkable that academic level in nursing education started earlier in Turkey than most countries in the world, but still titles for nurses are not split according to their educational level. Nursing education has an intensive programme in Turkey both in theory and in training. Students graduate with adequate know-how information, yet once they graduate they work in any random ward where there is a lack of nurses - this shows the deficit in Turkey's nursing education, title of specialist does not exist at graduate level. Should a nurse wish to specialize in a nursing field, they must complete a master degree at least. Even with this compilation it is not guaranteed that they will be working in a ward that they have specialized in according to their master's degree. The nursing management could easily appoint a nurse to any ward that needs nurses.

As for vocational high schools, it is also noteworthy to mention that the names of nursing colleges have been changed to vocational nursing schools in 1976 by decision of the ministry cabinet. There used to be a common culture for those nurses who studied at nursing colleges. Nursing colleges were also boarding schools for some nurses whose families were in other cities. They were sent by their families for nursing education after the middle school when their ages were approximately fifteen years old. Before their admission to those schools, young women are asked to pass some oral and written exams which were determined by the college administration and their teachers. Also a medical report was required in order to prove whether they are fit and healthy to perform nursing. I should mention that nursing students commonly come from families with low-economic backgrounds and the state also pay them a scholarship on a monthly basis, those young women were totally kept under the control of their teachers and headmasters. Because vocational school students' mission was to obey state rules and regulations and serve the Turkish nation. These were emphasized during their lessons. They are considered as property of the state, good manners are expected from them. These manners were basically being docile citizens who endeavour to save life of their nations, respect the state and start a family and continue ethical personal and work life. These young women were not allowed to speak their mind; this was common culture that created in nursing boarding schools. Even more, there were some school routines which were also controlled by the authorities. Their bath dates were fixed according to their school years.

Hierarchy plays crucial roles between the nurses. The young nurses are obliged to call their seniors as 'abla' which means elder sister in Turkish. Nursing education was based on patient care including physical care such as doing their beds, walk them in the service, applying injection and other medical treatments. Their senior student nurses were also in charge of the young ones, mentor-apprentice method was a common culture in the nursing boarding school. The practical skills of nursing were taught during their education period rather than theoretical information. This is why the vocational high school nurses were more agile and

practical while they perform nursing. But this could be questioned as when it is applied to their education and boarding school culture. These nurses might have lack of questioning and criticism towards their previous nursing education, there is both acceptance and compatibility for nursing down in their hearts and their minds.

Some of these nurses continue to their university education whilst working as nurses some of them did not continue university education, rather continue to do nursing in state hospitals. These nurses also worked with university graduate nurses at the same services therefore, the tension between the university and vocational school graduate could be observed in that point. Because I have mentioned earlier nursing titles and job description are specified according to their education period in the world this could be also applied to Turkey. Nursing education in short periods does not have the same eligibility as graduate nurses. This model could be also applied in Turkey to split nursing education and practice according to their educational level. Limitation of both graduate and vocational high school educated nurses could be defined by health authorities. This will move nursing one step forward and prevent any injustice either group might experience. Another dimension is the wage, because in Turkey, the salaries of nurses are not explicit according to their education instead to working years, therefore this generates injustice between nurses who come from different educational forms and creates tension between them. For instance, a university graduate nurse could be annoyed for studying longer and more intensive than a vocational school graduate and to receive the same salary at the end of the month. It is noteworthy to mentioned that in order to study nursing at university the individual should commit to apply and study to the university entrance exam in Turkey not only that but also, the person should receive considerable grade in the exam to be able to apply for any nursing school. Nursing schools ranking was not high in the past. This has changed over the years. This could be very challenging while the number of student is high which leads the student to study harder to the exam in order to be accepted to any nursing school. Not only that, but once the

nurse students admitted to the nursing schools they become disappointed with intense nursing education and the reality that their wage will not be sufficient enough or at least meet their financial needs. Also, the same nurse could be irritated to be equated in the work place and in the public eyes. I would prefer to go in details of Turkey's nursing education in the following paragraphs for comprehension of my arguments and criticism on current nursing education in Turkey. It is also noteworthy to mention that the names of nursing colleges have been changed to vocational nursing schools in 1976 by decision of the ministry cabinet. (Şentürk, 2011)

The number of school of nursing education increased, the nursing colleges and school of nursing programmes at university level in chronological order is mentioned as follows :

Table.2. Nursing Schools from Past to the Present

Level of School	Starting Date	Explanation
Red Crescent Foundation	1912	Six months courses
Amiral Bristol Private Health College	1925	Two years and six month courses after middle school education
Red Crescent Foundation Private Nursing Collage	1925	Three years and eight months courses after middle school in 1958 education was moved to four years, the collage was closed in 2005
Ege University Nursing School	1954	First nursing school established in Turkey giving university education level, the m.sc programme started in 1968 and the PhD in 1972
Istanbul University Florence Nightingale School of Nursing	1961	Second nursing programme established at university level in Turkey , vocational school at college level was established in 1974
Hacettepe University School of Nursing	1977	Third nursing programme established at university level in Turkey, vocational school at collage level was established in 1965 at the university in order to educate nurses for Hacettepe hospital it was closed in 1998

Table.2.Continued

Atatürk University school of Nursing	1982	First nursing programme at university level in east of Turkey and the fourth across Turkey
Cumhuriyet University School of Nursing	1982	Nursing programme at university level
Gülhane Military Academy School of Nursing	1985	First military academy where nursing education was on university level
National Defense Ministry Nursing Collages	1939	In 1947 the collage was closed and transferred to Red Crescent Foundation Collage
Tevfik Sağlam Nursing Collage	1943	3 years education on tuberculosis later on converted to Social Security Instittuon Nursing Collage
Başkent University School of Nursing	1994	First private Nursing school at university level
Haliç University	1998	Private Nursing School at University Level
Koç University	1999	Private Nursing School at University level

Nursing education started in Red Crescent Foundation during 1912 with initiative of Besim Ömer Paşa, the course was for 6 months and wealthy families daughters' were keen on taking this course and became a nurse without any specific education standards requirements. For instance, being a literate person used to be enough to take these nursing courses. I would assume that Florence Nightingale also influenced other wealthy women to have sympathy to see nursing as a

charitable work in other countries the late Ottoman and early Republic of Turkey's era took its share from this trend (Şentürk, 2011).

During the first world war, Amiral Bristol Private Health College established their first nursing school under the name of 'care taker' in order to have enough nurses to work in military barracks for wounded American soldiers who were combating in Istanbul, the courses were 2 years and 6 months (Şentürk, 2011). Despite being an American Health College, Turkey's young women were accepted to the college. Apart from American college, the first Nursing College in Turkey was Kızılay Private Nursing College, established in 1925. It is noteworthy to write that the founders of the college was physicians who were all men; thus this could be the reason especially in Turkey for nursing to be still monitored by physicians in the hospitals and not regarded as fully independent profession.

Nursing education was upgraded to 3 years after 8 years of primary and middle school education. The school was closed in 2005 for good. It is also noteworthy that with foundation of new Republic of Turkey, there was an increasing demand in health and medicine field, therefore, beside the medical faculties many nursing colleges were established in order to meet the demand. Military nursing colleges, State nursing colleges and nursing colleges under the provision of medical faculties or foundations of the state opened following one after another. In 1954 the first Nursing faculty was established in Izmir, it was the first university level education in nursing. Master's program in nursing was opened in 1968 and Ph.D. program was opened in 1972 in Turkey.' (Bahçecik and Alpar, 2009).

Since then there have been many forms of nursing education in Turkey. There are still open university programmes, colleges, bachelor and doctoral degree programmes in Turkey. Several educational levels in nursing trigger the confusion in terms of specialization and become professional in one nursing branch. The first nursing faculty in bachelor degree was established in 1954, this is significant improvement in nursing during the early years of Republic of Turkey having a nursing faculty demonstrates that Turkey was far more in advance in many

European countries in nursing education.

While nursing education was consistently at university level, and vocational nursing schools were closed in 2005 with the initiative of the empowered government the vocational high schools or nursing college has been re-opened in 2007 again. Probably, historical development of nursing and publicly accepted nursing image also have similar image for the state in Turkey, the authorities decided that in order to meet the demand and fill the gap in nursing they deemed suitable to disseminate nursing colleges, as a consequence nursing colleges were spread almost to all provinces even to certain towns. After the graduation those college educated nurses were entitled to work at the same department with nurses who graduate from either university or college or even hold a master degree hold the same position equally. This could be assumed as a major problem which hinders nursing to be a profession which needs scientific education in university level. Nursing assumed as a traditional activity performed by women, it was assumed that nursing is based on practical and menial skills and as long as someone gives care in the hospital to the patient, that person should not be necessarily be a university graduate nurse. Also nursing is not divided to certain branches in Turkey like other countries, this could be taken into consideration on the recent situation of nursing and the reason for poor public image and the chaos within nursing itself. Various forms of nursing education also creates a division between nurses in the work places, holding various type of diplomas and debates on educational level, occupational knowledge and practical skill differences could be considered the negative output of different forms of nursing educations. Nursing was not established once and for all as an academic program of university education, the historical existence of nursing and being attributed to women as only their duties that starts in public space which was not valued also continued in public space.

As a result the variance of educational form in nursing does not bring credibility to nursing in Turkey. People also get confused with educational chaos of nursing, it is likely to come across to a person who is surprised when she hears that

actually nursing has a bachelor degree program, as there is a public image on nursing for being a college program. Nurses also feel exhausted and not respected well and treated fairly when there are more than 3 forms of nursing education.³

Legislations and regulations for nursing have been postponed by the lawmakers as it has always been undermined for being a semi-skilled woman's occupation. In fact, during 1982 Army Coup Turkish Nursing Foundation was one of those few associations which were not closed by the Army Power (Gülşen, 2006). I would assume there are two reasons for this, the first reason is the state did not consider nurses as a political threat to Army regime, in contrast they were assumed as sisters who dedicated themselves for their nation and country. Beside of this information, I should also mention that nursing legislation was regulated in 1954 for the first time assigning the job description and limitation of nursing. In 1954, the first nursing legislation was issued which bearing the article that men are not to be admitted in nursing education.⁴

The explanation for nursing as being a skilled work or not is also worth reviewing. It is common in sources to see the two terms skill and nursing written following one after another. The general definition for 'skill' is requirement

³ Beside of this information, I should also mention that nursing legislation was regulated in 1954 for the first time assigning the job description and limitation of nursing. In 1954, the first nursing legislation was issued bearing the article that men are not to be admitted in nursing education (official newspaper, decree number: 8647, dated on 02.03.1954 Turkish law decree number 6283). The nursing legislation has been amended in January 2007; new nursing legislation was in favour of admitting men to nursing. (Official newspaper, Turkish law decree number: 26510 dated on 02.05.2007 Turkish law decree number 5634).

It was a new era in nursing with the new nursing legislation, which enabled men to enter to the nursing with the aim of eliminating gender discrimination in nursing. Men are also eligible to be nurses with the new legislation. It is noteworthy to indicate that male nurses are not appointed to state/community hospitals with the title of nurse, despite their nursing diploma. They are assigned as community health technicians. Despite of this hindrance, men still chose to study nursing in Turkey

(www.saglikbakanligi.gov.tr)

⁴ Official newspaper, decree number: 8647, dated on 02.03.1954 Turkish law decree number 6283). The nursing legislation has been amended in January 2007, new nursing legislation was in favour of admitting men to nursing. (Official newspaper, Turkish law decree number: 26510 dated on 02.05.2007 Turkish law decree number 5634).

special ability or training (Chitty and Black, 1997). Another scholar Melosh (1967) argues that skilled work means in nursing to have a license on a specific field which enables a nurse to perform treatment on a patient according to that license. According to Duffy (2007) nursing is no more a menial work thanks to developing the higher education and providing a license to the nurse attendant. When Duffy (2007) mentions 'menial work' that means a work that does not depend on any educational basis and includes works which are similar to domestic work, tidying up the patient's beds, providing body care including washing combing hair and dressing up the patients only.

Definition of profession, the possible change over of their meanings, scope of the profession within itself is an ongoing debate. Debates whether a profession or unskilled work, these are discussions that create a conflict among society and some scholars. Nonetheless, nurses would prefer nursing to be seen solely a profession. The under mentioned definition could also give peace of mind on historical progress and obstacles on nursing to take one step further and be a profession which is a skilled work and involving emotional labour. It is obvious that profession and skilled work definition are intermingled in nursing. The more nursing is assumed as skilled work the more its considered as a profession in nursing, yet emotional labour is very essential factor in nursing which combines skill and profession with tight bounds.

There are various definitions for a profession in the literature some, Taylor (1968) states that profession is an occupation that is characterized by providing the individual secure work, high income, health and safety and comfortable conditions in work place and potential to be promoted to higher positions within the profession. Carr-Saunders (1966) define profession as an activity which provides service for society, obtained by special training and qualifications and is unattainable for those outside the profession. Profession is an occupation that requires long term higher education that embodies specific legal and ethical laws that an individual perform to earn a living (Ulusoy and Görgülü, 1995). A

profession requires long university education, ethics, values and legal regulations as a priority in the job, individual has strong fidelity towards the job, employees are autonomous, tendency on switching to other job is very low, and individuals are directly responsible from their works (Chitty, 1997). As medical technology becomes more complex, nurses are required to have greater technical expertise and knowledge (Scott, 2008; Johnson, et al., 2012). Besides, Macintosh (2003) argues that nurses' professional identities are not static but are constantly developed and redeveloped throughout their working lives. As for McIntosh, the nursing profession is a combination of skills qualities and knowledge.

Profession socialization of nurses begins in initial nursing education programs where students learn work-preparatory knowledge, skills, and qualities and adopt the ideals that nurses are autonomous, competent, respected professionals (Mcintosh, 2003, p.725).

According to Püsküllüoglu (1994), occupation means to perform and produce a work, endeavour to deliver a labour. The development of nursing with years of experience and originally being an occupation that is done only by women, signifies women's oppression from patriarchy and capitalism both in domestic and public space, hinders nursing and left it behind. The technological developments and the power idea as Taylor mentioned in the following sentences does not qualify nursing as a profession, since professionalism of nursing is questioned in Turkey. Idea power, particularly as manifested among professionals, is the energy—the dynamic- of the urbanized industrial societies (Taylor, 1968, p. 482).

Development of nursing starting as an apprenticeship and as home based care depended on women's labour, starting with trial and error method in contrast to know how model of professional work. With industrial and technological development of countries nursing also got its share from the transformation only to a certain extent. The basic definition of nursing profession could be as mentioned in Webster's dictionary 'professionalism in nursing is pursuing a prolonged education with formal qualifications. According to Chitty (1997) and Killy (1981) the nursing transmission to profession could be defined in several stages. These stages are the nursing practice must be necessary for the individuals

and the society. Accumulation and improvement in nursing knowledge is essential. Intellectual activities are also vital. Nurses must be educated in university level for instance. Nurses are partly independent and autonomous whilst performing their work. Nurses are keen on providing nursing to people and consider this role as part of their life. Ethic codes are essential in practicing nursing. There must be a union which strives to improve nursing standards and lead nurses to use their initiative in nursing. All these stages are assumed to be a touchstone of the nursing profession.

Professionalism in nursing has a different angle than professionalism in any other kind of occupation. Interaction directly with people specifically separates nursing from other kinds of work. By comparison with any random occupation, it is easy to say that a profession in nursing also contributes the emotional labour and interaction with people, while for other occupations this might be just the opposite. For instance, medical treatment application would be not sufficient enough for a patient recovery and they need mental support from the medical staff nurses are also educated to provide such support. Professionalism could not be defined as the work experience or level of education, indeed skills, emotional labour education and experience are all required to be professional in nursing. The emotional labour one of the most important pillar of nursing , since nursing directly get involved with human, not machines or paper works, emotional labour plays a crucial part. Therefore, the next chapter's discussion will be on emotional labour.

3.2. Menial work versus Emotional Labour

I start from the beginning the “archaeological excavations” and bring it up to the modern days of Turkey. The word nursing is derived from ‘nurturing’ which means caring, nourishing, bringing up, discipline in Modern English. Nurice in Medieval English in 1400’s, old French Nurrice and Nutricus in Latin. These words are equivalent to looking after, taking care, supporting, and to feed. Nursing is referred to meaning of ‘giving care’ directly. According to Corbin

(2008), giving care is integral part of nursing which carries out nursing to professional field. Nursing has different names across the world in other cultures and societies but the main idea is common for instance, *ni* (ahidramuM) ممرضة Arabic means female caregiver, 'Krankenschwester' in German means sister to sick person. Also in Turkish 'hemşire' means sister?

Nursing has been improved related with its educational process spread across countries, requirements and demands form a nurse in medical field started to become an institution around the world parallel with universal understanding of care. Paying attention to nursing education also pays off in favour of nursing in respect of becoming an institutionalized occupation. Care is essence of nursing. Care does not only consist of providing physical needs but also covers the emotional care or labour. The importance of emotional labour should be also discussed in nursing. Before discussing the emotional labour, it could be appropriate to discuss care.

Nightingale's understanding of 'care' is an altruistic concept, related with fidelity, devotion, yet not based on reciprocal expectation (Henderson, 1984). Devotion and fidelity and not expecting any reciprocity could be identified as emotional labour in nursing. This is the reason why care in nursing could not be thought separately from the emotional labour. Emotional labour has been studied by few scholars until the last decades, Hirschfeld is the pioneer in this study. Hirschfeld is considered to be the first scholar who contributed to social science literature the context of emotional labour. Emotional labour will be used as context in this chapter, definition and relation with gender studies and nursing is the main focal point. 'Care and emotional labour complement each other, it is reciprocal indeed, nurse cares for the patient and the patient show gratitude in return' (Hirschfeld, 1984, p. 26).

Hirschfeld works on gender and emotional labour mainly targets nursing as a result of being dominantly feminized work. Hirschfeld believes that women are naturally caring and affectionate and these women's traits were transferred to

work places in favour of men but against women. Hirschfeld's (1984) definition on nursing also involves face-to-face or voice-to-voice contact with members of the public, provide an emotional display and comfort the patient (Hirschfeld, 1984). Hirschfeld's definition could be basic evidence on her affiliation of nursing with womanhood and emotional labour. Women's emotional labour abilities are exploited for commercial purpose (Hirschfeld, 1984). For Hirschfeld emotional labour has strong ties with women. Hirschfeld believes that women undertake more emotional work than men. Women offer their emotional labour with no reciprocal requirements since women are predominantly the care providers for their families (Hirschfeld, 1984). Bolton also supports Hirschfeld's argument with a statement 'The account given of the condition of emotional labour in nursing is not a positive one' (Bolton, 2001, p. 86). Emotional and physical labour that are exhibited by women are undermined according to Walby's dual system theory. The relation between the domestic work and the care which in general includes childcare, elderly care and transformation of care into public places maintain no differences. The act of care, regardless to the performing terrains robustly constructed as women's role therefore nursing is assumed as continuation of the domestic care tasks. These care tasks are not differentiated from domestic tasks. Another scholar Theodisius (2008), also argues with below quote that emotional labour is associated with womanhood and nursing is a representation of womanhood in the work place.

The role of emotional labour in nursing is an essential part of the exchange between the individual being cared for and the carer. Feeling rules based on the ideal of nurses as being naturally caring operate as 'moral guidelines' by which the patient allows the nurse to care for their intimate physical body, and by which they can impart personal and private information about their feelings, thoughts and way of life. "Such a relationship is usually part of intimate private family life" (Theodisius, 2008, p: 49).

According to Leininger (1991) care is essence and focal point of nursing. As Vanace cited in her article Watson's theory in care "the goal of nursing with centred around helping the patient gain a higher degree of harmony within the mind, body, and soul" (1994, p. 35). Also, Scott (1998) believes that the

construction and approaches on gender are possibly subject to concepts of femininity and masculinity which are transferred in different context. In the context of nursing women's culture plays an instrumental role in terms of being devoted, considerate, and delicate and caregivers. Scott also mentions that giving care is possible with both genders but women are more sentimental and careful in presenting the care. There are other discourses on care in nursing related to the historical context of nursing especially in the west. According to Melosh (1946) the meaning of care originated from the early church as a religious order to take care of the sick and well within an altruistic approach. Nightingale's care also stems from religious approaches. In consonance with such a position, many nursing theorists accept the existence of a skills/caring, male/female dichotomy. This is hardly surprising, given that caring is seen as a core, and indeed unique, attribute of nursing. Defence of the importance of emotional labour is therefore central to the affirmation of nursing's worth (Robinson 1991, Porter 1992).

As James states in her book, nursing is a care involving organization, physical and emotional labour (James, 1994). Robinson and Porter (1991; 1992) affirm that 'care' and emotional labour is the fundamental principle of nursing. Attribution of these two traits according to the gender in nursing should be questioned, as these both traits could be also considered as socially constructed traits which are attributed to women generally. The term care will cover up human care in nursing. Care work has a market value in some jobs these jobs are teachers, nurses, doctors, and therapists, childcare providers (England, 1992).

There are also other approaches on caring in nursing for instance, caring behaviours are defined by Taber's (1993) as attentive listening, comforting, sincerity, patience, responsibility, providing information, being considerable, delicateness, and respect to the patient. For Nightingale caring is a trait of woman and only a woman with good character is capable of perform nursing (Kirby, 1994). Care is also a fundamental role of nursing, and yet, the concept of care should be revised according to the changes of nursing philosophy and practices.

Nursing's traits are also analyzed by the major nursing scholars and other scholars, care, and understanding of nursing is the main issue in trying to comprehend the structure of nursing, struggles within the work place and in nursing itself. Morris and Feldman define emotional labour as "the effort, planning, and control needed to express organizationally desired emotion during interpersonal transactions" (Morris and Feldman, 1996, p. 987), these interpersonal interactions between nurse- patient, doctor- patient or a seller and its client. Professionalism and traditionalism and its relation with other factors are still a dilemma. Image of nursing in society, hierarchical situation within the scope of being a medical field and have relation with medical doctors. Considering the above mentioned assumptions in nursing is also struggle to be recognized as skilled- professional work, directly under the command of doctors with applying the orders and prescriptions

3.3. Skill versus Scientific Knowledge

Not only social sciences but in medical, economics, technological fields are interested in and analyzed nursing. Nursing has been targeted in terms of its working conditions, for its affiliation with the division of labour, especially predominantly as woman's work, questioning the gendered roles, being a female occupation, entrance of male nurses and its reflection to nursing. Women subordination both in public and private space, job segregation by sex and struggles that women are facing in the labour market are the main issues that attempting to be analyzed and criticized by feminist scholars and activists.

Nursing stemmed from manual skills and mentoring system that provide assistance and speedy solutions to improve health and well-being conditions for both sick and healthy persons initially. There are still debates on definition of nursing. Nursing is accepted as a discipline which has practical skills that represent art and scientific work with profound knowledge which is universally accepted. This should be the reason for nursing to struggle to be identified as a

profession. Different occupational professions are not neutral towards gender, which is clearly seen in the gender-divided labour market (Westberg-Wohlgemuth, 1996; Nilson and Larson, 2005).

Nursing is assumed as professional work in terms of having global education standards and set of scientific knowledge that is inevitable to amend and not give the opportunity to other persons from outside the work to perform it. It is also noteworthy to mention that nursing is subjected to some social and cultural barriers. During its developments these obstacles are being acknowledged as female work, grounded on care work and mentoring system in early 19th and 20th century. Global standards in nursing education aimed to set a certain goal and definition for nursing around the world.

Nursing is a branch of science, which guides nursing applications. Informative part of nursing discipline constitutes the science of nursing. Together theory, practice and research define nursing as a science meaning an intellectual activity relating to knowledge, an art being skilful practice, and as a profession. Theory, practice and research are cyclic process defining the science of nursing (Karagözoğlu, 2005, p. 35)

As Karagözoğlu mentions above practical skills are not enough for nursing, changes and development in other medical and social fields led nursing also to transform itself and adjust to the current situations. Nursing has been targeted as a subject in many disciplines and there are many approaches on nursing and its affiliation with other disciplines. Historical context started to target existence of nursing and its development and its evolvment in human history. Sociology and anthropology are the other main disciplines that focused on examining nursing, nursing's relationship in society.

3.4. Impacts of Nursing Status on Nursing Wage

Hildegard Peplou (1909-1999) a nursing theorist who argues that nursing is an art which demonstrated with skills, yet without science it does not serve its purpose.

According to Peplou Combination of art and science is fundamental principle in nursing ‘Nursing is a scientific art’ is one common phrase, nursing is probably one of the few occupations which combine both art and science together. Bixter and Bixter (1945) also argue about this issue with ‘There is much medical science, and the biological and physical sciences are well represented, but there is no nursing science as such. The nursing science is largely concealed in the nursing and allied arts.’ (Bixter and Bixter, 1945). Nursing remains essentially subordinate to medicine, but the status of the profession has changed and opportunities exist for nurses to exercise overt autonomy (Germov and Freij, 2002). “Economically, nursing has been underpaid, inefficiently lobbied for, and not provided with bargaining powers possessed by other professional groups” (Wilson, 2002, p. 213). Employees who are required to provide emotional labour in an organization are mostly women and that organizations generally devalue emotional labour, pay lower salaries to women compared to men (Gay and Newman, 2004; Meler and et al., 2006).

According to many scholars, male jobs pay better than female jobs, after adjusting for measurable differences in educational requirements, skill levels, and working conditions (England 1992, Kilbourne et al. 1994, Sorensen 1994, Steinberg 2001, Steinberg et al. 1986). Some scholars also argue that female-dominated jobs involving care are especially underrated financially because care is the typically woman work/activity (Cancian & Oliker, 2000; England & Folbre, 1999; England et al., 2002). Even though the usual belief held among healthcare leaders and other stakeholders that nursing is not viewed as a highly desirable career, very little research has systematically evaluated perceptions of nursing as a career among college students or other individuals who are seeing profession options (Kalisch, Kalisch, and Scobey 1981; Kalisch and Kalisch 1982a, 1982b, 1983a, 1983b, 1986; Kalisch, Kalisch and McHugh, 1982).

According to Özsoy and İz (2005), it is possible to observe the status of nursing which is organized in relation to gender. Men are considered to be more powerful,

higher status with higher income comparing to women in society. The situation is same for the health sector. Men get the biggest share moneywise when opting to perform medicine and women chose nursing with lower income. Fisher (2003) argues that the nursing field has become increasingly professionalized in order to increase the status of the field. Status is related to level of professionalism, should a low status work need to jump to higher status, that field must be professionalized. However, Wilson is assuming that, by virtue of just being a woman, one possesses an instinctual knowledge of mothering. This is itself is not detrimental. “Women, when functioning intuitively and not intellectually, are satisfied with the status quo” (Wilson, 2001, p. 216).

According to Melosh (1946) being a female occupation and training in mentor system provides student nurses with a concept of practical skills which lead them to grow up with nursing culture and become cheap labour as females. While Abbott (1990) mentions about the nature of division of labour in work, Melosh (1967) claims that division of labour in nursing led nursing to be performed dominantly by women with cheap labour. An important aspect of nurses is maternal role. Indeed, many believe this to be basic to nursing. As England (1992) states gender arrangements also affect how care is provided; increasing women's employment means that more of the care of children and disabled elders is provided by paid workers rather than unpaid female family members.

3.5. Hospital Interrelations

According to Mauksch (1965) the hospital is still the last and remaining example of the 19th century relation between men and women (Wilson, 2002; Mauksch, 1965). Gamarnikow (1978) has argued that Victorian doctor-nurse-patient relationships could be equated with husband-wife-child relationships. Gamarnikov's idea could be interpreted as nurse is the mother and mother's hard work and effort for household and family members are undervalued and appreciated financial-wise also their status is not seen as well as doctors who are depicted as the father of the family. “Some have said that these extra

responsibilities and status symbols have been delegated down by physicians to share the workload rather than establish parity of influence” (Garelick, 2004, p.280). The relationship between doctors and nurses has been hierarchical: doctors were responsible for curing patients- the entire medical works this entails- and nurses were only in charge of folding pillow cases and mopping brows (Radcliffe, 2000; Germov and Freij, 2009). The nurse is expected to be reasonable and take initiative, yet seem passive. The doctor is expected to be active. From the first day a nurse learns that she must never enter into an open disagreement with the doctor, “the nurses are taught that the doctors are better, they stand when he enters the room and offer him their chairs” (Wilson, 2002, p. 219).

Division of labour in nursing could explicitly be observed both in the common hospital area and among the medical staff. According to Gamarnikov (1978) nursing is a solid sexual division of labour along with generally considerate male occupation of medicine, gender constraints, and inter-occupational inequalities. Also Abott and Wallace (1990) argue that nursing is considered as a dirty ‘women’s work’, this is why it is undervalued. In addition to these scholar’s arguments Hearn and Carpenter (1982; 1977; 1978) pointed out that male superiors at hospitals who are generally at managerial status are developing the gender inequalities in hospital. Hearn and Carpenter’s (1982; 1977; 1978) argument that managerial positions are seized by men and other positions are maintained for women and nursing is one of those occupations, this could be taken as a result of division of labour, starting with family and spreading to the public space.

Division of labour in the market also reveals some important facts on income of genders. Hierarchical structure, professional life, and competition together are the outcome of a specific division of labour. As Abbott (1988), mentions, the focus towards the actual work that professions perform within a specific division of labour, and towards, as he says: ‘a fundamental fact of professional life – inter-professional competition’ (Abbott, 1988, p. 2). Division of labour in the medical

field is more explicit, merely in nursing for being accepted as female occupation for a robust period in human history. Nursing remains behind other occupations in view of being an independent occupation at work and was more likely to be perceived as a 'women's occupation' (Seago et al., 2006).

According to Evan (2004) and Fisher (2009), men entering the nursing profession would be limited to strength services, yet another scholar, Walby (1992), argues that men entering the nursing field would end up with more explicit hierarchy and robust men/ women work division even within nursing itself (Walby, 1992). The entrance of men into nursing might not only weaken the voice of women nurses in nursing as the remarkable group, who have been performing this occupation and attributed to women but also might cause more drawbacks for women nurses. Women might disappear despite of their remarkable numbers in nursing, their rights as women nurses might be neglected or omitted in case male nurses take over nursing.

According to May (1998), there are competitive and structural imbalances among medical and nursing staff. It could be said that hospital is the place where the division of labour sharply shows itself and also a common place which could be observed by patients and other people. Strauss (1985) argues that intra-professions should be flexible. Considering Strauss's argument, should intra-professions be flexible that means there is no explicit job description between the medical team. This causes a problem for the observers of the medical team, patients and their relatives and also prevents a professional space between the occupations. Nurses have more drawbacks than doctors, nurses are dictated and expected to compensate for some of the doctor's duties whilst nurse's additional assistance facilitates the doctor's workload. The public's view of doctors has also changed with time. Patients are less likely to regard doctors as all-knowing and in control of the medical condition of the patient (Germov and Freij, 2009).

3.6. Self-Image

Self-image and identity in this thesis are related to the occupational identity of nurses. Actually, the main issue is how do nurses see themselves, is the self-identity and nursing identity as profession intermingled or isolated from each other? According to some scholars identities are conceptualized as the specific meanings persons attach to the several roles that constitute the self (Stryker and Burke, 2000; Johnson, 2012; Jasso, 2002). Identity is defined as a “contextually variable description that draws on cultural meanings the kind of person that one can be is bounded by the acceptable descriptions available at a particular historical cultural juncture” (Madill, 2006, p. 36).

A person’s professional identity is a component of their overall identity and is augmented by their ‘position within society’, ‘interactions with others’ and their “interpretations of experiences” (Sutherland et al., 2010, p. 455). Identity also could be defined as a social conception, constructed through “public discourses” (Kelly et al., 2011). Nurse identity has been a debatable subject for a long time. “The nurse’s image in the popular media has attracted researchers for over thirty years.” (Kalisch & Kalisch 1982a, 1982b, 1982c, Kalisch et al., 1982). Nursing assumed as a scientific art and woman’s work mainly cause nursing to remain in between, lacking autonomy in hospitals in terms of decision making for patients health as well as being subjected to doctor’s orders.

Nurse identity in hospitals is constructed as docile health team nurses and women in general must develop a sense of self-identity, independent and different from culturally ascribed roles (Wilson, 2002, p.218). Professional identity is often referred to as career, occupational or even vocational identity (Holland et al., 1993; Skorikov & Vondracek, 2011). Occupational choice and commitment are essential attributes of identity (Kroger & Marcia, 2011, Johnson, 2012). Nurses’ concepts of their professional roles have changed over time, from thinking of

themselves chiefly as doctors' assistants in the mid-20th century, to now conceiving of themselves as more autonomous and active in patient care (Kalisch & Kalisch, 2004; Johnson, 2012).

Professional identity is often referred to as career, occupational or even vocational identity (Holland et al., 1993; Skorikov & Vondracek, 2011). A person's professional identity is a component of their overall identity and is augmented by their 'position within society', 'interactions with others' and their 'interpretations of experiences' (Sutherland et al., 2010, p. 455). Occupational choice and commitment are essential attributes of identity (Johnson, 2012).

Experienced nurses stated that they revise their professional identities in response to changes in their professional lives, for example, when challenged with conflict between their expectations and experiences of work (MacIntosh, 2003). It could be said that improving nursing both scientifically and technologically also has impact on accelerating positive self-image of nursing and has constructed a better nurse identity that they recognize for themselves. Satisfaction, motivation and burning out concepts are essential in nursing, these emotions / feeling or spiritual conditions are constraint or integrated with self-image or self-construction of nurses or it could be argued that it is actually vice versa.

According to Durmuş and Günay (2003), job satisfaction is rather an emotional reaction that an individual demonstrates in a work environment. Job satisfaction is related to motivation. Motivation is an inner impulse (Melosh, 1967) - which directs an individual to her goal or trigger job satisfaction and leads the individual to perform their duty/job with ever high performance. Burn out is a negative feeling and Cordes and Daughtery explains it as 'Burnout is a unique type of stress syndrome, characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment' (Cordes and Daughtery, 1993, p. 621). Nurses' long and hectic working hours and also emotional involvement with patients cause them to experience burn out both mentally, emotionally and

physically. According to Gulemboeski (1981), remarkable reductions in personal achievements result in high levels of emotional burnout (Gulemboeski, 1981). Shortage of nursing, underpaid wages and long working hours cause to emotional and psychical burn out in nurses. Self-identity of nurses are attached to nursing careers, for nurses the private life and work life is quite intermingled due to the nature of nursing duty.

3.7. Public Image

The public image of nursing through visual and written channels should be analyzed covering both TV, internet or written media. There are extremes on representing nurses, first is the good image of nursing which is depicted as divine - ‘angels’ or docile doctors’ assistant, keen on assisting and supporting not only their patients but also their colleagues and work team. The other stereotype depictions of nurses are represented as being ‘evil’, ‘objects to sexual fantasies’ (Kalisch et al., 1982). Nurses are one of the crowds group in health care, however according to Kelly et al., (2011) nurses are neglected when it comes to hospital promotions or health announcement especially in visual advertisements. Kelly et al.’s argument lead us to think that such discouragement or neglecting of nurses to be advocate of the public as doctors, pharmacists leave an impact that nurses are not seen as arbiters in the public space. Therefore, this could be a hindrance to their positive image in public. That could demonstrate in the public that nurses do not possess adequate enough knowledge or power with this assumption that public image could be taken as mainly universal. As according to Clay (1987), doctors are centralized in power image as the knowledgeable and powerful group even though nurses are taken to and have become more popular in the public eye. Özsoy and İz (2005), argues that public image on nursing and medicine is mainly steady, namely, men are knowledgeable as doctors they have the power of knowledge, however, nurses are taught. Doctors use their knowledge, nurses use their nature in performing their job.

Burns (1994) in her book also points out that the educational level will change the image of nursing firstly among the nurses secondly in public. Educational fluctuations in nursing create obstacles in considering the set of standards in nursing knowledge and practice that affect nursing care, global regulations that strengthen nursing both in nurse's home country and abroad. A lot of shortage of nursing is common in the health sector despite graduated nurses due to the image and working conditions of nursing which have not improved. According to Summers, the public image of nursing is affected in several ways, written and visual media as well as observation in hospital environment or word of mouth. 'Media stereotyping' (Summers & Summers 2009) probably leave the most damaging impact on nurses. This negative stereotyping of nursing in the media creates an adverse impact on employment and retention and on policy decisions about financial allocation for research, education and service (Kalisch & Kalisch, 1987; Summers & Summers, 2009). The nursing image existing on the internet has also been the subject of academic research (Kailisch et al., 2007; Kelly et al., 2011). Especially findings on nurses image on the internet is very essential in terms of the media image of nursing. According to Kelly et al.,

The ten most-viewed videos depicting the nurse and nursing on YouTube offered narratives that constructed three distinct nursing identity types, namely nurse as 'a skilled knower and doer', nurse as 'a sexual plaything' and nurse as 'a witless incompetent' individual (Kelly et al., 2011, p. 1804).

Also Kelly et al., (2011) argues nursing professional authorities should act to protect the profession from improper representations of the nurse and convert such opportunities afforded by YouTube to support positive nursing image in the public (Kelly et al., 2011). Those videos of nursing stereotypes are also common when a person search a word 'hemşire' in Turkish the top nursing videos are on sexual stereotype of nursing and some piece of motion from Turkish movies where nurses are depicted as innocent but slightly nerds with their sexual appearance rather than skilled at their work. Media is the one of the most powerful channels that has an impact on the public, especially with intense use of internet across the world, the image of nursing in the media should be twisted first, striving to stop the YouTube images which are the most accessible videos.

CHAPTER 4

FACTORS THAT AFFECT WOMEN TO BECOME NURSE

4.1. Story of Becoming Nurse

Among the interviewees experienced nurses are mostly the group who share common stories about their reasons of becoming nurse, the significant point is most experienced nurses come from crowded families of villages in Turkey. Boarding schools play an instrumental role in their nursing career at the age of minimum 15. Experienced nurses in this study continued to their nursing education in university level later on their lives.

Nursing education shows differences in Turkey's nursing era. As I mentioned in the introduction, nursing education was only limited to middle school education in the first years of the Republic, nursing becomes popular among young women for being a practical occupation which enables them to earn their living in the shortest way. Shortage of nurses increased the demand and attracted young women who belong to a low economic status for being a prestigious job. Nursing is assumed to be a prestigious job, compare to short education period and easy access to labor with reasonable salary. Considering the fact that those women would have got married at a very young age and start to be in charge of their families. Nursing enables women to identify themselves as working women apart from being a wife, daughter or even a mother to someone. This could be a rational reason for them to consider nursing as a prestigious job.

In Turkey, women are expected to be the docile member of the families, act as a substitute care givers of the younger siblings, grandparents, doing the household, let alone assisting extended family members at very young age when necessary. Young women undertake household in all aspects. These women are forced to get married especially by their parents to 'an appropriate husband'. Marriage and maternity are two main events that reproducing women roles. Women's roles are not limited but also explicitly identified as a duty within the private space.

Women are assumed to represent their families, serve their families in the private realm. Having investigated my interviewees the experienced nurses' backgrounds, their family backgrounds and life stories show similarities. These experienced nurses began to play their part in households since their young age, especially being the eldest child of their families before their marriage their roles had shifted from being 'a potential bride' to co- bread-winner and income supplier to their families. This social expectations are evidences which reveal that young women are subjected to discriminations for being women in their families.

I was born and grew up in a very small and conservative village and young women used to get married in their early 14's, without their consent. My father had had very serious illness and was not able to work, we had a small farm and husbandry my mum was not able to handle it alone our income lessened to a ridiculous amount we came to a point that we were either going to sell all what we possessed or to found other sources to financially back up our family, our village muhtar⁵, suggested to my father that I should enroll at nursing boarding school, the state should cover all my expenses and even pay an amount of money monthly which I could send to my family, in return I would be safe under the protection of the state and will have an honorable occupation assist me to serve my family member in need and all my nation. Since I was the eldest child, I had five other younger siblings, my father had to accept this offer and sent me to nursing boarding school. (Ayşe 53)

Under normal circumstances, Ayşe should be married in her village like her peers. Her father's illness probably enabled her to gain a job. This also put her under a pressure for being the bread-winner of her entire family. According to her, whilst she was working she also had to continue her university education and sponsor all

⁵ An elected person to be in charge of the village in Turkey

younger siblings during their university education. Protection of the state means a secure job which provides a stable and regular salary every month to her. The state does not provide them a secure job but also protection in the boarding schools. Boarding school discipline is also a reflection of the state. Rigid rules and regulations of the boarding schools were stated by the state and vocational school teachers and management must implement those rules while the students are expected to obey to those rules. Gül and Emel also stated that they selected nursing due to financial necessities. Living in a small Anatolian village did not enable them to study other subjects yet only to choose studying nursing vocational high school which was boarding school.

Well... I had to choose nursing I could say it was an obligation for me , I was the eldest and all my siblings were very young. There was no other option to continue to my education unless I wanted to go a boarding school and get a job in shortest way so I went to Manisa to nursing boarding school. My family was in Kars, I studied for 3 years there.’ (Gül, 55)

Vocational schools was an ideal way to be educated and have an immediate job. Economic struggles in their villages and limited access to high schools could be main reason to choose nursing. Enrolling to vocational schools allowed them to escape from early marriage. Moreover, vocational schools enabled them to gain financial freedom, as well as to step out from their villages. Challenging geographical conditions in some regions of Turkey trigger the limited access to education for many children who live in those regions. Young women are more vulnerable who suffer from lack of education firstly due to their gender, secondly due to the limited access to education and that families preferences are usually towards their sons. Limited access to education in their hometowns and also a very few women who are role model like nurse or teacher for young women also led them to have an ideal of become a nurse or teacher. Below in her quote Emel explains why she had to choose to become a nurse instead of teacher, despite of the fact that her first choice is becoming a teacher.

I am from a small village and I used to see the nurse-midwife in the village and primary school teachers as women in the village who came from West cities and well educated. I used to really admire them as they were totally different from those women in my village, I wanted to become like them. I could not afford to be a teacher which means I had to study in the city so I had to choose nursing, at least it was boarding school and we were paid for our expenses, I did not put my family under financial pressure and I became a working self-sufficient woman, thank God! (Emel, 38)

It is possible to say that experienced nurses chose studying nursing for practical reasons. These reasons are as I mentioned in some parts previously, being able to get a respected job with shortest route and become partly independent, break the marriage chain which women are forced to go through besides, takeover their life courses with becoming financially independent women of their families. Some of them had to choose nursing without questioning as they saw it as the best option to break their fate of being a female in their families, perhaps the others selected without having a clue about nursing.

Incipient nurses' reasons to become nurses are partially different from the experienced nurses. Experienced nurses were engaged with challenging conditions such as limitation of educational access, lack of financial sources of their families. Incipient nurses select studying nursing upon their free-will. Practical reasons are prior for both groups. The experienced nurses selected nursing during their adolescent period and this group is not adequate enough to question whether this is their rational choice upon freewill or not. While the incipient nurses select nursing later after their high school education. Family intervention, feeling responsible to be the income supplier for the family does not appear in incipient nurses' case. Incipient nurse also select nurses due to the high demand in the market and enables them to earn their living straightforwardly. Also another reason for it is the nursing education in university level and university entrance exam in Turkey. Incipient nurses opt for nursing not only the rational choice upon the easy access to a work but also, the relatively low ranking of nursing in the university entrance exam facilitates them to study nursing.

I did not chose to study nursing because I love nursing, it was the conditions, and the main reason was the ÖSS which made me select it, my exam results were not that high and actually not that low, I did not want to end up studying a subject and be an unemployed later. (Yağmur, 25)

University entrance exam plays a crucial role for incipient nurses in selecting nursing. Most of the nurses are not certain about job description or limits and standards of nursing. This is a probable reason for the young generation to prefer nursing over other subjects which have the similar range/ score scales in entrance exam. The young generation generally seems to look more materialistic in their nursing preference. Some of them start with a prejudice and once they start on the courses their ideas change and they start to take to nursing. The competition among the young generation in Turkey during the university entrance exam lead the students not usually select their ideal subject to study but it forced them to make practical decisions. Nursing's popularity rises for offering a secure income for nurses regardless of the working conditions.

I was dreaming to be a police officer due to love of uniform when I was in the high school , later on we chose nursing due to my exam results and also for being able to find a job easily. My father said to me not to go outside Malatya, I could also prefer chemistry engineering and maths, however, my first preference was nursing , it was my family's choice they told me that I could easily find a job, also my exam results were higher than nursing, I selected it... I did not like it much to begin with, I was crying for the first couple of months, than I get used to and I love it now. (Tuğçe, 24)

Aforementioned quote is only an example with family intervention; some incipient nurses did their own choice in studying nursing.

To be honest, I did not want nursing, I had to choose it to raise my chance in finding a job, and I did not want to try ÖSS again. (Seher, 23)

Family intervention or prevention from studying nursing in some cases was common. Young nurses' families appear to be more submissive towards their daughters' choice comparing with the experienced generations. Experienced nurses were either supported or discouraged by their families to be nurses. Fathers

are main actors here, for incipient nurses families are out of the picture during their decisions in studying nursing.

My father was working in a hospital and due to his position, he used to interact with nurses, he always wanted me to be a nurse, he took me to the Military Nursing School's exam, I could say that nursing was not mine but my father's preference for me, I was too young did not know what even nurses do I am the eldest also the one who took a career at very young age still supporting all my family members, even though, they have jobs, it is either a chronic habit that keeps pushing me to help with all my maternal feelings or I see them that they are much in need than me financial wise you name it. (Yasemin, 38)

Conservative fathers do not show consent to their daughters to study, as for them girls should be married and not allowed to live or study in another city especially when she is single. Women need protection from male family members until they get married their well-being and honour is handed to their husband. Nursing used to be a tool for emancipation of women, regardless of the generation. For instance, according to my interviews, there are similarities among two groups only in considering nursing as a tool in leading to economic emancipation especially due to high demand in the labour market namely, once a nurse graduated from either a vocational nursing school or university they have a considerable higher chance of getting a job than other university or any form of vocational school graduates.

My father did not want me to be a nurse, actually he did not want me to study after secondary school, I had my friend she was also my neighbour, her father was a soldier, they were originally from Istanbul, he gave her a form to apply for nursing school, I also filled the form secretly from my father, when I was selected my friend's father convinced my father so there you are, I am a nurse today, if I did not take the risk and fill the form, I was going to be a married woman who live in the village and herd sheep, at least even if it is an average job I pray my God that I have a salary. (Döne, 54)

Döne preferred to be a nurse so that she could have the chance to emancipate from the similar fate pattern that other young women from her village did suffer, this was marriage.

Incipient nurses' profile show differences especially regarding their family's backgrounds. The young group is generally come from urban families and lives in cities. They are not expected to take care of the entire family members in financial

matters as it was expected from the experienced group. Struggles and disputes among the father and daughters become subtly invisible here. State's education system and especially university entrance exam is the most effective dynamic for the new generation in selecting nursing. Lack of nursing in health market risen the demand, on the one hand a person should hold a nursing degree in order to perform this job, in other words, it is a qualified work, on the other hand, scarceness of nurses lowers the negotiations between the health employers and nurses, yet again, it is still the most popular job in terms of recruitment.

Father intervention is robust and more visible than mother, among all the interviewees. Mothers remain silent in advising or intervene with their daughters' choices. Father's intervention could be observed clearly, because they assumed to be the decision-makers in the family. Men decide and their wives and children accept their decisions. There are two types of parents especially fathers, first type is who are more likely to encourage their daughters, or make decision on behalf of their daughters, probably nursing nature seemed to show the image of being an ideal and job for women. Second type could be depicted as a father who does not dictate to his daughter to be a nurse, in fact, not supporting women's education, yet young women will power was very persistence that they win their fathers' robust stubbornness on this.

CHAPTER 5

RELATIONS IN THE HOSPITAL

5.1. Relations between Nurses and Patients

Some jobs demand mainly mental inputs while the others physical input, in some cases both inputs are required in the nature of the work itself. Nursing is one of the most demanding occupations in terms of physical and mental inputs in work, emotional labour an additional care giving way that is attached to nursing. Interpersonal relations are unavoidable in nursing, patient's body care and well-being is under the responsibility of nurses. Emotional turmoil is inevitable as a consequence of hospitalization; a prerequisite of emotional support is expected from nurses. Working directly with a sick person getting involved with their illnesses and personal lives is not the same as when you work in an office.

Some patients' conditions are more complicated than others and it could take longer to recover than others during this stage, nurses are there, the primary care taker of the patient with providing body hygiene, applying medical treatments, by being the mediator between the patient and her family and witnessing every stage. Taking into consideration the long working hours will cause a longer interaction period with the patient. Emotional connection starts to develop between the patient and the nurse even between the nurse and patient's family. Patients' families demonstrate their appreciation to nurses and in some cases nurse-patient relations evolve into kin relations.

It is common among patients to express their gratitude to nurses with saying 'thank you for being smiley and taking care of me.' rather than to say thank you for applying my treatments which enabled me speedy recovery. There is something explicit, if someone is admitted to a hospital that means that same

person is in need of nursing care. Nursing care involves medical treatment, however, for patient emotional support takes precedence over their medical treatments.

Generally the patients say to me ‘do you know what a patient expects from a nurse?, smiley face and emotional support when you and your friends come to my room and ask how are you today and you look better than yesterday, it makes me feel much better’, I sometimes feel very numb to such words I understand that the patients are very happy to see us or they want to have conversations but I am not able to provide them an endless support, if I do it to one patient the others also will start to ask for attention this is something beyond professionalism, we had some communication lessons our lecturers used to warn us to not use words like uncle or auntie or treat them as our close family when you do this they expect more attention from you they call you my daughter in return this emotional links are harmful in the work place because when a patient dies it saddens you truly so better not to put emotional meaning I mean labour on patient (Kübra, 26)

Patients seek emotional support and nurses extend their emotional labour in return. These two are like a round ribbon. Witnessing and being crucial part in recovery of a patient worthwhile for a nurse. Emotional labour should not be ignored as it is also including in the ‘care’. Physical labour and mental input are very essential in all jobs however, emotional support is only attributed to humans and their interactions.

Now I understand that it was a very bad habit, there were some occasions when I was working in the intensive care and looking after a long term patient , my night shift used to finish in the mornings and I used to come the same afternoon to check on the patient. I used to feel very responsible as if they are my close family, we used to have two exes almost every day I could not bear it. I remember crying for many days for some of the patients because I looked after them, I washed their bodies, changes their nappies some of them even started to give reaction when they used to hear my voice , I would not change it for the world, working with a human being is very difficult really, it is not the same as doing a work with a computer, when your computer gets broken you throw it away, but when you give your love and attention to a person and they die this is incomprehensible (Hatice, 43)

The contrasts between these two nurses from two generations are simply explicit. The young nurse does not prefer to construct the emotional relation between the patient, nursing involves the emotional labour seems to bother the incipient nurse.

The main reason could be the education that young generation received, as profession should be done with boundaries and with minimum emotional involvements. While for the experienced generation nursing could not be performed without emotional involvement that the emotional labour is necessary to persevere in nursing. It is noteworthy to add that the experienced nurses also strive to look at nursing from the professional aspect whilst practicing nursing.

Young graduate nurses strive to contribute to the transformation of nursing to be a profession and more willing to have men in nursing in order to change the image of nursing as a woman's occupation. Nursing is performed partly under doctors' instructions who are assumed to be the team leaders in the health sector. Order is the prescription of treatment during the admission of a patient to the unit. Nurses' prior duty is to ensure that patients are taking their pills and treatments according to the prescription. According to them menial work of nursing, for instance; providing basic needs for a patient including body hygiene, changing patient's nappies, assisting them with their meal should be done by nursing assistants rather than nurses. These jobs obstruct nursing being considered as a real profession.

I do not have to mobilize a patient or assist him or her with urinary I have boundaries with the patient this is the way that it should be (Yağmur, 25)

For Yağmur, she needs to protect nursing in this way, while convince and prove to herself and to the patient that she does not actually perform a traditionally gendered role as a woman and her main job is not getting involved with the body waste of the patients. This is a trivial work and does not necessarily need a specific education to do it.

Experienced nurses and nursing lecturers share similar ideas on nursing. Both groups seem to be unaware of the affinity between traditional gender roles attributed to nursing. Similar views were captured from the interviews of experienced nurses and nursing lecturers on the practice of nursing. Interviewers from both groups agreed that a nurse should serve all the needs of patients without

hesitation this included the personal hygiene, emotional needs and medical treatments.

There is always jealousy and gossip going on in the clinics between nurses and of course mistrust. In previous years we started to campaign against our working schedules in hospital, there was very few attendance to the strike.. see how could you trust to your colleagues especially if they are women? Nursing fate will never change, never believe that (Belgin, 45)

For both young and experienced generations having only women in nursing caused some inevitable competition and some jealousy in the work place. Having mixture of both men and women would help nursing increase the profile of nursing.

You know that this unit is intensive care, I change nappies at least 3 times a day here. I mean during my shift here, whether patients are conscious or unconscious since they are not allowed to be mobile. How is it possible to be respected as a nurse and as a woman when she clears up faeces? Do you really believe that society or the patient will consider nursing as a profession? (Serap, 25)

Professionalism, boundaries and having a respected job is very crucial for most of the nurses. Though, the nature of nursing which includes getting involved with bodily wastes the incipient nurses are not pleased to see these kinds of responsibility as the duty of nurses, their self-esteem and respect to their job seem to lessen according to them.

5.2. Dynamic Relations among Nurses

Beside doctor-nurse and patients-nurse relations, the relations among nurses in hospitals generate elements of discussion which need to be tackled in this study. According to the interviews there are various complains or praises from nurses to their colleagues. My aim is to try to understand whether there is a considerable tension between nurses who come from different nursing education level and in what extend they feel it even if they observe it in their nursing practice or behaviours in their work place.

Besides their colleagues, some nurses were also not happy with attitude of the nursing management department. According to Hatice,

Power should not come from the top. Our nursing managers should be someone who was elected by us. There must be candidates, there must be election. Nursing managers should manage us without personalize anything just with their managerial identity. Nurses should be warned for their nursing behaviors if that is necessary. For instance I am a diabetic person, I had to get medical report to prove that I am not fit enough for night shifts, there are many nurses who do not have nightshifts just because they have either a brother or uncle that either nursing manager or the doctor they are not coming to the night shifts. (Hatice, 38)

Hatice believes that nursing managers are not selected with democratic way, this cause to tension and competition between nurses in the hospital. Because, nursing managers are directly selected by hospital management members, these members are doctors and they prefer to select nursing manager and her deputy who are ally to their both political opinions and hospital management policies. These policies could be some regulations which work against of nurse's rights and performance in the hospital. Nursing managers should be selected with candidature method; nurses should decide to their candidatures and select one who they think her and her deputies adequate to be managers. As for Emel, nurses are also not supported by their managers

Nursing Managers should be our friends not our enemy. When we say we are sick that means we are really sick, they usually do not let us to take one day off when we do not feel well. They are also nurses like us, they used to have night shifts, how could they forget straight away all difficult challenges once they promoted as nursing managers? This is not fair for us, they should support us whether we do good or bad things we are colleagues. (Emel,38)

Emel also has mentioned her concerns about the nursing managers and believe that nursing managers are not receptive enough for other nurses. Strict nursing managers are common among nursing. There is usually tension between the nursing managers and the nurses who works in the services. Nursing managers work under instruction of head of the hospital and the general manager who are always doctors. Nursing managers are not working independently from the head

of hospital. Therefore, this prevent them to be the decision makers in nursing and in regards to issues and regulations of nurses in the services.

It is possible to observe that young graduate nurses and experienced nurses do not mention each other' educational level when they express the feelings towards each other. The common complains are not have a smiling face or receptive enough to the patients. Especially experienced nurses would like to see their colleagues that they pay more attention to their patients' emotions. According to Safiye,

It does not matter what kind of problem a nurse is facing during the day, the patient does not come to the hospital for an enjoyment, here a nurse should behave in professional way and try to assist the patient with maximum energy. A nurse should have a smiling face and trust to the patient. Trust is very essential. Saying good morning will sort out many problem of patient. A nurse should listen to the patient, and make empathy. (Safiye, 45)

Also Nermin believes that smiling and listening will be very effective for a patient which helps them to recover faster.

Say a patient is angry or stubborn or even the grumpiest person or not. Once you approach to him/her with smiling face and make her/him to feel that you understand them than all becomes easier, they suddenly become very tender and do whatever you ask from them. My colleagues are not adopting this strategy to their work unfortunately. This is why we often come across to some tension among nurse and patient. (Nermin, 55)

Smiling faces, understanding the patient and respond to their emotional needs and feelings are seen as pillar of nursing among the experienced nurses. They wish to see all their colleagues taking similar attitudes regardless to their educational levels. The young graduate nurses concerns are generally on gossip and jealousy among each other. Considerable number of young interviewees in this study has made explicitly clear that gossip and jealousy among each other create tension and prevent nursing to improve or move forward.

I get bored from the gossip, especially about others private lives, I believe that gossip is an important obstacle which prevents nursing to move further or improve. (Semra,25)

Semra prefers not to mention about their private life in front of her patients or in front of other hospital staff. The main reason of her concern is that revealing the private lives of others in the hospital would let to have a general negative opinion on the whole nurses. Because according to her, nurses' behaviours and private lives are monitored in the hospital more than any other hospital staff. Nurses must be extra careful about their behaviours and what they tell about themselves or their colleagues. Because whatever they do with nursing uniform on them it is taken by other health staff or the public as nurse behaviour rather than an individual's behaviours. Beside the gossip, some of the young graduates complain about the competition and jealousy between each other. According to Tuğçe,

Jealousy is worse among us than any other work place, it could be because we are all women in this service we see each other, we observe each other we see each other even more than our families, therefore, we learn each other weaknesses and strengths, ambitions, future plans. (Tuğçe, 26)

As I have mentioned through this study nursing differentiates from other works, because it is one of the core work which directly involves with human, not only with their body but also with their emotions. Nursing working shift requires commitment of day and night shifts. Patients see nurses more than any other health staff during their stay in the clinic, nurses also sees each other's more than they see their families due to the nature of their work. In such heavy load work and stressful environment nurses are also dragged to competition for instance their performance, the number of the patients they are in charge during their shifts, their relation with patient, doctors, nursing management or other colleagues are always monitored and become a discussion subject in the service. I was aiming to find out whether there is a tension or complains on their performance of knowledge between the young graduate nurses and experienced nurses according to their educational level, I was surprised not to hear any complain or criticism towards each other.

5.3. Dynamics between Doctors and Nurses

Female nurses directly interact with 3 main health groups in the hospital. These are doctors, service personnel and male nurses. The number of male nurses has

insignificantly risen in hospitals. According to the nursing legislation in the health ministry ‘only women were entitled to be nurses ‘in accordance with International Health Regulations and European Union Standards, men also started to be admitted to nursing at university levels (Greer, 2005). In fact, there are specific titles in the health sector which are called health officers, both men and women are entitled to apply to study at Universities yet the number of men in this group is higher than women. According to the Ministry of Health law, though men are able to study nursing at the university when they are appointed in some community hospitals their positions are called ‘Community health technicians’ even though they held a nursing diploma.

Health officers used to be appointed to peripheral areas or local surgeries mainly, there are cases that also health officers mostly work in emergency services. The course curriculum for nurses and health officers are exactly the same, with the exception of gynaecological and woman’s health module, health officers are exempted according to the health laws (1954 nursing legislation) only midwives, female nurses or doctors could assist in child delivery or in gynaecological operation. That is due to the gender discrimination applied to women in nursing:

Doctors clearly see us as the mothers in the clinic, for instance when they perform any medical intervention in the ward, and if they spilt any liquid on the floor they ask us to call the personnel to clean it instead of themselves to call those people. (Gizem, 25)

Gizem’s concern is the hierarchy in medicine, Gizem is irritated by the dictation of doctors, it was clearly seen from her eyes when she was telling the above mentioned quote. Doctors see themselves only as healers and care takers and organizers of wards are generally are the nurses. This attitude also affects the public image of nurses, when a patient witnesses such a conversation or interaction she/he grasp the idea that doctors command and nurses obey.

Doctors over the years learn that we are actually not their assistants; we have completely a different work in the hospital. They realize this with time when they observe us carefully, or get the chance to work with us more closely and also appreciate our work and our contribution to the team work. (Safiye, 45)

Safiye is more optimistic regarding the relation between the nurses and doctors, she sees the interaction as team work and that doctors also apprehend the importance of nursing over the years. There are many views on doctor and nursing relation both within the hospital among the medical team and between the patient and their relatives. As for my opinion doctor and nurse relation become better from the past. The more nursing's education and care methods improve within nursing, in the meantime doctors realized the importance of nursing in medicine.

CHAPTER 6

QUESTIONING NURSING IDENTITY

6.1. Is a Woman's Duty or a Skilled Occupation?

Turkey's education system has been changed in terms of its forms; nursing in Turkey offers bachelor, master and Ph.D. degrees, besides the vocational schools and open university programmes. Nurses who educated in any of educational forms are entitled to work as a warden just in the equal position regardless of their educational background. Different educational forms have brought about a serious debate among nurses and nursing system in Turkey. What should be the real measure to be an ideal nurse? Is it the experience or educational level of nurses that should be taken into consideration? These are the dilemmas in nursing education forms in Turkey and its reflection to the hospitals in practice is also intermingled. Nursing is trying to be pointed out as a women's duty which is still undermined comparing other occupations in Turkey, however nursing is an area that needs education and professionalism (Gülşen, 2006). Based on the statement of Gülşen, it is noteworthy to shed light on a discussion of nursing education forms and the content of the education.

We were taught how to make a neat bed sheet, and also we used to have home economy classes on how to run a home properly, I guess they just wanted us to learn the basic things which would also assist us during working life. Later on, the more I grew older the more I realized that all those daily practice were meant to teach us how to be good nurses 'the hospital keepers' if you like (Neriman, 55)

when I look to my nursing education myself, I always feel that I am glad that I studied nursing, I just did not learn how to look after of a patient and all symptoms and treatment method of illness, you know how to look after your child, how to discipline it I think we make good mothers! This is

what I always tell to my students, beside receiving a diploma for professional work you learn how to be a good mother here. (Şengül, 48)

Neriman referred to her nursing vocational school education probably during their education was focused on simple practical skills, body hygiene of the patient. The expectations from nurses were related to the period of medical environment. Improvement in medicine also enabled nursing to change the curriculum or education culture of nursing. When I mean education culture; I refer to more informational and scientific part of nursing namely, nursing education shifted from passing daily practical works such as teaching how many times does a nurse open a window of patient's room or the importance of changing bed sheets and the right technique of doing it. Also, disinfection of medical materials and the method of cleansing them were the main duty of nurses. Beside the experienced nurses, incipient nurses' responses on their educational content were totally different. They reported that their syllabus was generally organized on communication, scientific disciplines and art and sociology.

We had very intensive and challenging four year education. People have a wrong perception on nursing for being an easy work which has unserious education, it is totally wrong. I don't remember any day that I slept properly at night, our modules were very difficult. In the end our responsibility is taking care of patient we have to observe them 24 hours any minor change might cause to serious fatal problem. I became a detail person after nursing education. I learnt that everything has a cause and effect. (Seher, 25)

Beside the response of nurses the nursing lecturers were inclined to stay neutral in their answers on nursing education. According to the five nursing lecturer interviewees, nursing education definitely consists of scientific disciplines which would assist nursing in their work, besides, a nurse should be able to fulfil any gap or required area when it is needed.

Our nursing motto is 'a nurse should be creative', having profound knowledge about her patient is not sufficient enough for us she should also be creative and compensate any area that needs to be filled in, she should be agile, practical, if she could not find medical tourniquet when she needs

it she must be clever enough to turn a fluid set to a tourniquet if she/he has to. (Ayla, 48)

Nursing improve according to the latest developments in the medical field. New technological devices and hospital equipments are used by nurses as much as doctors. Therefore, beside the manual practice nurses need to be aware of the scientific and technological developments and pay more attention to learn more about them which will be useful and more practical in their works. Other nursing lecturers also share similar opinions, according to Ayten,

Nursing knowledge is developing according to the technology and science as lecturers we are trying to follow up the latest development in nursing science and transmit it to our students, there are many new technological devices which ease nurses' lives in the hospitals, for instance, following and recording some liquids are very vital, machines are doing it instead of nurses with zero mistakes, however, nurses should not forget to perform nursing's' emotional sides smiling, caring. (Ayten , 53)

Nursing lecturers' approaches to nursing are confusing; perhaps, they feel themselves under pressure that they need to give a comprehensive education both in nursing science and in the practical side of nursing. When we analyze quotes from three different interviewed groups, we see three different opinions for nursing education. I believe that nursing is an alive work that you need to update your work knowledge and yourself in the meantime; based on this I do not believe that those experienced nurses are not qualified enough to work or out of date despite of their education neither the incipient nurses are purified from emotional care side of nursing when they are only given scientific knowledge in nursing. Also lecturers seem to be the group which tries to combine the technology and duties which are attributed as nature of nursing such as providing emotional support and care to the patients. It is noteworthy to mention that nursing practice and knowledge are not adequate enough in nursing, scientific knowledge and ability or knowledge to use technological equipments are essential and they complement each other in nursing.

6.2 .Women's or Men's Job?

Participation of men in nursing dated back to the medieval era, increasing the occupational opportunities in the labour market attracted men to go into various jobs and left nursing to be performed mainly by women. There have been several approaches on men in nursing four main approaches are as follows:

First approach is men should not enter nursing as nursing a woman occupation their opinions to have men colleagues but also mention about lack of male traits such as compassion and affection and nursing is solely a woman occupation

I did work with men nurses, they do not pay attention to their work, they only record vital signs and leave the patient. Patient asks why do you apply this treatment to me? They never answers, women are more sensitive about it. Men are only good at positioning or transferring the patient. That is it. (Gül, 55)

There are some nurses who believe that nursing is the only area dominated by women and this must be used in women's favour. According to those nurses, having men in nursing will push women aside and put women in second place in nursing and men will take over in the occupation. Women solidarity in nursing could be achieved as long as men do not get involved. According to nurse Yağmur,

Nursing is a woman's job, I do not like men to be in our location, this is not fair, once they come they take over the clinic, everyone pampers them, they are promoted earlier than us, we deserve it more than them. Because of their gender that does not mean that they are also able to do nursing better than us. They should leave nursing to us. We will promote and bring to a better position nursing as women.(Yağmur, 25)

It is not difficult to understand Yağmur, women in other occupations come across the glass ceilings⁶ but for men nurses, they are promoted even in nursing ' an assumed woman's work by the public earlier and easier than women. This could be assumed as double standard. As Yağmur mentions, there is some evidence especially in private hospitals male nurses are promoted earlier than women nurses, besides their salaries are higher than women on the ground - men are the

⁶ is a metaphor which is used to mention the unseen discrimination on women in work places , especially in terms of receiving promotion to higher level managerial position at work.

main breadwinners of their families, their income is crucial in terms of having more responsibilities in finance of their families. Especially in private hospitals the shareholder or enterpriser is expecting a high performance from the health workers, in many clinics there is a shortage of nurses. Nurses are expecting to work with rotating shifts of day and nights. As a result, chronic mental and physical fatigue in nurses is inevitable. Women nurses try to cope with private and social life and work are all together.

I do not think that the public opinion will change if the number of men increases in nursing, it will be regarded as women's work anyway. (Serap, 25)

Serap utters that nursing sticks to public mind as a woman's work, participation of men will not change the image of nursing in the public for being a woman's job. As I mentioned in the previous part, in Turkey nursing is still associated with its name which means sister. There were some common ideas on male nurses among the interviewees, for those male nurses are only helpful in terms of their physical strength. Their intelligence could not be questioned; however, they seem to take things for granted in the work place. The quote below shed light on a different issue of having men in nursing.

Second approach is acceptance men in nursing became more popular among nurses, this might seem that they are following the world trend in nursing like many other countries or started to develop a reaction towards nursing for being perceived as a woman's job in public opinion in Turkey.

Actually nursing is an affectionate work that is ascribed to woman by society or because I have been working for 20 years, men also should perform nursing so they will grasp the difficulties of nursing. This is not a woman's or man's work. A woman could suck her baby and the father could change its nappy. We have male nurses here and they work quite well. We are more affectionate than men anyway. (Yasemin, 38)

Namely, nursing should not be a woman's job. Well, okay it has been acknowledged as woman's work but there is not such rule that nursing will only be performed by women. In the end patient care also eligible for men too. They could also perform nursing...I think that is something to do with women's character such as being affectionate and compassionate.(Döne, 54)

The incipient nurses also mention that they see no difference between men and women performance in nursing but they claim that the robust communication way among doctors and women nurses will change; doctors will respect nursing more with existence of male nurses. Below are quotes from incipient nurses:

Men also could adapt to nursing in every aspect. Sometimes we come across a male nurse who is more talented in nursing than women. Male nurses will deal with doctors better than us, doctors could be offensive towards women especially men, they will stop bullying nurses if the number of men nurses increase. They will speak with doctors with a common language. (Seher, 23)

Aforementioned quotes of Yasemin, Döne and Seher are specific ones out of all those interviews mainly describe the contradictions between their opinions to have men as colleagues but also mention about lack of male traits such as compassion and affection. Physical strength is needed in nursing; women are committing to nursing emotionally and mentally and physically seem to be worn out. They would like to stay more on the emotional side of nursing which is also demanding and tiring and leave the physical challenge to men. The incipient nurses also mention that they see no difference between men and women's performance in nursing but they claim that the robust communication style among doctors and women nurses will change; doctors will respect nursing more with existence of male nurses.

The third approach is having male nurses, beside drawbacks highlighted by women nurses; there are some benefits of having men nurses.

I, personally like to work with male nurses, they are good fun, I enjoy chatting with them during our shifts, to tell the truth when a few women nurses come together their conversation consist of ... hmmm... mostly sassy stuff.... in some cases patients relatives or even patients hear such conversations .. So there you are, the negative public image on nurses starts from nurse desk in the clinics... when there is man nurse, the conversations become more serious either on politics or nursing rights which is more fruitful for us all. (Yasemin,38)

Nurse Yasemin thinks that nursing will be taken more seriously by women nurses when they work with men in the clinics. According to her men talk more wisely and women are becoming more cautious with what they are talking about when

male nurses are around. Public opinion might change in a more positive way towards taking nursing more seriously as a proper job also nursing might achieve more power with existence of men in nursing.

Men do not gossip like women, men do not talk about fashion either, they do not show jealousy of you also (Kübra, 26)

The above sentence is one of those few common quotes that I heard from the majority of the interviewees throughout the interview. Kubra's quote was the most direct one to use in this part. Women nurses complain about lack of solidarity and sorority do not exist, even though, numerically they are numerous. Majority of interviewees believe that jealousy is a dangerous emotion that causes separation and competition within women nurses. During my interviews, nurses came out with different approaches to men in nursing. The important point was that the interviewees agreed that men should be in nursing and nursing is not a women's job only, however, emotional needs for a patient are provided by women nurses mainly compared to men nurses. Men are much in need in the services due to their physical strength for instance intensive care or psychiatric clinics to control the patient.

The interviewed lecturers share common ideas on having men in nursing as according to salvation of nursing from transformation will be possible if more men enter nursing. In Turkey nursing education varies from vocational high schools up to university education, women have only accepted nursing education. Only for the past decade men have also accepted nursing in Universities. The lecturers are observing the difference with having males in their classes. They see the salvation of nursing with male nurses lecturer Mediha is only one example of it.

I love having male students in my department, they are more assertive, they seek for their rights in fact even for their female class-mates rights and never give up, they speak out their minds under any circumstances, really, to be honest, I see hope with them for the future of nursing. Authorities, politicians will take their words seriously (Mediha, 55)

Public opinion affects the remuneration of nursing as it is assumed to be a traditional gender role that is performed by women in the private realm which is passed on to the public realm. On the basis of this idea, some women nurses share the public opinion and prefer to have gratitude and appreciate even the hard work and less payment, in contrast to Emel. Below is another quote emphasizing a critical point on having men in nursing.

I tell you why those men prefer to be nurses, nursing has a demand in the market recently, once you get your diploma you will be able to work straight away either in the private and public sector...Men are selfish they focus on their personal interests only... nursing provides them a secure salary and guaranteed work. They would disregard the public opinion on male nurses. (Emel, 38)

Emel is also irritated with the idea of having men in nursing, she also shares same worries with Yağmur, when I asked why she has such opinion, and she explains that once men step into nursing, authorities pay less attention to women nurses' problems within nursing and take men nurses words into account. Especially women nurse worries that they will lose the power in bargaining with authorities in respect of amendment of maternity leave, pregnancy leave or assistance in childcare. Since there are male nurses the authorities will prefer to work with men instead of women nurses with demands that will be costly for them.

The important point was that the interviewees agreed that men should be in nursing and nursing is not a woman's job only, however, emotional needs for a patient is provided by women nurses mainly compare to men nurses. Men are much in need in the services due to their physical strength for instance intensive cares or psychiatric clinics to control the patient. Lecturer Mediha's quote emphasizes this idea with quote below.

Perhaps acceptance men in nursing became more popular among nurses, this might seem that they are following the world trend in nursing like many other countries or started to develop a reaction towards nursing for being perceived as a woman's job in public opinion in Turkey. Among the interviews it was obvious

that a considerable number of participants were in favour of men participating in nursing, yet it is worthwhile to note that experienced nurses attached to all their sentences that women have an affectionate side which creates specific differences between men and women in nursing.

It is good that they come (men nurses) actually there used to be health officers in the past. It is good that nursing has become a unisex work, in the end there are no differences with what we and they do (Peri, 24)

Peri also believes that nursing could be performed by men as well and she does not mention about the importance of emotional labour provided by women nurses. For her, nursing is a job which requires some demands and these set of demands could be performed by a person regardless of their gender. Emotional labour or physical strength in nursing are pillars of nursing and gender aspect. The emotional contribution of male nurses in nursing is needed to be tackled for sure. Interviewing the women nurses is not enough to assess this matter, male nurses and patients opinions should be also questioned, however, this part of the thesis focuses only on women nurses and their opinions and perceptions towards nursing and existence of men in nursing in relation to emotional labour and physical strength.

Also there is also the fourth approach which sheds light on such issues when men enter nursing they will be more in an advantaged position than women nurses. since their number is less than women nurses. Having men in nursing could cause some benefits and drawbacks at the same time Güliz states that:

I have discovered that men are shrewd, knowledgeable but they prefer to use their knowledge when they like... also I have never witnessed a senior woman nurse bully a fresh graduate male nurse in the clinic service but they are firm with a junior woman nurse, this shows how poorly is our respect to ourselves and to people from same sex with us. (Güliz, 43)

The number of male nurses in the clinics are still not as many as women nurses and relatively new to the hospital staff and to the public, male nurses do not only come across some bullying for choosing nursing which is associated with women's work, in the meantime, they are pampered especially by their women

colleagues. There is quite a contradiction in nursing between the two genders compared to other available market jobs available for both women and men. In most market occupations, positive discrimination is implied in order to diminish unequal treatments between the men and women colleagues. As for nursing the situation is just vice versa, there is a positive discrimination in favour of male nurses. This could be a problem in nursing per se.

When a doctor is on duty and they ask feedback on the patient's condition if there is a male nurse they directly speak with him even we as women nurses are taking care of that patient. They easily create a body and special language among each other. I think in some way this is not a bad thing, this could help us to drop doctors off our backs, but the best thing that they will take nursing as a real job, they will understand the description of the job which is beyond being an emotional work. They could also explain us properly all complications and jeopardy of an illness we do learn all the symptoms and the treatment methods of diseases during our education doctors could take men nurses seriously if they see men are in this job to summarize , sorry I know that I spoke too much.(Şenay,24)

Şenay is a fresh graduate and has been working for a year, her concern is the communication between the nurses and the doctors and that doctors are not receptive towards women nurses, therefore, her suggestion is having more male nurses will engender nursing in the doctors eyes. Şenay is not focusing on the emotional side of nursing, namely, does not associate nursing with emotion and attributes emotional traits to women nurses as the experienced nurses. Şenay's main concern is to convey a specific image of nursing to the team members especially the doctors. Male nurses will assist nursing to be taken more seriously according to her and this will lead to understanding among the doctors that nursing education is almost no different than medicine.

Urological clinics do mainly serve male patients and nurses are mainly women. Male nurses are not authorized to work in gynecological clinics, however, women nurses are entitled to work in urology services. Incipient nurses and experienced nurses share different opinions in respect of this issue.

I am not particularly happy to work with male colleagues; they are only helpful when you need a hand during positional change in intensive care. For instance

when it comes to a nappy change, they will never help, they always run away and find excuses, hhmhhh and the main excuse is I am a man I will never change a patient's nappy , this is your duty (Yağmur, 24)

In order to tackle traditional gender role in nursing, male nurses position needs to be questioned. Male nurses have specific roles to a certain limit and their dominance could be noticed. There are pros and cons for having male nurses in the clinic according to the nurses.

I can clearly say that when an assistant needs help for a patient his approach to us and to a male nurse is completely different, he is more demanding and strict towards us and sometimes even could be rude while they do not push the limit with a male nurse and asks for more than our job responsibility (Peri, 24)

The experienced nurses also underline the importance of male nurses and their roles in changing the clinic dynamics.

I think doctors are happier to work with women than male nurses, I believe that this should be in this way, because we are more agile, we know what a doctor would need for a patient without even saying us a word.(Güliz, 43)

Both groups have objections on having men as nurses in their clinics. Incipient nurses are against this idea due to the job burden that increases and the division of labor sharpens erratically among male and female nurses in the clinic. Brotherly solidarity appears between the doctor and men nurses, while experienced nurses are satisfied in having an active role in assisting doctors without questioning the job description or boundaries. Probably experienced nurses prove and consolidate their existence in this way. Male nurses threaten their existence in the clinic.

6.3. Self -Image and Identification Process

Nursing sticks to your personality, it is like a stain, but a nice stain, this is my opinion of course...' states Belgin who is 45 years old vocational nursing school graduate. Separating nursing from self- identity is also another challenge that should be tackled. My nursing background also triggered some struggles in my personal life. In Turkey's context, once you were admitted to a health school either as a nurse or doctor or as any other health specialist, immediately the

person happens to receive the title of her education following her name. The society attributes a special meaning to health sectors and its workers either in appraisal or in a critical way. External identity which is attributed to women nurses especially by the society also affects the personal character and the image of women nurses.

Both experienced and incipient nurses state that nursing also affects their personal and social lives. I also, believe that nursing has contributed to my character, not sure though whether it is positive or negative. Some traits seem to appear according to the education, some are concealed.

I cannot imagine myself something other than being a nurse, honestly, no work other than nursing would enable me to reach both material and spiritual satisfaction. (Hatice, 38)

Young graduate nurses do not show any sign of embracing nursing as much as the experienced nurses. Reluctance about doing nursing and being a nurse is more observable among the incipient nurses. Interpersonal relations between the patient and nurses are the key role in nursing, according to nursing ethics, nurses' main duty is to examine all fundamental needs for the patient' and provide them with emotional support and the necessary care. Nurses are the main health group that interacts with patients. Any requirements or complaint is reported to nurses and nurses are expected to solve all problems and ensure a comfortable hospitalization for patients. In their personal life nurses are also recognized and accepted in the society as the primary health career and advisors. Some nurses enjoy the privileges of this situation while others are unhappy to serve and named as nurses outside of hospital.

I love my job, it reflects my personality, I was brought up with this job, I am a nurse, nurse Yasemin, and I am also nurse to my husband and son, my parents and siblings, my parents- in-law and also to all my friends and neighbours, I love being a consultant to them whenever they need me. I will be called nurse even after I retired. (Yasemin, 38)

Combination of self-identity with social identity creates new identity for women and nurses, namely, women nurses. Nursing become the way that helps to reflect

and socialize in society for the experienced nurses. One reason could be the meaning of nurse 'sister', the supporter and consultant. There is a strong link between being a nurse in the hospital and outside the hospital; experienced nurses carry out of work their nursing identity. There is no diversion between the private life and work life for experienced nurses. The patients want to feel that they are not in a hospital rather in their homes. Emotional comfort plays an instrumental role in recovery of the patients which is expected from the nurse. During the hospitalization patients wish to be accompanied by their family members when this is not possible nurses are perceived as substitute to their family members. Experienced nurses starts to interact with nursing and act with fulfilment of nursing including care, treatment and spend most of their times in hospital interacting with the patient since their adolescent period. They get accustomed to nursing and their personal identity exists through nursing and continues with harmony.

I have been a nurse for 23 years, I still love my work, though I used to love it more. I feel like I have given so much of myself, it is such a demanding work, it wears you out with time, you are expected to be a devoted, patient and helpful under all circumstances, and smiley especially. People around you including even your grocer expect you to answer their questions and assist them during any illness. Nursing sticks to your personality, it is like a stain, but a nice stain, this is my opinion of course. (Belgin, 45)

The work should be separated from the private life, the incipient nurses' emphasis is toward this. Social identity is not as important as experienced nurses for them. Fulfilment of nursing requirements at their work place and finishing their shifts without any problem and receiving their salary at the end of the month is what maintain them in nursing.

I really dislike it when even people introduce me to someone at the first time and say 'this is Yağmur and Yağmur is a nurse. I have friends who are architects or engineers no one mentions about their work while they introduce them at the first moment. I feel harassed with this because you sometimes could see sarcasm in people eyes sometimes the appreciation. (Yağmur, 25)

Incipient nurses do not accept nursing to be a reflection of their self-identity or social identity. In fact, nurses especially incipient ones love to get involved with

social activities despite of their exhausting working hours. Among the interviewees mostly incipient nurses are engaged with hobbies. Their schedule is busy with performing dance, attending to courses especially art, music, folklore, theatre in fact some of them are studying another subject at the university or continue their educational life in open universities reading subjects such as international relations, communications, archaeology so on and so forth. When I asked why, their answers were approximately the same, they do not see a future for themselves in nursing, as a repetitive work they already get bored, they have potential for studying other subjects as well. On the other hand social acceptance is desirable for experienced nurses and being acknowledged as nurses is a source of honour for them. Experienced nurses do not problematize and aim for division of public identity from their self -identity. It is noteworthy that this is not an indication that experienced nurses are less professional than incipient nurses when unifying their identities. Social acceptance is possible with maintaining obedience, self-scarification, maternal relation, obedience and virtue as well as sorority with the patient and the society that they live in. These traits represent traditional nursing which relates to socially constructed womanhood. These traditional nursing codes are not reflecting incipient nurses' ideas or attitudes toward nursing.

There are rational links but also in terms of emotional issues, there are bonds which are inevitable. Professional work is basically a work which is done by an individual for living. Emotional and personal distances are also main requirements. Conscience is another debate in nursing. Satisfaction from nursing has two dimensions; these are emotional and material ones. Treatment and taking care of a sick person has severe impact on nurses. For instance, I am currently working in an office, my job description involves clerical and office work, I do interact with people work in various fields. This job also has improved my personal and social relations with people and assists me in meeting with new people and enabled me to access to a new environment. In fact, this is not my first office work, I had the same feelings when I was working in a charity in the U.K,

though, it was an NGO focusing on health issues. I know exactly the distinction between working in a hospital and participate actively and witness the recovery of a patient. The office work is a mechanical work you do not necessarily need to get involve with your feelings, whether it is a single paper work or long reports your intention is to finish according to the deadline. Once you finish, you leave the office or stop to work further and concentrate on your daily routine outside of work or your private life. In contrast when you are a nurse, you work with day and night shifts, when it is time to pass your shift to your colleague but you could not leave the ward or the clinic immediately, you would be still worried whether you left any treatment of patient incomplete. There would be some occasions when you visit one of your patients with whom you established emotional bound after your duty instead leaving the hospital straight and start chatting with them and their relatives both as a concerned nurse and as a friend. In the end dealing with a human at work does prevent people control working hours according to the regulations. I came across to some events when my colleagues called me at the middle of nights and ask after a patient who has severe health condition. Patients and their families suddenly could turn to be your friends or people who have an important role in a nurse life, nurse consider them to be more of a work and this prevent nurses to separate their work with their private life this is a result of working with human and develop emotional bounds.

Maternal bonds and sorority seem to appear more among the experienced nurses, according to the interviews, experienced nurses deem it suitable and adopt the mentioned traits and see these traits very essential in order to fulfil their nursing job. Interpersonal relationship and tight emotional bounds are 'a must' according to them. This is where the arguments starts among the two generations, professionalism alone could be not sufficient enough for nurses and also for patients in nursing.

My idea is; nursing is a profession, but sometimes there are those things that hinders nursing to be so, there is job satisfaction for instance, 'god bless you, may god gives you power' says the patient and I could become very happy, if you wish to be a professional you will not hear such words, you work among

people very closely and there is this satisfaction. You could hurt the patient when you are very professional and keep the distance, for instance, if you be very despot and say that I will only perform my job and sit than the patient could be affected psychologically, she gets hurt, patients expect a smiley face and her treatment to be done, patients are expecting a smiley face as a therapy. (Gül, 55)

Gül, as an experienced nurse struggles in identify nursing whether it is a profession or not. A specific attitude does not appear towards nursing, professionalism is a term that came in to their working life later on, therefore, experienced nurses possibly remain in between in describing nursing whether as a profession or still a traditional occupation.

With several different educational levels in nursing programme practices and understanding that are attributed to nursing confuse nurses' attitude, especially the experienced nurses. Experienced nurses used to be tender, practical and to have sorrel relation with the patients. However, soon the young graduate nurses and experienced nurses start to encounter on nursing practices and knowledge and values of nursing such as care shifted from being a semi-profession traditional women work to a profession. But limits or real definitions pertaining to professionalism in nursing remain uncertain.

It is not a moral work for me, a professional work. I do not perform nursing with my moral feelings, I was educated and trained as a nurse, I work according to my education. I do not add any conscience on it, I only do what needs to be done. (Tuğçe, 24)

Distance between nurses and patients are more common among incipient nurses. Distance will serve their aims in terms of looking more professional according to this group. During nursing education especially in communication courses the lecturers make it explicit to student nurses that are not appropriate to call a patient uncle or aunt during their stay in the clinic. This is a useful way to stop patients in a point which limit their demands from nurses. Young graduate nurses endeavour to apply this to their work life while the experienced nurses are constructing more personal relation with the patient. One interesting quote as follows:

When you call a patient auntie or uncle, they start to be cheeky, they do not see you as a person who try to do their work, their requests become endless, they

keep calling and calling and calling you, when you go near them you find out that they ask you very trivial things nothing about their pain or disease . (Kübra, 26)

Dissatisfaction about nursing is a common approach among the two groups, even though, nurses from the experienced group response more positively. Nurses common complaints are on long working hours, low salaries, deficiency in nursing rights, inconvenient working environment, being potentially at risk of many contagious diseases, hierarchal issues among colleagues and other health team members. Social prejudices and traditional gender roles are other factors which contribute to perception of nursing for nurses. According to nurses nursing would be a more 'respected job' as a profession, if nursing had more men . Women's work is degraded whether it is domestic or public work.

Debates whether nursing is menial work, or traditional gender role, and the polarization of women in nursing as a result of historical development in nursing cause chaos among nurses. These dynamics also have influence on nursing within relation to other health professions. Obedience and acceptance of traditional gender roles are higher among the experienced generation, while incipient nurses seem to be more rebellious and question the traditional gender roles both in their private and work lives. Nursing is considered by experienced nurses as simple menial work which is not challenging and a continuation of domestic work which is expected by women as a mother, wife, or female family member. Experienced nurses seem to appreciate having a job in public space; this could be due to the struggles that they had to face during emancipation attempts in their early lives. Nursing for experienced nurses is the best thing that they can ever do, for them it does not involve that challenges much or involves intellectual effort, familiar with the basics of the work due to their female nature. It is straightforward, easy to handle and has a familiar basis with domestic work and womanly roles. Namely, it is noteworthy to emphasize that whether nursing is a choice or obligation for them, it seems like those women do not have many alternatives, they do not go for nursing for instance if they have medicine, engineering or teaching options.

Of course nursing is a good job for me, is it not better than being a housewife?
(Gül, 55)

For Gül, nursing is a secure work that supplies her a monthly income and she spends some part of her time outside of her house. Gül does not question whether nursing is not a profession or prestigious work for her. Another Nurse Yağmur expressed her annoyance at experienced generations' attitudes towards nursing. During my interviews with especially young nurses it was interesting to hear that those young nurses actually chose nursing among their other options for instance; chemistry engineering, food engineering. Nursing is more of their choice than obligation due to the practical reasons. Therefore, their expectations from nursing or the image of nursing for them is a profession.

Morals and helping prevent nursing to be professional because you are a woman and this appears and stand out before anything. Nursing is seen as mission of women and assumed as fundamental duty of women. I feel uncomfortable with this, due to my personality and my life style, I pay more importance to be a professional rather than a health servant, and probably I behave this way due to my nature. (Yağmur , 25)

For Yağmur experienced nurses involved with nursing with all kind of traits such as emotional, virtues and care ethics these are for her traditional roles and cause to confusion and negative image of nursing for patients. Nursing for Yağmur has limits and delineation, according to her should she happen to perform as Landscape Architecture she would also have the same attitude as nursing towards her customers or patients. Yağmur seems to not distinguish the differences of working for people directly. Emotional blindness could be a suitable definition for Yağmur's attitude.

Emotional bounds with the patient and emotional input for nursing do not show themselves for incipient nurses in the first years of their working life. They see nursing as a stage or a phase that they need to step in order to reach to their aim. However, it is also noteworthy to emphasize the fact that when they enter to the nursing schools they do not directly aim to be a lecturer, with time and following years in nursing education this mainly becomes their escape plan from nursing.

To be honest, I had no idea while I started, despite of many negative feedbacks, I was idealist. I believe that nursing has very serious issues, we work very long hours for instance and our salary is not on satisfactory level but I am trying to love it but actually it is like a step for me because I am not planning to stay in this work for long I will be a lecturer in the future. (Semra, 25)

Young graduate nurses seem to be less pleased with being a nurse or to say they do not accept and internalize nursing as much as the experienced group. Young nurses do not like nursing or aim to carry on this career, most of them are looking for a way to escape from it with dreaming to be nursing lecturers for instance.

Also being a nurse for incipient nurses as a woman means to have boundaries with patients and other health workers. This group prefers to consider themselves as a separate profession and limit their job titles in certain duties. Having a distance and maintaining it is a sign of professionalism for this group. Nursing lecturers also prefer to remain objective between the arguments especially on discussions regarding the traditional and professional work, they refrain to give clear answers and be on a side. For them, nursing is a professional job, a nurse should fulfil all requirements and cater for the needs of the patients. Apart from this dichotomy, some nurses believe that which these two different traits should complement each other.

Nursing is a job that is not possible to perform without love of individual and person, there are other aspects of nursing of course, but when a nurse possesses human love and moral satisfaction nursing will be perform much easier, and yet, it is a professional job, it is essential to integrate both. (Zeliha, 38)

For Zeliha, as a lecturer it is probably difficult to make her mind and to choose either setting a boundary, namely distance or having a close relation with the patient, interviewee lecturers are responsible to pass some virtues and traits of traditional nursing such as being virtuous and practical nurses which were passed to them from their own lecturers, on the other hand they need to follow the latest developments on nursing and endeavour to improve nursing in putting efforts and teaching their students.

6.3. Public Image towards Nursing through Nurses' Point of View

There has been recent but insignificant increase in number of men in the job, yet owing to its historical development nursing is still recognized as woman occupation male nurses are accepted or perceived as doctors by the patients. As I mentioned in the historical development chapter, nursing is directly considered as a woman's role in the society not only social perception of nursing but also, media is an effective tool in conveying an image of nursing either positive or negative to society. When I mean positive it is a work which is respected by society, negative means to be underestimated and assumed as low skilled work that is only done by women, in some cases nursing image is reflected as sexual object.

The transformation in nurses' profile, for instance, changes in the education system and improvement in health system also preserve factors in social image in other words external identity. Out of the two parties, experienced nurses are that group that expresses resentment on social image more than the incipient nurses. I should put forward two main reasons according to my findings. Increasing the level of nursing education has also raised demand for better qualified nurses in hospitals due to technological development in the health sector. Representation of nursing in health centres and hospitals enabled nursing to be perceived as a professional job. Traditional nursing both in perception and practice only cover menial work related to treatment and injections or patient's body care. These ideas on traditional nursing situated in social memory robustly. New improvements and changes are subtly effective in alteration nursing image in society. Having said that, both parties also share similar ideas in media's impact on society for nursing. Especially in respect of media's power in picturing nurses as sexual objects, the health group that mostly subjected to physical and emotional violence.

Florence Nightingale's good character and virtue are domain traits which should be present in nurses' role, and strengthen with divinity for serving sick people. On the other hand there was a period that care-giving for sick people was performed

in the medieval era by lonely women who were accused of having low virtuous traits and nursing was based on menial work only (Enloe, 2000). Naturally originated as menial work and performed by women who are also lodged and boarded by the families of patients degrade nursing and was not considered as an occupation initially.

I see that in young colleagues, nurses should be careful with their clothes and finery, for example, I do not want to work with a friend who wears a transparent uniform. We should be careful as they browse our bodies, before they have communication or look at our faces. I would prefer to have reasonable limit in make-up and my jewellery preference (Neriman, 55).

Neriman in her comments mainly points out her experiences with her colleagues and her concern for external image of nurses as women of low virtue. Neriman in our interview usually emphasized the divinity of nursing and general behaviours that should be embraced by all nurses as the essence of nursing. Peri, also emphasizes

I don't like nurses' figure with cap and mini skirt. It is also not nice to show nurses as sexual objects with crop in her hand. When I see such things, in fact, I sent an e-mail to a television channel and complained about the image of nursing they try to picture and broadcast. Also it happens to air stewardesses. When you are inside the job it is really unpleasant, it could look funny for those who are not involved with nursing. I might have laughed also if I were not a nurse, when you are into the job you become more sensitive. I make my living from it, there is no such thing. (Peri, 24)

Nursing is attributed or in other words forced to be in a relation with womanhood, to what extent nursing transformed from tradition to profession these are concerns of incipient nurses. These issues are key factors for nursing. It could be seen that nurses, especially incipient nurse, prefer nursing to be perceived by society as a profession.

The robust womanhood nursing relation has the impact on society. Contrary to other jobs or occupation, personal life, attitude on life, her character is not seen as an individualistic character rather, it is thought to be a collective nurse attitude. External image or attributed identity of society to nurses have a negative impact

on personality and the way that nurses express their self –identities in society. Nurses feel insecure and under threat at all times, due to the social pressure towards them.

You never know exactly what will be the reaction of a person when you tell them you are a nurse: I have experienced two cases, actually I am exposed to comments and feedback every single day but these two could be very remarkable in terms of being completely opposite to each other. I was a new graduate nurse I clearly remember that and waiting for a bus in the bus stop, an old lady approached me and initiated a conversation with me , when I told her that I am a nurse she paused for a second and whispered in my ears ‘oh my beautiful daughter do not ruin your life with being a mistress to a doctor.’ I blushed and did not reply. (Güliz, 43)

The other was when I was much older and experienced we went out to a dinner with my husband and children to a restaurant, there were a lovely old couple having their dinner next to our table. My daughter was playing around the table and they started to talk to her and a nice conversation started between them, when I told them that I am a nurse, I could see that they were both excited, they told me that their son had a serious accident he was seriously injured doctors said he might not even live but the nurses in the intensive care were very loving and caring and looked after him well for almost a whole year, he recovered. They said we know that nurses do make the patient well not the doctor, as they are around for 24 hours. (Güliz, 48)

The perception of the society changes with time towards nursing, it is possible to observe that people respect nursing more than it used to be in the past. Increasing the educational level of nursing among the innovative nursing practices which are applied during the treatment and communication skills and emotional labour that is paid to the patient are seen by the patient and their family members. This change is in favour of nursing.

I remember the movie ‘Asmalı Konak’, the young star was in coma and she had a nurse who was able to make her own decision for the sake of the young woman. The nurse was singing, talking with the young woman. The young woman could not react but she was hearing the nurse. I wish that our society also has the awareness to appreciate nurses and understand that nurses play the most important role in the recovery of a patient. (Ayla, 46)

For some of those nurses and lecturers more television series or films are needed in order to promote nursing and change the negative image of nursing in the

society. Films and many media sources often reflect a nurse as an obedient doctor assistant who has a docile character and only examines the vital signs silently. For Ayla, nursing images in the public especially on television and films should be reflected as more autonomous and independent. Nursing roles are not widely known and an individual only realizes the essence of nursing when she/he is admitted to the hospital. Nursing education and practice are moving forward due to the technology and invention in medicine, and so does nursing. In order to transmit this change to the public, nursing should be represented both in visual media and press appropriately. The main aim is not only to improve the public image of nursing but also to reach to the public and inform that nursing is beyond what they think of it and they could get assistance from a nurse more than they could imagine.

6.4. A New Name for Nursing?

The universal concept of nursing varies for many dictionaries and medical sources. According to medical dictionary the word ‘nurse’ has more than one meaning first one is ‘a woman who suckles an infant not their own’, second meaning is a person who cares for the sick or infirm; *specifically* : a licensed health-care professional who practices independently or is supervised by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health.

(www.meriam-webster.com/medline.plus/nursing.)

As I mentioned in ethnology of nursing chapter other meanings of nursing are as synonyms ‘cherishing’ and ‘nurturing’. ‘Some nurses and doctors have suggested that the traditional meaning attached to nurse and nursing is so far removed from reality, as they see it, that it would be desirable to get a new title for the person they conceive of as the nurse’. (Henderson, 1977, p. 22) Henderson also argues that ‘whether or not today’s nurses like it, however, dictionary definitions represent public opinion and we must reckon with it (1977, p.22). Based on

Henderson's argument, I also asked the question as follows to interviewees, 'if you were able to change the name of nursing, what would you give as a new name for nursing?' It was an extraordinarily outstanding question for nurses and most of them would not initiate a new term for nursing, which is 'hemşire' in Turkish language. I would also like to emphasize and refer to nursing history chapter of this thesis, where the nurses called hemşire in Turkish and it is originated from the word 'sister'. With this question I aimed to find out the opinion of interviewees and try to evaluate the possible images of meanings for nursing which are robustly located in people's and nurses mind. As for other interviewees, for instance for Nevin, 'hemşire' should be changed to a word that will embrace both women and men at the same time and will diminish the traditional gender roles debates on nursing.

I think health engineer will suit better than anything ... because we directly deal with every aspect of patient's wellbeing and health and also it will increase the number of men in the profession and will erase the poor image in the public.(Nevin, 25)

Nevin feels that the image of nursing is possible to change even if there is a small chance of changing the image of the profession, if the entire problem originates from the name of the profession. A name not based on specific gender might help nursing to nullify the image of nursing which is highly feminized due to the nature of the work and the high number of women in nursing in public eyes and minds. In contrast to Hatice and Beyhan's suggestion and their robust mindset for nursing and the way that they perceive as the public opinion, Nevin is keen to completely revise the social attribution of roles to nursing and partly refrains to question the ontological meaning of nursing in Turkish language and its reflection towards nursing.

Hemşire' means sister, this is why we call male nurses as 'hemşir' if we are to rename nursing... hmmm I do not think anything is going to change nursing... nurse is a nurse... so if you insist on asking me to rename nursing , for instance, it did not come to my mind... it should be a name that also cover male nurse, hemşire automatically brings woman to people's mind as you know.(Belgin, 45)

In contrast to Belgin's opinion, Hatice is happy with the meaning of nursing and suggested that the word 'hemşire' should remain as it is, since it conveys the feelings of comfort, compassion and love. She prefers to stick with it as existing definition which she believes suitably matches with roles of women in nursing

I am not sure, I have never thought about it, but 'hemşire' means sisterhood... it has a meaningful definition... our male colleagues could be called something else if it cause to discomfort for them... however, sister is the person who always helps us, on the basis of this idea I believe that hemşire is a meaningful name for it. As for men, I never thought from their aspect. It could be changed, however, performing the job properly is more important than its name (Hatice, 43).

Both above nurse's quotes are important in terms of representing the idea of nursing especially in the public image and among some nurses. The definition of nursing reflects the robust bonds between the traditional gender role which is attributed to women and nursing itself. The name of the profession / work/ job whichever it is called by the public and nurses directly recalls women as performers of nursing. While Beyhan has worries about the ontological existence of nursing as a profession, by saying that ' the nurse is always nurse' she tries to mention about the poor image of nursing in Turkish society, changing or renaming of nursing will not add a value or change the image of nursing. Beyhan suggest calling male colleagues 'hemşir'. It is noteworthy to explain that 'hemşir' does not have a dictionary meaning in Turkish language, yet it has recently added to daily language since the addition of males to nursing in Turkey and became a socially accepted word in the public as well as in medical field. The word of 'hemşir' is retrieved after dropping the letter of 'e' from ' hemşire'. Basically, it has the same logic with female/ male names of an occupation. For instance, steward is a male flight attendant while stewardess refers to female flight attendant, the difference is 'hemşir' does not possess a meaning alone and created recently.

In contrast to Belgin's opinion, Hatice is happy with the meaning of nursing and suggested that the word ' hemşire' should remain as it is, since it conveys the

feelings of comfort, compassion and love. She prefers to stick with the existing definition which she believes that is suitably matches with roles of women in nursing.

CHAPTER 7

CONCLUSION

As mentioned at the beginning of this thesis, there has been a dynamic and ongoing process of transformation in nursing both in Turkey and in the world. I aimed to observe the possible change or transformation of nursing from being a traditional activity or occupation to be a professional occupation in Turkey. In order to analyze this transformation; my main research question was: ‘how have nursing practices been transformed in Turkey in the last two decades by taking the nurses coming from different socio economical background and cohorts and having different forms of education into account? And why do nurses from different ages pay different attention to emotional labor in nursing?’ Thus, I conducted twenty five in depth interviews with nurses from different age cohort, coming from different nursing education forms, socio economic background and work experience who work in various university hospitals and state hospitals in Ankara five out of twenty five were nursing lecturers working in different universities.

During the interviews both experienced and incipient nurses seemed to be worn out due to the hectic working life. Although, especially the experienced group reported that they love nursing, both cohorts agreed that if they would have had second chance they would not study nursing and would go for another measure. A few of the interviews were interrupted due to the work load of nurses during their shifts or outbursts of emotion when they recalled their challenging educational life or family lives. I should also admit that I had to stop myself intervening or sharing my personal experiences with the interviewees and affect their answers, as we had so much in common due to my nursing education.

My initial assumptions were the young nurses who are more understanding of care differ from the experienced nurses due to their socio economic backgrounds and education. Also my second assumption was that the incipient nurses with less experience consider nursing as a profession whilst the experienced nurses consider nursing as an occupation. The findings were more complex than my assumptions. First of all, emotion seems to be the keyword in nursing. Performing nursing with emotion is not less valuable than performing with distance or boundaries which are so-called by the incipient nurses as profession. While young nurses consider that education is more important in nursing they do not also deny the importance of emotion in nursing namely emotional blindness. It is also noteworthy to say that education versus emotion in nursing was my concern when I started my research; however, at the end of this study I have realized that emotion should exist in nursing and combination of education and experience is rather an essential triangle in nursing.

When I first started my research I was aiming to look for the fact that nurses' social economical status of their families have evolved with years and that the university graduated nurses come from middle class families and have educated parents. The incipient nurses who I spoke also come from low-economical status families like the experienced nurses. I understood that nursing is still more popular among women who come from low economical status despite the fact that nursing education reached to university level.

My personal confession and delight at the same time should be to be able to grasp the idea that emotion is not a hazardous feeling in nursing and especially experienced nurses have gained more excessive respect from me at the end of my research. Since I have understood that experienced nurses are aware of the fact that the more they gain experience the more nursing intermingles with emotional labour and this is the fact of the nature of nursing. I realized that I was unfair towards experienced nurses all those past years and accused them for involving their emotions to nursing. I used to ignore their precious experiences and think

that education is more valuable in nursing that this would assist nursing to be in better status. My study has proved me wrong. I am also glad that this study reinforced my love towards nursing and helped me to face my personal struggles towards nursing which I carried on with me until I started to do the field research for this thesis. I should admit that the biggest transformation and contribution of this study has been affective and useful for my personal development. I could feel the positive feeling transformation of myself towards nursing.

I believe that the nursing motto which is nursing is a scientific art which is combination of skills; emotion and knowledge are essence of nursing. Besides, to emphasize more it is noteworthy to mention here Gadamer's (1996) 'the art of healing' where Gadamer points on the importance of 'art of healing' which is combination of practice and emotions. Since nature of nursing is related to nurturing, healing and providing emotional support to the patient beyond the nursing theories that I studied at nursing school. This is the essence of nursing which is grasped solely through practice and experience.

When the findings of the study are taken into consideration, it is noted that the outcomes do not lead us to come to the conclusion that the meaning of emotional labour or understanding of care show variations according to the different educational forms, family's socio economic backgrounds, work experience or ages of nurses, instead they are combined and it is not representative only for one cohort in this study. There are common factors for both cohorts. For instance, reasons to become nurse seem to be preference for young nurses due to the educational system that all high school students are forced to experience whilst it had subtly differences for the experienced nurses as they were expected to take care of their family members, according to the findings. It is possible to come to a conclusion that actually both cohorts were not initially keen on studying nursing due to their freewill, instead financial concerns show themselves here in different forms. For experienced nurses this is generally due to their family's expectations from them, they are also considered as the breadwinner of their families, whilst

for the incipient, family expectation is more towards their family image and their daughter's future plan, financial support for them are not expected as much. That is also a reason that nursing considered as a woman's occupation and studying nursing will lead young women to gain a job with the shortest education period and assist them to gain at least a status in the society.

When I have a look at the social economic status of the nurses' families in this study including five nursing lecturers, the total twenty-five interviewed nurses approximately come from the similar backgrounds, their parents are either farmers, workers only a few incident's parents civil officers with standard incomes. This also could be considered as triggering factors for those interviewees to select nursing as a granted work in the job sector. Nursing has easier access due to the low exam scores compared to medicine, engineering and other well-paid, esteemed jobs, also easier to find a job in the market. It is noteworthy to shed light of off the record comments of most interviewees that should they were kids of rich families; nursing would not be a choice for them, since it would not have been welcomed in their families and their families would have done their best to ensure that their children are admitted to more respected works in the society. It could be concluded that family background and social economic status are crucial factors in being a nurse for them.

Age is another parameter for me in this study, while I was preparing my questions and making my interview I was in a thought that 'age factor' will deliver to me the concrete results regarding the idea of professionalism in nursing. However, not the age but the experience in nursing deliver the different understanding between the groups. I was of an intention to find out that experienced nurses due to their experience and education that they received will be less professional compared to the incipient nurses. The results proved me wrong, those experienced nurses might have studied in vocational schools at the first place and they might have more emotional tendency towards their patients, their communication with their patients are also better than the incipient nurses. Having longer work

experience made the experienced nurses to assess better both physical and emotional needs of patients. Investment of emotional labour (Horschild, 1984) or showing more conscience towards the patients does not mean that experienced nurses are expressing more unprofessional attitudes, whereas the young nurses are protecting their distances and seeing as that dealing with patients only as material in assembly line. Having a broad knowledge on brand new medical technology is not sufficient enough to make incipient nurses either. It could be only considered as a dilemma of having different educational forms in both cohorts, though the experienced nurses also completed their university level nursing education; coming from vocational schools might lead them to have been brought up with nursing and as one of the interviewee mentioned that ‘nursing is like a stain, it sticks to your personality’ experienced nurses seemed to enjoy more this definition and internalized nursing both in their private and social life, namely, self-image of the experienced group seem to be stronger and more possessed than the incipient group. It could be possible to come a conclusion that I aimed to evaluate emotion versus education in nursing between the cohorts; I found out that education alone is not sufficient enough in nursing to perform it ideally. There is no clear-cut transformation in nursing from being a traditional activity to professionalism since education; skills, emotion and experience together are pillars of nursing.

Not having a specific categorization in nursing is also a common issue with these two cohorts. As I mentioned in nursing education chapter, there is no expertise field in nursing, unless a master’s degree is studied in Turkey. For experienced nurses being in a stable position in nursing for at least fifteen years deters them from seeing that nursing is actually changing with both technological and scientific innovations. The current situation of nursing is regretted by the experienced nurses, and brings lack of motivation towards nursing. As for incipient nurses, nursing is only a step for them in their life; especially ward nursing, gaining experience is essential in order to accomplish their dreams. It could be observed that incipient nurses promises on future of nursing in Turkey,

as they believe that their academic education will allow them to become more than a traditional nurse who takes care of sick people in the hospital. This approach could be evaluated as incipient nurses accept nursing as a profession which is flexible and versatile and promises them reassurance of a better career, more self- respect, better self-image and social approval.

Political interests in Turkey during various periods caused chaos in nursing education; putting nursing education from university degree back to high school deterred the future of nursing as professional work. I believe that nursing education should be precise in Turkey and students who wish to study nursing should be able to choose a field to specialize in which will inspire and lead them to embrace nursing more and have a specific job description in the wards and hospitals and also job satisfaction. Accumulation of nurses in the health market will diminish, therefore, the demand will rise and nurses will be able to bargain for their rights. Secondly, nursing will gradually evolve to be a specific occupation; poor public image might also change according to specification in nursing. Specification in nursing also probably draws attention of men to nursing more. This might probably cause nursing to be less a womanly occupation.

Lack of communication or organization could be blatantly observed between the nurses. In fact, both cohorts are not very keen on subscribing to any nursing association or health unions. Only the experienced nurses reported that they have not seen any improvement or changes in their rights whether they are members of a union and/ or association or not. The incipient nurses believe that academic progress in nursing will enable nursing to be accepted as a respected profession and it is more important than being a member of an association or union. This could be associated with opinion towards men participating in nursing, according to interviewees there are four different approaches to men in nursing, though actually only one approach of reluctant to have men in nursing, yet again not very resistant in their arguments. Hesitation in both cohorts is observable that emotional labour and care will be not provided as much as women nurses, also

nursing is one of the few areas that mainly occupied by women instead of handed over to men. Male nurses and women nurses should be united and strive for their rights.

Lack of self confidence among nurses in respect of changing or improving their rights / conditions is common. Emancipation or development in their rights could be possible with having a mixture of men and women in nursing, since voice of nurses as women not sufficient enough for taking role in implementation of rules / regulations. Nursing education is another debate in nursing in terms of questioning the concept of care, professionalism in nursing. According to Clark and Jones (2011) advancing the educational level of nurses will also improve the outcome of patient cares in nursing. Nurses' increasing demands for professional autonomy are related to their changing roles and education. Educational differences cause chaos in nursing globally. Nursing education demonstrates variety according to the historical improvement of nursing and changing and understanding the meaning of care and care givers. Nursing titles are affected according to educational level and duration, in Turkey this is not the case in fact, educational level does not reflect the different level of nurses. For instance, nursing titles range from nursing assistant up to nurse practitioners with two years education up to M.Sc. degree and being eligible to prescribe medicine respectively. I prefer to connect this with the question of renaming 'nurse' which is 'hemşire' in Turkish and majorities of young\ experienced groups as well as lecturers would not prefer to change the name for nursing if they were asked. According to them the word 'hemşire' fits with the occupation and there will be no reason to change it, in fact, increasing number of men in the occupation will even be not a reason to change the word, instead their male colleagues should adopt themselves and forget about the ontological meaning of the word. Some nurses think that nursing could be easily performed regardless of the gender. Not only the meaning of nursing but the robust position of nursing in the occupation itself is a problem that should be solved. As the word 'hemşire' has a general

meaning of a medical health officer who assist the patient and ensure the mental, physical well-being of a sick or a healthy individual.

The public images of nurses are also concern of the interviewees; especially the lecturers think that they could initiate a project with nursing associations / unions to improve the poor public image of nursing. Both formal and informal, for instance developing close friendship with bureaucratic authorities or through their spouses could be taken as routes for better nursing regulations. Both cohort also believe that visual media and internet could be followed and react as soon as possible for any sort of breach, insult or unduly immoderate imagery or speech towards nursing.

In this study I aimed to target factors on transformation of nursing from a traditional activity to a professional occupation within Turkey's context within at least two decades and evaluate in comparative manner across nurses in different ages. The evaluation was basically on the basis of representing different family background, education, understandings images of nursing in society, approaches towards traditional and professional ways of nursing covering 'emotional labour and care'; and with partial consideration of the existence of men in nursing and to what extent they might affect view/ understanding of interviewed nursing cohorts and the lecturers.

This study might be extended to larger regions with larger number of interviewees. Some new subjects could be tackled for instance: impact of ethnicity / regional differences/identities of nurses in nursing education or nursing education/ practice in taking account of the cultural identity of patients who are for instance Kurdish / Arabic/ Jewish, Armenian and Turkish. Secondly, I also interviewed nurses on their knowledge of nursing policies and new health policies, there was a common point between both cohorts and including the lecturers are not to be able to explain or have a profound knowledge on nursing rights or current health policies in Turkey. It was surprising as well as disappointing for me to realize this

fact. I might understand to some extent the negligence of the lecturers since they are in academic status, their rights are regulated according to civil officers' rights in Turkey or any other lecturers at the universities, yet, and they should be eligible and have sufficient information on rights of nurses to pass to their nursing students. Both experienced and incipient nurses failed to answer the questions on their rights, recent health and nursing policies which are implemented by the current government. In fact, nurses who claim to be actively involved in some political unions are also unaware of the recent health policies and their influences on their lives. Another study could be on this issue explicitly targeting nursing policies and its impact on nurses within gender scope.

LIST OF REFERENCE

- Abbott,P. and Wallace, C. (1990). The sociology of the caring professions: An introduction. London. Falmer.
- Acar- Savran, G. (2009). Beden Emek Tarih: *Diyalektik Bir Feminizm İçin*. Kanat Yayınları. İstanbul.
- Acar-Savran, G. ve Tura,D.N.(2008). Kadının Görünmeyen Emeği. Yordam Kitap. İstanbul.
- Allen, D. (2001). Nursing and Sociology: An Uneasy Marriage?. *Sociology of Health & Illness*, 23(3), 386-396.
- Alcan, Zehra. (1989).To determines the knowledge and view of the new graduate nurses and experienced nurses about their duty. Ege University.
- Bandarage, A. (1997).Women, Population and Global Crisis: Redwood Books, London.
- Bennett, J. (2006). History Matters. *Patriarchy and the Challenge of Feminism*. University of Pennsylvania Press, Philadelphia.
- Bixler, G, K. and Bixler, R.W. (1945).The Professional Status of Nursing.Nursing Education. 45 (9), 731-735.
- Bora, A. (2005). Kadınların sınıfı:Ücretli Ev Emeği ve Kadın Öznelliğinin İnşası.İstanbul. İletişim Yayınevi.
- Bourdieu,P.(2001).Masculine Domination, translated by Richard Nice, Cambridge:Polity Press.
- Brennan, M. Kathleen. (2009).Meaning,discrepancy, and satisfaction in the nurse role.*Sociological Spectrum*, 29, 551-571.
- Bardsley, Sandy. (2007).Women's Roles through History. Greenwood Publishing. London.
- Brandth, Berit and Kvande, Elin.(2005).Gender, Bodies and Work. Ashgate Publishing. Hampshire.
- Browne, J.(2006).Sex segregationand inequality in the modern labour market. Policy Press. Bristol. UK

Boschma,G.et al. (2009). The Principles and Practice of Nursing: *Clinical nursing from an historical perspective*, 18, 2684-2691.

Buikema, Rosie Marie and Van der tuin Iris(2009).Doing Gender in Media, Art and Culture. Routledge, London.

Bunting,S.and Campbell,J.(1990). Feminism and Nursing: *Historical Perspectives*. Nursing Science, 12(4), 11-24.

Burke, P.J. (1991). Identity Processes and Social Stress. *American Sociological Review*, 56, 836-849.

Burke, A.P. (2009).Caring on the job: Emotional labour, gender and the work of long-term care aides. University of Calgary. Newyork.

Carpenter, M. (1977).The new managerialism and professionalism in nursing. In Stacey, M. *et al.* (eds.) *Health and the Division of Labour*. London: Croom Helm.

Cancian, M.F.and Olikier Stacey, J. (2000). Caring and Gender. Altmira Press. Oxford.

Carpenter, M. (1978). Managerialism and the division of labour in nursing. In Dingwall, R. and McIntosh, J. (eds.) *Readings in the Sociology of Nursing*. Edinburgh: Churchill Livingstone.

Carpenter, M. (1978) Managerialism and the division of labour in nursing. In Dingwall, R.and McIntosh, J.(eds.) *Readings in the Sociology of Nursing*. Edinburgh: Churchill Livingstone.

Carr-Saunders,W.(1966).Professionalization in Historical Perspective. Prentice-Hall Inc., New Jersey.

Chitty, K. and Black, B.P. (2011). Professional Nursing. Sounders Elsevier. Missouri.

Clay, T. (1987).Nurses Power and Politics. Heinemann Nursing, London.

Cockburn, C. (1988).The Gendering Jobs: Workplace Relations and the Reproduction of Sex Segregation, S.Walby, Gender Segregation at Work, Open University Press, Milton Keynes.

Connell, R. (2002): Gender. Polity Press. Cambridge.

Connell, R. (1987). Gender and Power. Stanford University Press, California.

Cortis, J. and Kendrick,K. (2003). Nursing Ethics,Caring and Culture. *Nursing Ethics* 10 (1), 79-89.

Crompton, R. (1988). Class Theory and Gender. *The British journal of Sociology*, 40(4), 565-587.

Davidoff, L. (1995). *Worlds Between. Historical perspectives on gender and class* Polity Press. Cambridge.

Davis, F. and Olsen, V.L. (1963). Initiation into a woman's profession: identity problems in the status transition of coed to student nurse, *Sociometry*, 26, 89- 101.

Clement, G. (1996). *Care, Autonomy and Justice: Feminism and the ethic of care*. Westview Press. Oxford.

D'Antonio and Whelan C. Jean. (2009). Counting nurses: the power of historical census data. *Journal of Clinical Nursing*, 18, 2717-2724.

Davies, Celia. (1995). Competence Versus Care? Gender and Caring work revisited. *Acta Sociological*, 38, 17-31.

Dock, S. (2008). *A short History of Nursing*. Blackwell Publishing. London
Karen Donelan Karren et al (2008) Public Perceptions of Nursing Careers: The Influence of the Media and Nursing Shortages. *Nursing Economics*. 26(3).

Drummond J.S. and Standish P. (2007). *Palgrave: Philosophy of Nursing* Macmillan, Hampshire.

Donna M. (2009). Men enough to care: Experiences of Men Working in the Female Dominated Profession of nursing in the state of Oklahoma. Accessed from <http://www.lib.metu.edu.tr/en/theses>

Duffy Mignon. (2007). *Doing the Dirty Work: Gender, Race, and Reproductive Labor*. *Historical Gender and Society*, Vol. 21, p. 313-336.

Ehrenreich, Barbara. (1992). *Cadılar, buyuculer ve Hemsireler*. Kavram Yayinlari. Istanbul.

Elias, Norbert. (2000). *The Civilizing Process*. Blackwell Publishing. Oxford.

England, P. (1993) "The Separative Self: Andocentric Bias in Neoclassical Assumptions," in *Beyond Economic Man: Feminist Theory and Economics*, (Eds.). England, P. et al. (1994). The Gendered Valuation of Occupations and Skills: Earnings in 1980 Census Occupations. *Social Forces*, 73, 65-101.

England, Paula and Nancy Folbre. (1997). *Reconceptualizing Human Capital*. Paper presented at the annual meetings of the American Sociological Association.

England, P. and Folbre, N. (1999). The Cost of Caring. *Annals of the American*

Academy of Political and Social Sciences 5(61) 39-51.

Ferber, M.A, and Nelson, J.(2007). International Encyclopedia of Men and Masculinities. *University Of Chicago Press*, 6(8) 37-53.

Enloe, C. (2000). Bananas, beaches and bases : Making feminist sense of International politics. University of California Press. Berkeley.

Ergül, Ş.(2009). Nursing Education in Higher Education in Turkey. *Journal of Higher Education and Science*.1 (3), 150-155.

Firestone, S. (1979). *The Dialectic of Sex: The Case for Feminist Revolution*. London: The Women's Press.

Fisher,C.D. and Neal, M. A. (2000). The Emerging Role of Emotions in Work Life: An Introduction. *Journal of Organizational Behavior*. 21(2) 123-129.

Foucault, M. (1976). *The Birth of the Clinic*. Tavistock Publications Limited. Oxford.

Gadamer, Hans George. (1996).*The Enigma of Health*. Stanford University Press. California.

Gamarnikow, E. (1978). Sexual division of labour: the case of nursing. In Kuhn, A. and Wolpe, A. (eds.) *Feminism and Materialism*. London: Routledge and Kegan Paul.

Gaze, H. (1987). Men in nursing. *Nursing Times*, 83, 25-7.

Green, Kathrine. (2009). A comprehensive theory of the human person from philosophy and nursing. *Nursing Ethics*,10, 263-274.

German, L. (1989). Sex, class and socialism. Bookmarks .Chicago.

Germov,J. & Freij, M. (2009). Second Opinion: *Online Case Studies*. Retrieved November, 9, 2012

http://www.oup.com.au/titles/higher_ed/social_science/sociology/9780195562811/Ch20_Case_Study_-_Doctor-Nurse_Game.pdf

Gluck, S.B. & Patai, D. (1991). *Women's Words: The Feminist Practice of Oral History*.

Gonas, L and Karlsson C. (2006) .*Gender Segregation: Divisions of work in post-industrial welfare states*. Ashgate. Aldershot. England.

Hersch, J.(2006). Sex Discrimination in the labour market. Hanover, MA. Now Publisher.

Hancock, Christine.(2008): The Globalisation of Nursing. Radcliffe Publishing Ltd.Oxon.

Harding, S. (1987). Is There a Feminist Method?. Routledge, London.

Hardy, L. (1988). Excellence in nursing through debate: the case of nursing theory. Recent advances in Nursing, 21, 1037-1043.

Hardy, C. (1996). Understanding power: bringing about strategic change. British Journal of Management, 7 (Special Issue), S3-S16.

Hardy, M. E.,and Hardy, W. L. (1988). Role stress and role strain. In: Role Theory Perspectives for Health Professionals (2ndEd.). M.E. Hardy & M.E. Conway (eds.). Appleton-Lange, Norwalk, Connecticut.

Haraway, Donna (2006). A Cyborg Manifesto, Simon During (ed) , The Cultural Studies Reader, 271-91, Routledge. London.

Hartman, H. (1981). The Unhappy Marriage of Marxism and Feminism, L.Sargent (ed.), The Unhappy Marriage of Marxism and Feminism: A Debate, Pluto Pres, London, Sidney.

Hartman, H. (1990). Capitalism, Patriarchy and Job Segregation by Sex, K.Honset et al. (eds.), Women, Class and Female Imagination, Temple Un. Press, Philadelphi.

Hearn, J.(1982) :Notes on patriarchy, professionalization and the semi-professions. *Sociology*, 16, 184-202.

Hebert G. R. (1987): Florence Nightangale : Saint, Reformer or Rebel? Reviewed by Barbara Melosh. History of Science Society.Chicago Journals, 78, 132-133.

Henderson, V.(1977): The Concept of Nursing. Blackwell Scientific Publications. 113-130.

Holland, A,E. (2011). The place of race in Cultural Nursing Education: *The Experience of White*. Ann Elizabeth Holland. University of Minnesota.

Horschild, Arlie Russell (1984). The Managed Heart: *The Commercialization of Human Feeling*. The University of California Press. Berkeley.

Johnson, A. G. (2005). *The Gender Knot, Unraveling Our Patriarchal Legacy*, Temple University Press, Philadelphia.

Johnson, T.J. (1972). *Professions and Power*. London: Macmillan.

Johnson, R. (1993). Nurse practitioner-patient discourse: Uncovering the voice of nursing in primary care practice. *Research and Theory for Nursing Practice*, 7(3), 143-157.

Kalisch, P.A. and Kaiisch, B.J. (1982a) 'Nurses on prime-time television' *American Journal of Nursing*. February, 265-70.

Jasso, Guillermina. (2002). *Identity, Social Identity, Comparison, and Status: For Theories with a Common Core*. The New York University.

Kalisch, P. A. and Kailisch, B.J. (1982b). The image of the nurse in motion pictures, *American Journal of Nursing*. April, 605-11.

Kalisch, P. A. and Kailisch, B.J. (1982c). The image of nurses in novels. *American Journal of Nursing*. August, 1220-4.

Kandiyoti, Deniz. (2007). *Cariyeler, Bacılar ve Yurttaşlar: Kimlikler ve Toplumsal Donusumler*. Metis Yayınları. İstanbul.

Kasoff J. (2006). How do hospitals represent the image of nursing on their sites? *Journal of Nursing Administration* 36, 73–78.

Kathleen, A. (2009). *The existence of implicit racial bias in nursing faculty*. University of Northern Colorado.

Kelly, Jacinta et al. (2011). The image of you: constructing nursing identities in YouTube. *Journal of Advanced Nursing*. Blackwell Publishing. 1804-1815.

Kirby, S (2009). Recruitment, Retention and Representation of Nurses: A History Perspective. *Journal of Clinical Nursing*, 18, 2725-2731.

Khomerian, Tabari Rasoul and Deans Cecil. (2007). Nursing Education in Iran in the past, present and future. *Nurse Education Today*. 27, 708-714.

Leininger, Madelene. (2001). Current Issues in Using Anthropology in Nursing Education and Services. *Western Journal Of Nursing*, 23(8), 795-806.

Leonardo di, M. (1985). Morals, Mothers, and Militarism and Feminist Theory. *Feminist Studies*, 11(3), 599-617.

Lewis, P. and Simpson, R. (2007). *Management, Work & Organisations: Gendering Emotions in Organizations*. Palgrave, Macmillan Press. New York.

- Maas, L. (2008). What is good nursing care? The lived meaning of quality nursing care for practising nurses. East Caroline University.
- MacCalman, J. (2009). The Power of Care: The Women's hospital 1884-191,5 ,204-211.
- Macdonald, C. (2002). Nurse Autonomy as Relational. *Nursing Ethics* 9 (2), 194-201.
- Malka, G. (2007). *Daring to Care: American Feminism and Second-wave Feminism*. University of Illinois Press .Urbana and Chicago.
- MacIntosh, J. (2003). Reworking professional nursing identity. *Western Journal of Nursing Research*, 256, 725–741.
- May, C. (1992).Nursing work, nurses' knowledge, and the subjectification of the patient. *Sociology of Health & Illness* 14(4) 472-487.
- Mitchell,J.(1993).Women's Estate, A.M.Jaggar & P.Rothengerg (eds), *Feminist Frameworks: Alternative Theoretical Accounts of the Relation*, McGraw-Hill, N. Y.
- MacDonald, K.M. (1995). *The Sociology of the Professions*. Sage Pub. London.
- Madill A. (2006). Exploring psychotherapy with discourse analysis: chipping away at the mortar. In *Qualitative Research Methods for Psychologists: Introduction through Empirical Studies* (Fischer C.T., ed.), Academic Press, New York, pp. 23–58.
- Maslach, C. et al. (2001). Job Burnout. *Annual Reviews Psychology* ,52, 397-422.
- Maslach,C, and Leiter. M. (1997). *The Truth About Burnout. How Organizations Cause Personal Stress and What to Do About It*. San Francisco, CA: Jossey-Bass Publishers.
- Mauksch, I. G. (1978). The nurse practitioner movement: Where does it go from here? *American Journal of Public Health*, 68(11), 1074-1075.
- McHugh M.L. and Kalisch, J. B. et al. (1982). The Nurse as a Sex Object in Motion Pictures, 1930 to 1980. *Research in Nursing and Health*. 147-154.
- Meier, K. J. et al. (2006). Gender and Emotional Labor in Public Organizations: An Empirical Examination of the Link to Performance.66 (6) 899-909.
- Melia, K. (1984). Student nurses' construction of occupational socialization. 6(1) 133-148.

Meyer, Madonna Harrington. (2000). *Care Work: Gender, Labor and the Welfare State*. Routledge. New york.

Meyer, M, and Kesterke, S.M. (2000). Shifting the Burden Back to Families? How Medicaid Cost-Containment Reshapes Access to Long Term Care in the United States,” in *Care Work: Gender, Labor and the Welfare State*. Edited by Madonna Harrington Meyer. Routledge. New york

Morris, J. Andrew and Daniel C. Feldman. (1997). Managing Emotions in the Workplace. *Journal of Managerial Issues* IX(3): 257-274.

Morris, J. Andrew and Daniel C. Feldman. (1996). The dimensions, antecedents, and consequences of emotional labor. *Academy of Management Journal* 21, 986-1010.

Muff, J.(1982). Handmaiden, battle-ax, whore: an exploration into the fantasies, myths, and stereotypes about nurses. In Muff, J. (ed.) *Socialization, Sexism and Stereotyping: Women's Issues in Nursing*. Prospect Heights, 111.: Waveland.

Murray, F. (1946) :Professional or Menial? *The American Journal of Nursing*. 46(10) 705.

Nasrabadi Nikhbat, Alireza and Lipson Juliene. (2004). Professional Nursing in Iran : *An overview of its historical and sociocultural framework* . *Journal of Professional Nursing*, 396-402.

Nelson S. & Gordon S. (2006). *The Complexities of Care*. Cornell University Press, New York.

Nelson, S. (1999). Entering the professional domain: The making of the modern nurse in 17th century France. *Nursing History Review*, 7, 171-187.

Oakley, Ann. (1994). “Who Cares For Health? Social Relations, Gender, and the Public Health” *Journal of Epidemiology and Community Health*, 48(5), 427-434.

Özkara, R. (2009). Attitudes toward collaboration and evaluation of views on professionalism among nurses and Physicians.

<http://www.lib.metu.edu.tr/en/theses> accessed on 20 August 2012

Özdemir,G. and Özdemir, M (2008). Sermayenin Adaleti: *Türkiye’de Emek ve Sosyal Politika*. Dipnot Yayınevi. Ankara.

Özsoy, S. and İ, F. (n.d.). Toplumsal Yapıda Hemşireliğin Konumu.

Noel, J.C. (1999). Nursing and Anthropology: Two Worlds to Blend. *Journal of Transcultural Nursing*, 10(3), 181-188.

- Porter, Sam. (1992). Women in a Women's job: The gendered experiences of Nursing. *Sociology of Health&Illness*, 14(4), 512-531.
- MPhil, H, Zheng Li et al. (2012). Nursing Education in China .*Nursing Outlook*, 116-120.
- Radcliffe, M. (2000). Doctors and Nurses. New game, Same result. *British Medical Journal*. 320 (7241).
- Rathke-Şimşek, L. (2011). Dünden Kalanlar: *Türkiye’de Hemşirelik ve GATA TSK Sağlık Meslek Lisesi Örneği*. İletişim Yayınları. İstanbul.
- Reismann, C. (2008). *Narrative Methods for the Human Sciences*. Sage Publications. London.
- Reverby, S. (1987). *Ordered to care: The dilemma of American nursing, 1850-1945*. Cambridge, UK: Cambridge University Press.
- Robinson, J. (1991). Working with doctors: educational conditioning. *Nursing Times*, 87, 28-31.
- Scott, S. D. and M. S. Lower. (1988). "Image of Nursing: Perceptions of Nurses, Physicians and the Public." *Missouri Nurse* 57 (6): 18-19.
- Seago, J. A. and J. Faucett. (1997). "Job Strain Among Registered Nurses and Other Hospital Workers." *Journal of Nursing Administration* 27 (5): 19-25.
- Sheery, L.D. (2010). Understanding emotional intelligence in nursing. State University of New York at Buffalo. <http://www.lib.metu.edu.tr/en/theses> accessed on 20 August 2012
- Sheri, L.(2008). The experience of choosing nursing as a career: Narratives from Millenial. <http://www.lib.metu.edu.tr/en/theses> accessed on 20 August 2012
- Sorensen, Elaine. (1994). *Comparable Worth: Is it a Worthy Policy?* Princeton: Princeton University Press.
- Stanley, L. & Wise, S. (1990). *Method, Methodology and Epistemology in Feminist Research Processes*. Routledge. London.
- Stanley, D. (2008). ‘Celluloid angels’: a research study of nurses in feature films 1900–2007. *Journal of Advanced Nursing* 64, 84–95.
- Stein, L. (1967). The doctor-nurse game. *Archives of General Psychiatry*, 16, 699-703.

Stein, L.Watts, and Howell, T.(1990). The doctor-nurse game revisited. *New England Journal of Medicine*. 322, 546-9.

Steinberg, Ronnie et al. (1986). The New York State Pay Equity Study: A *Research Report*. Albany, NY: Center for Women in Government, State University of New York Press.

Steinberg, R. (1990). Social Construction of Skill: Gender, Power, and Comparable Worth. *Work and Occupations* 17, 449-482.

Stryker, Sheldon. (1968). Identity Salience and Role Performance. *Journal of Marriage and the Family* ,4,558-564.

Summers S.& Summers H.J. (2009). Saving Lives: How the Media's Portrayal of Nurses Puts us all at Risk. Caplan Publishing, New York.

Sutherland, L., Howard, S. & Markauskaite, L. (2010). Professional identity creation: Examining the development of beginning preservice teachers' understanding of their work as teachers. *Teaching and Teacher Education*, 26, 455-465.

Şentürk, Selva.(1986). Hemşirelikte Deontoloji.İstanbul. 1. Basım.Nobel Tıp Kitabevi.

Şentürk, Selva. (2011). Hemşirelik Tarihi .1. Basım. İstanbul.Nobel Tıp Kitabevi.
Theodosius, Cathrine. (2008). Emotional labour in health care : *the unmanaged heart of nursing*. Routedge. New York.

Tong, Rosemarie. (1989). *Feminist Thought: A Comprehensive Introduction*, Unwin Hyman, London.

Tong, Rosemarie.(1989).*Feminist Thought : Socialist Feminism, A comprehensive Introduction*, Unwin Hyman, London, pp.11-38.

Tong, Rosemarie. (1998). *Feminist Thought: More comprehensive Introduction*.2nd edition.Colorado. West view press.

Trobroski, Phillipa. (2001). Power and Vested Interests- Tacit Influences on the construction of nursing curriculum. *Journal of Advanced Nursing*, 25,1084-1088.

Vance, Teresa. (2003).Caring and Professional Practice of Nursing. *Journal Of Nursing*.Retrieved: November 9, 2012
<http://rnjournal.com/journal-of-nursing/caring-and-the-professional-practice-of-nursing>.

Varano- Apesoa, Carolina Ester. (2007). The Emergence of Professional Identity Among Nurses. *Qual Social* , 30, 249-274.

Ward, Margaret. (2008). *Female Occupation: Women's Employment 1850-1950*. Cambridge University Press. Berkshire.

Walby, S. and Greenwell, J. (1994). *Medicine and Nursing: Professions in a Changing Health Service*. Blackwell Publishing. London.

Walby, Sylvia. (1989). "Theorizing Patriarchy", *Sociology from SAGE Social Science Collections*, 23(2).

Walby, Sylvia. (1986). *Patriarchy At Work*, Polity Press, Cambridge.

Williams, L. Christine. (1991). *Gender Differences at Work: Women and Men in Nontraditional Occupations*. University of California Press. London.

Watson, J. (1988). New dimensions of human caring theory. *Nursing Science Quarterly*. 1(4), 175-181.

Watson, J. (1996). Watson's theory of transpersonal caring. In P. H. Walker & B. Nueman (Eds.), *Blueprint for use of nursing models: Education, research, practice, and administration*. 141-184. NY: NLN Press.

Watson, J. (1997). The theory of human caring: Retrospective and prospective. *Nursing Science Quarterly*. 10(1), 49-52.

Watson, J. (1999). *Postmodern nursing and beyond*. Edinburgh, Scotland, UK: Churchill-Livinstone: Harcourt-Brace.

Watson, J. (2002). Intentionality and caring-healing Consciousness: A practice of transpersonal nursing. *Holistic Nursing Practice*. July 2002. 16(4), 12-19.

Watson, J. (2003). Jean Watson and the theory of human caring. *Theory overview*. Retrieved on November 9, 2012

<http://ww2.uchsc.edu/son/caring/content/wct.asp>

Wilson, Victoria. (1971). An Analysis of Femininity in Nursing. *American Behavioral Scientist*, 6, 213-230.

ELECTRONIC SOURCES

Definition of Nursing

<http://www.merriam-webster.com/medlineplus/nursing>

accessed on 15 August 2012

Men nurses in Turkey

www.saglikbakanligi.gov.tr accessed on 29 August 2012

Hemşirelik Hakları

<http://www.turkhemsirelerdernegi.org.tr/> accessed on 29 August 2012

APPENDICES

APPENDIX A

IN-DEPTH INTERVIEW QUESTIONNEIRE

EDUCATION AND FAMILY INFORMATIONS

1. Where do you come from originally?
2. Where were you born ?
3. How old are you?
4. Maritial status
5. Which nursing school did you graduate from ?
6. How long have you been working as a nurse?
7. Where do you work?
8. Family education / How many siblings do you have ? / What are their educations?

OCCUPATION –EXPECTATION AND OPINION TOWARDS NURSING

9. What did you dream to be when you were young?
10. How did you apply to nursing school ? Did anyone influence you in selecting nursing around you?
11. What was your family's reaction when you were admitted to nursing school ?
12. What do you think about the health colleges?
13. Is there a differences between nursing schools which have different educational level ? If yes , could you explain.
14. During your nursing education was there any explanation made by your lecturers about nursing ethics and nursing codes?
15. During your nursing education was there any explanation on what a nurse must not do?
16. What did they explain you apart from theory and practice of nursing?

17. Do you think that there should be a period of training in order to assist the students whether they should continue or give up studying nursing ?
 18. What did nursing mean for you? Have you changed your mind ?
 19. What were your expectations from nursing ? If yes, to what extent did nursing meet your expectations?
 20. Why did you chose nursing ? Were there possibilities of financial or spiritual fulfillment or guarantee ?
 21. Do you think nursing is a Professional occupation or emotional labour or providing physical assistance to others?
 22. Are there any gains or contribution from nursing ? what do you think about physical and spiritual gains ? What else did you gain from nursing?
 23. Did nursing cause any negative results in your life?
 24. How did nursing evolve over the years? How was nursing in the past and how is now?
- (only to be asked to the experienced nurses)

WORK –ETHICS

25. What are the principles and codes of nursing?
26. What should a nurse do in a ward for a patient?
27. What should a nurse not do for a patient?
29. Is nursing a woman's occupation?
30. Why does society consider nursing as a woman's occupation? What is your opinion on this?
31. Do you think women have potential or affinities to perform nursing better than men ?
32. What is your opinion on men nurses? Do you deem them suitable for this?
33. Do you think that men have potential or affinities to perform nursing with same abilities?
34. Should the number of male nurses increase, do you think this will change the image of nursing in the society?

35. Should we change the name of nursing do you think that more men will become nurse? What shall we call it?
36. What are the difficulties of nursing? Are there any specific difficulties?

PATIENT –NURSE RELATIONS

37. How should an ideal nurse-patient relation be?
38. How is the patients' attitudes towards nurses? Do you have any example or experience of which you would approve or disapprove?
39. How do you find the attitude of patients' relatives towards you?
40. Are there any specific attitudes of your colleagues that you do not approve?

MEDIA-SOCIETY

41. What is the media approach towards nurses? How would you evaluate media's attitude towards nurses?
42. Do you think the media has an influence on nursing image in public?
43. How was the public's view in the past and how is it now ?

HIERARCHY – HOSPITAL-DISCIPLINE

44. How do you evaluate job description of nursing? How should be the job description between a nurse / doctor? What does cover a nursing discipline?
45. What do doctors think about nurses? Do you have any deductions out of your experience or witnessing?
46. Is there superior in nursing?
47. Is there any specific limitation for nursing while doctors, dieticians are allowed in the hospitals?
48. What is nursing managements' attitudes toward nursing?
49. How could doctor / nurse manager intervene to staff nurses?
50. What are your ethics / occupational discipline?
51. What does discipline mean for you in nursing? How would you provide and maintain discipline in nursing?

MARRIAGE –FAMILY

52. Does nursing change your family relation?
53. If you are married? Have you had problems within your personal life due to the night shifts?
54. Do you have children? If yes, have you had / do you have support from your family in child care?
55. Did your working condition affect your children?
56. Did/does nursing management assist you in childcare?

VIOLENCE

57. Have you ever experienced any physical or verbal violence from a patient or their relatives?
58. Have you ever experienced any physical or verbal violence from your colleagues?
59. Have you ever experienced harassment in the society for being a nurse?
60. Have you ever experienced any sexual abuse by any member of your team or patients?
61. Have you ever experienced any sexual abuse in your daily life for being a nurse?

ADDITIONAL QUESTIONS

1. What do you think about work conditions of nurses when you compare with doctors?
2. What are nursing rights?
3. What are your expectations from nursing? Do you think you will be retired as a nurse in the future?
4. Are you a member of nursing union or association?
5. What could be done to improve nursing rights? Nursing solidarity could help in improving nursing rights? Is there any union? Have you ever thought to be part of the group?
6. Are you aware of new regulations of health workers?

7. What do you think about health policies? How do you evaluate the change?
8. What is the government approach towards health policies?
9. Is there any difference between current and old health policies? If yes, what are the differences? (to be asked only to experienced nurses)
10. Are there any similarities between the current and old health policies? If yes, what are the similarities?
11. How do the new health policies affect you?
12. What kind of differences do you observe between the old and new health policies?
13. Do you think that as nurses you organized enough?
14. Do you believe that nurses receive enough support from the doctors while you are striving for your rights?
15. Do you believe that women nurses' numbers are enough to make their voice heard?
16. Have you observed any change in occupation union when you compare your first years in nursing and now? (to be asked only to experienced nurses)
17. Have you changed your opinion?
18. Have you had a chance to watch TTB'S (Türk Tabibler Birliği) videos?

APPENDIX B

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	☐
Sosyal Bilimler Enstitüsü	☒
Uygulamalı Matematik Enstitüsü	☐
Enformatik Enstitüsü	☐
Deniz Bilimleri Enstitüsü	☐

YAZARIN

Soyadı : Çavuşoğlu
Adı : Rana
Bölümü : Kadın Çalışmaları Ana Bilim Dalı

TEZİN ADI (İngilizce) : Education and Experience in Nursing : A
Comparision Between Vocational School and University Graduates.

TEZİN TÜRÜ : Yüksek Lisans ☒ Doktora ☐

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. ☐
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. ☐
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. ☒

TEZİN KÜTÜPHANEYE TESLİM TARİHİ:

