The Gendered Profession: The Case Of Nursing In Turkey

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ABSTRACT

Health and illness are flip sides of the same coin. Similarly, patients and health care providers are inseparable and interlocking elements integrated into the same context. The key concept is the caring interaction, and there is a positive association between satisfaction and caring interactions. Although care providers' satisfaction affects the quality of care, patient satisfaction determines the quality of nursing care in terms of "relational theory," embedded in socialist feminist thought. The primary aim of this study was to contribute to gender studies – in addition to health care and nursing studies – by exploring and describing job dissatisfaction and frustrations among nurses in Turkey. In addition, the metaphor of marriage was proposed to elucidate the nurses' situation in society, which is in line with a socialist feminist perspective and to fulfil requirements of grounded theory methodology. This study explored the following research questions: What are the basic sources of dissatisfaction from the nurse's perspective? What is the utility of the feminist perspective and grounded theory methodology in investigating the sources of dissatisfaction amongst nurses? Interviews were conducted with nurses and patients at the Rehabilitation and Care Centre of the Turkish Military Forces. The findings revealed that nurses are exposed to many organisational, professional and patient-based pressures and that the image of nurses occupying a low status in society was a particularly salient core concept, amongst others. The findings also revealed that the overwhelmingly female-dominated nursing profession in Turkey is undercompensated and beset with unrealistic expectations due to a lack of specialisation and professionalization. Empowering nurses means communicating that caregiving is valued, while strengthening current nurses both at home and at work without resorting to male comparisons.

Keywords: nursing profession, socialist feminist perspective, grounded theory, relational theory. Turkey

INTRODUCTION

To understand many of the problems in the nursing profession, we must first understand patriarchy and gender relations. In addition, a gender-based perspective (i.e., liberal, socialist, radical, postmodern or Marxist) is helpful in undertaking an analysis of the gender-related inequalities faced by many nurses. In Turkey, previously existing inequalities between men and women continue to grow in favour of men because of the country's patriarchal alignment and history of male-dominated social control.

Etymologically, patriarchy means the rule of fathers, and the term is used to describe a hierarchical system within the domestic mode of production as embodied in feudal societies (Walby, 1990). Patriarchy continues to endure in capitalist bourgeois families. In colloquial language, we use the term patriarchy to denote the absolute power of the father in the family.

As head of the family or household, the father is the owner of all private property and all the women in the family – including their fertility. In addition, the father controls the production of the women of the household both inside and outside the home. Feminist studies that have focused on the oppression of women and their struggle with patriarchy are frequently merely descriptive and often rest on circular logic. Patriarchal oppression is the result or an effect of patriarchy, but what patriarchy is often remains under-described and mysterious.

Patriarchy and gender relations are thus important concepts in interpreting male domination of women (Bhasin, 2003). Indeed, Rich (1986) suggests that patriarchy was accepted or understood as the natural order of humans until feminists began overtly questioning male privilege. Obviously, the structural effects of patriarchy make it one of the most permanent or enduring social systems. These views are also criticised because of "an overly monolithic conception of male domination" (Kandiyoti, 1988) and "the impression of a simple orderly structure" (Connell, 1987). Because patriarchy "as a system would never have been possible or have been maintained to this day, without the whole range of cruel and ingenious devices," (El Sadavi, 1980:40), "imposing order requires a mobilization of resources and expenditure of energy" (Connell, 1987). Indeed, these two feminists deserve credit for noting the reasons underlying the persistence of patriarchy rather than simply commenting on its effects.

Heidi Hartman (1981:11), a socialist feminist, further clarifies the notion of patriarchy as a triad of powerful men, "other" men and women; she defines patriarchy "as a set of social relations between men, which have material basis, and which through hierarchy establish or create interdependence and solidarity among men that enable them to dominate women." Robert Connell (1987), also a socialist feminist, argues that patriarchy does not consist of one unilateral power relationship between men and women. Instead, patriarchy is characterised by a gender-based hierarchy and solidarity amongst men. Connell also underlines the importance of gender-based hierarchy in patriarchy by defining hegemonic masculinity, conservative masculinity and subordinate (i.e., homosexuals, young men) masculinities.

A review of socialist feminist literature reveals certain conflicting ideas. For example, socialist feminists, such as Millet (1972), Barret (1980) and Davis (1981) sharply criticised family as the core institution of patriarchy that repressed women and relegated them to lower status – even to the status of slaves – at home. However, younger generations of socialist feminists, such as Collins (1991), Friedan (1997), Elshtain (1998) and Greer (2007), consider the family valuable in terms of self-esteem and identity. They claim that motherhood is important as an act of resistance to struggle with the oppression inherent in existing culture in Europe and America and are inspired by Tillie Olsen's (1962) novel, "Tell Me a Riddle", which tries to balance optimism and pessimism in mothering and has a dialectic view that claims that harm and values are bound together in terms of a "unity of opposites". Olsen was conscious of the complexities of motherhood and believed that this feature regarding the embeddedness of harms and values in motherhood is manifest in socialist feminism. Olsen's character, Eva, a 69-year-old woman dying of cancer with seven children, is unable to talk but expresses her feelings in silence and in passages between long silences that aim to communicate "comprehensions possible out of motherhood", which offer the opportunity to "come to powerful, undeniable useful expressions ", so as not to "remain inchoate, fragmentary, unformulated (and alas, invalidated)" (Silence, 2002, cited in Andres, 1996). Olsen believed that if she wrote a novel about working-class women, it might help humanise the world.

Johnson (2005:53) argues that paradoxical fixations on control, fear, competition and solidarity with other men drive patriarchy: men compete and bond with one another by using violence against others, including against women. Therefore, control and subordination of

women is not the primary purpose but an inevitable consequence of patriarchy. This notion is also crucial to understanding reformed and reproduced patriarchy in urban areas of Turkey in addition to that found in the rural, traditional areas of the country. Johnson (2005) also argues that, in the cycle of fear and control, immigrant men in cities are more likely to feel socially disconnected and invisible in their new urban social roles. Importantly, for purposes of this paper, when men feel that they have no other way to exercise power in their new urban lives, violence towards women can result (Him, 2012).

Feminist thought has changed in terms of certain reconfigurations, including those involving patriarchy. The views that inequalities are based on physiology/biology and are therefore resistant to change in terms of universal principles was severely criticised by Murray (1995) and Walby (1990) in Britain and Hooper (2000) in the USA. For example, Walby (1990) stresses the reconfiguring capacity of patriarchy. These theorists all attempt to investigate particular forms of patriarchy occurring in specific historical and social conditions. Murray (1995) investigates the transition from feudalism to capitalism in England, whereas Hooper (2000) studies the financial sector in the USA to show hegemonic masculinity. Feminists such as Moghadam (2003) attempt to combine class and gender in world and regional system contexts. Deniz Kandiyoti (1988) is a non-Western feminist who has noted the role and effects of historically specific conditions on patriarchy in developing the concept of "patriarchal bargaining" instead of the false consciousness of women. This concept means that women are not simply passive receivers of orders; they develop coping strategies to fight the problems they face.

Conceptions of patriarchy – along with Marxism – began to wane in popularity in the 1990s in the face of post-modern theoretical challenges. Thereafter, the concept of gender captured the spirit of time by suggesting in a more depoliticised manner the socially constructed differences between men and women in a more depoliticised manner (Pilcher and Whelehan, 2004), i.e., gender reveals socially constructed – rather than biological – differences. As Lorber (1994) indicated, gender relations is not synonymous with patriarchy but can be used in lieu of patriarchy. As opposed to reductionist functionalists, feminists are aware that gender relations are both contextual and hierarchical in all societies. Because functionalists assume a natural order, they are unable to explain the glass ceiling, domestic violence or gender-based poverty that characterises developed Western societies. Nevertheless, women's subordination typically remains a woman's problem, and "gender" is thought to denote "women". Nevertheless, masculine studies are increasing in popularity (Hearn, 1987; Connell, 2005; Johnson, 2005) and may improve our understanding of patriarchy.

Before discarding patriarchy, however, we should consider that inequalities between men and women persist and even continue to grow and that these inequalities are "embedded in the patriarchal legacy that manifests itself through particular relations of domination and subordination" (Erturk, 2004). As an ideology, patriarchy teaches men and women particular gender roles – particularly modes of dependency on and subordination to men – through socialisation processes. In other words, men learn domination as women learn subordination. This type of exploitation reproduces patriarchy as both ideology and social system; it prevents women from tapping into the resources (e.g., education, health, credits) necessary to improve their status, to control their bodies and fertility and to combat any violence encountered.

Inequality is one of the most frequently discussed concepts in women's studies. Additionally, there is a false consciousness that professional women who are able to find a job in the public sphere are considered equal to men in the same field. Earning money does not make women equal. For instance, the status of women in Turkish society is largely determined by the social

organisation of various power structures, of mechanisms that control women's bodies and gender-based divisions of labour (Abadan, 1998). Economic independence does not mean self-sufficiency or self-realisation, particularly in developing countries. Having a profession does not make a woman equal to her male co-workers or to her husband at home. Women's wages are considered supplementary income in the household budget, in which the main source of income is the husband's wage. It is not acceptable for women to live independently by earning an income in such countries (Arikan, 1998).

Although the difference is not always clear, socialist feminism is a challenge to radical feminism. Socialist feminists do not believe that patriarchy applies to all women; instead, they analyse patriarchy in relation to capitalism. They disagree with Marxists because the latter focus entirely on economic (class and reproduction) – rather than social – hierarchies. However, in industrial societies, female labour, as a form of domestic labour, is important, and the issue itself is political rather than natural. Socialist feminists criticise Marxists for uncritically accepting or considering that reproduction is natural (Hartmann, 1981; Barret, 1988). They also blame Marxists for trying to fit women into Marxism (Evans, 1995). According to Sokoloff (1981), patriarchy has continued or survived in capitalist societies against Lenin's predictions. This patriarchy has new configurations rather than old ideas. There is a dialectic operating between patriarchy and capitalism (unity of opposites) that is called a happy and strong partnership by Hartmann (1981), as opposed to the unhappy marriage metaphor of Marxism. We live in an era in which social relationships are affected by both capitalism and patriarchy; in other words, articulations of both patriarchy and capitalism co-exist. Thus, with respect to austerity in Turkey, governmental budget cuts mainly affect women by encouraging them to remain home or to stop working by giving them incentives to have more children.

However, we should also be aware of new discussions in feminist literature. In fact, we are aware of the differences between orthodox as well as first- and second-generation feminisms and new generation socialist feminism. Under classical orthodox feminism, womanhood is a social status or standing that can be described best with oppression and suppression of women by men. Women are oppressed both at and outside of home. Therefore, if unpaid female labour enters the market, women will be empowered. This perspective is based on a basic and modernist "woman versus man" dichotomy.

Nonetheless, some feminists reject modernist dichotomies but remain rooted in modernism (Swigonski, 1994; Ramazanoglu and Holland, 2002; Spraque, 2005; Edmonds-Cady, 2009). In other words, by critiquing modernity and its dichotomies (masculinity-femininity; oppressor-oppressed; good-bad; right-wrong), they see mothering as an indicator of power and an enriching – rather than an oppressing – status. Thus, they refuse to see women determined by men, and they stop comparing women with men based on dichotomy. For purposes of our study, when we use relational theory, we also assume that there is no need to compare nurses with other male healthcare professionals, including male doctors. We assume that the majority of nurses who are married with children are empowered as mothers in their social relations with patients. Their physical and emotional warmth and empathy during caring interactions with patients are sources of resistance that differentiate them.

In addition, since Emirbayer, there has not been a single relational theory perspective that is shared by other relational theoreticians such as Archer (1988) and Bourdieu (1979) except that it is against substantialism and positivism. These scholars focus on differences (Bourdieu ,La Distinction: Critique Sociale de Judgement, 1987), and it might reasonably be concluded that the new wave of feminists, including socialist feminists and relational theorists, share ideas that are focused on differences rather than similarities. Working class women – and

nurses in particular – are different from other workers precisely because they have mothering experiences. These women should understand that caregiving is important and can be the source of social and political power.

For example, Wuest (1994) posits that liberal feminism is insufficient because it tends to consider the empowerment process under a masculine-feminine or right-wrong dichotomy. Conversely, Chandler (1992) and Rafael (1996) posit that the socialist feminist perspective is valuable because it includes interactive relationships in its analysis. Wuest underlines the insufficiency of structural and psychological empowerment and emphasises that "women are valid not because women are equal to men but because women in reality provide knowledge inaccessible to men" (Wuest, 1994; Wuest; 2006). Relational theory, which is embedded in socialist feminism, is appropriate for our analysis because healthy relationships at work affect job effectiveness and achievement and decrease job dissatisfaction (Fletcher et al., 2000).

To help empower nurses, the socialist feminist perspective explains the notion of disempowerment. Many studies have shown that nurses still lack the power to change their status and the conditions of their employment (Brewer et al., 2006; Ulker, 2012). Additionally, it is clear that the patriarchal structure of medicine and the health care industry continue to impact the nursing profession. As Chandler (1992) notes, relational theory is important to the development of empowerment in nursing more than the structural and psychological views of empowerment because of the nature of nursing work. Socialist feminist theory shows the hazards inherent in the masculine professionalism of nursing that is predominantly realised by women (Wuest,1994).

Chandler (1992) claims that becoming empowered is not sufficient to increase empowerment in nursing. An empowering environment is important for nurses to develop mutual and reciprocal relationships. This issue is important for our study from two perspectives. First, women in general – and nurses in particular – are blamed for "self-exploitation" both at work (Ulker, 2012) and at home. According to Ecevit (1994), the female labour force is generally considered docile and submissive, and women frequently do not challenge this assessment. As with other working women who are frustrated and disappointed, nurses receive little respect from society and try to survive under conditions in which they are considered invisible labour, which results in burnout and double oppression – both at home and at work. In addition, fatigue frequently prevents nurses from addressing the problems they face. Furthermore, as Ulker (2012) discusses, the traditional nature of nursing training in Turkey – which teaches unconditional commitment to doctors and patients – weakens their resistance to fight for their rights. Saadet Ulker, head of the Turkish Nursing Association, claims that the traditional curriculum of nursing schools supports the patriarchy of medicine and doctors. Thus, in their professional training, nurses are socialised to be self-exploiting. In other words, the professional culture of nursing is self-exploitative and collaborates with patriarchy and capitalism. According to Ulker (2012), nurses in Turkey are poor both in terms of organisation and economics: their wages are under the poverty line, and they are not active in decision-making processes.

In this study, the socialist feminist perspective and relational sociology (Kasapoglu,2016) are appropriate for the particular problem we are investigating. From the beginning, women enter the job market undervalued and must choose professions in fields such as nursing or teaching, which are defined as female professions. Because most nurses are women, gender roles are reinforced – in part by nurses who provide cheap labour to the capitalist system. The capitalist system, in turn, compromises with patriarchy by reducing the value of female labour.

During the founding of the Republic of Turkey, Mustafa Kemal Ataturk sought to improve the status of women and supported their participation in the public sphere. Compulsory primary education, secularism, and equal political rights for women and men were the main features of his reforms (Kasapoglu, 2004). In Turkey, the legal status of women is higher than their social status due to tradition and both old and new forms of patriarchy.

In Turkey today, men who regard women as their property and feel responsible for their honour have fostered a mentality that has resulted in higher rates of divorce. Newspapers are filled with stories of women being beaten or killed. Some social scientists (Him, 2010) claim that, as a result of rural-to-urban migration, men who are not able to maintain their former economic and social power become violent towards their wives because it is the only remaining arena in which he can brandish his strength and power. High fertility amongst female migrants who settle in cities is called "symbolic violence" (Bourdieu, 1977) and explained as a new form of reproduction of patriarchy in urban areas (Him, 2010).

In considering the sources of patriarchy and the subordination of women in Turkey, the following points (Ecevit,1994) are important: a) legal, cultural and ideological limitations on women owning private property, including real estate; b) rigid rules for patrilineal inheritance and their impact on Turkish society; c) age and gender hierarchy in the division of labour, kinship relations and social life; d) gender inequalities in socialisation, status, power, work, education and health; e) physical violence, including domestic violence; and f) the threat of under- and unemployment, in addition to women not returning to the labour market after having children.

In accordance with their domestic roles, the teaching and nursing professions are preferred for women. Thus, it is not surprising that all nurses in Turkey were female until 2012. Historically, nursing has been perceived as a profession for women and was particularly popular amongst women from low-income families. However, employment of male nurses has resulted in new discussions. For example, some feminists claim that male employment will help improve the status of the nursing profession by preventing it from being labelled a "female profession," but it may also decrease the employment of female nurses. As in other countries,(Raz at al., 1991), female nurses prioritise their familial roles over their professional roles. They try to balance working time and the responsibilities of motherhood. There is an open conflict between career and family roles. Their motherhood roles are important to their career plans. All these issues require the use of a gender-based perspective in studying the work and employment of women in Turkey in general and in nursing specifically.

Although Turkish health organisations have regulated male nurses since 2007, nursing remains a female profession in Turkey, as it is in many societies (Raz et al, 1991). It is important to understand the socio-economic status of nurses and their families when delving into the problems of the nursing profession in Turkey (Korkmaz, 2011). In other words, the socio-economic background of nurses' families and the professional advantages that nurses enjoy are important and require a specific gender-based perspective that also accounts for class in its analysis because both the class-based origins of nurses and socio-economic infrastructural knowledge about Turkey are important. Thus, we consider social class because it is important, and we analyse the nursing profession's problems in one hospital setting.

RESEARCH PROBLEM

Job dissatisfaction and exhaustion amongst nurses are the primary concerns of this study and are evaluated from a socialist feminist perspective. The quality of health care decreases significantly as nurses' dissatisfaction increases. Quality nursing care has been studied using

various approaches and methods (Kitson, 1986; Larson,1986; Pearson et al,1989; MacGuire,1991; Gilloran et al.1993; Matthew, 2012; Stump et al., 2012; Holeman et al.; McIntoch et al. 2014). However, few studies have been based on nurses' perspectives (Jenkins, 1988; Janhonen,1993; Hogston,1995; Williams,1998). In particular, Brewer at al. (2006) assume that both structural and psychological empowerments are inadequate to empower nurses and that the issue must be addressed from an alternative feminist perspective, i.e., from a relational perspective that underlines the importance of developing interactive relationships.

The nursing profession is closely related to the perception of patients and their relatives as human beings. The scope of the profession is open because both nurses and care receivers are human beings. Furthermore, the nursing profession is directly related to human health, which is unforgiving of mistakes. Contrasted with the sensitivity required of the job, nurses are frequently exposed to many stressful demands, such as large numbers of patients, time pressure, and coping with dying patients and death. Although nurses have important responsibilities with respect to maintaining or sustaining health in critical care settings, they are not adequately recognised compared with the status accorded to physicians in Turkish society because of the patriarchy involved in medicine and society.

To provide high-quality health services, it is important to assure the well-being and satisfaction of healthcare personnel. Caring interactions involve the relationship between patients and nurses, as described by Chandler (1992) and Rafael (1996) in terms of relational theory. In this context, relationships are understood in terms of intersubjectivity and interconnectivity rather than male-determined and one-sided. Therefore, it is assumed that there can be asymmetrical or hegemonic relations in any interactive relation, including intra-women relations. In addition, nurses can be more capable when interacting with patients and drawing on their experiences as mothers.

This study aims to explore and describe exhaustion and job dissatisfaction amongst nurses from the nurses' and socialist feminist and relational sociological perspective in one rehabilitation centre, and the factors that impact their satisfaction were investigated with this in mind. In addition, the findings of the present study will contribute to gender and healthcare studies with respect to nursing as an occupation that is categorised as female. Thus, the following research questions were explored in this study:

  − What are the basic sources of dissatisfaction amongst nurses?
  − How can we apply grounded theory methodology in our investigation of the sources of dissatisfaction amongst nurses? What concept can we propose as the core concept to explain nurses' dissatisfaction?

To fulfil the study purposes, interviews were conducted with nurses and patients at the Rehabilitation and Care Centre of the Turkish Military Forces. The data were analysed using grounded theory methodology. The significance of this study was its methodology, which has not previously been used in nursing or in other health care studies in Turkey. Additionally, this research was conducted in an army-based environment, which is unusual in Turkey because the army constitutes a "total institution" (Goffman,1963).

Fortunately, a researcher in this study worked at a rehabilitation and care centre and stayed at the hospital's guest house for staff. This situation afforded us an opportunity to observe participants and conduct interviews to validate the data.

Although the primary research was more comprehensive and detailed, only the findings related to nurses' job dissatisfaction are presented in this paper (Akbal,2015;Kasapoglu,2015).

Bureaucratic difficulties limited this research. Receiving permission from the ethical committee took a long time after serious investigation. Furthermore, the circumstances in the rehabilitation centre led the majority of patients to feel that they were unable to speak comfortably, which limited our research. Therefore, interviews were conducted with extreme sensitivity and with careful attention to both nurses and patients. Finally, the findings of this research cannot be generalised or applied to other settings because this study was performed in a military hospital with its own idiosyncratic rules.

METHODS

This study constitutes qualitative research based on grounded theory methodology, which was conducted to explore and describe particular situations from the nurses' perspective. According to Glaser and Straus (1967) and Glaser (1992), in grounded theory methodology, the central focus is on the development or the generation of a low-level theory related to the phenomenon being studied. During the analysis process, data collection and data analysis were interdependent; therefore, we had to transition between these phases as follows: go to the field, gather data, analyse the data, return to the field to obtain more data, etc. Using a "theoretical sampling" (purposive) technique, interviews were conducted with 20 nurses and 20 patients after they had provided their written informed consent. We intended to make constant data comparisons, which was the basic feature of this approach.

During analysis, the following steps were considered, following Creswell (1998: 57):
   a) **Open coding:** Categories of information are constructed regarding the phenomenon being studied. This stage can be defined as the division of the collected data by coding.
   b) **Axial coding:** After open coding, the data are grouped in new ways and presented in a table. In this step, the central phenomenon or the core concept of the study is defined. This stage involves data integration.
   c) **Selective coding:** In this stage, we first draw a figure and then try to write a narrative to better understand the nurses' problems by using a metaphor to illustrate the prevailing values in Turkish society. We also try to link our results with the findings in the literature.

This research was also conducted based on the following feminist research premises (Ramazanoglu and Holland,2002:15,-16): a) feminist methodology is not distinguished by female researchers studying women; b) no research technique is distinctively feminist; c) no ontological or epistemological position is distinctively feminist; d) feminist methodology is distinct to the extent that it is shaped by feminist theory, politics and ethics and grounded in the experience of women. This last point is particularly important because it connects grounded theory to the feminist perspective and justifies the use of both in this study.

The average age of the nurses was 36.5 years. Only 20% were single. The remaining nurses were married with two children, on average. Most graduated from the Vocational High School of Nursing. Their average work experience was 16.5 years.

The average age of the patients was 53.3 years. Approximately 50% of patients were women, and 55% were single. The average length of their stay in the rehabilitation centre was 5.5 weeks. Patients with brain damage, spinal cord injuries, acute care and amputee disorders (four cases for each condition) were interviewed to explore the care interactions between nurses and patients and their level of satisfaction. Because these patients were highly satisfied with their care and with their interaction with nurses, their data were not reported on care interaction; nonetheless, their data were important to understand mutual care interactions.

FINDINGS

To present our findings, we began with open coding. In this stage, the collected data were divided into categories. In the second step, we performed axial coding by connecting the data to one another to develop new categories. Finally, in the selective coding step, we wrote a narrative using the categories developed in axial coding.

Open coding

In this step, all data gathered from the interviews were categorised. There were many categories, such as the reasons for choosing this profession, the ideal and present caring interactions, the difficulty of the nursing profession and job dissatisfaction. Although we assumed that all categories concerned interactions – and a holistic view is required – only job dissatisfaction is presented in this paper because of length limitations.

Job dissatisfaction of nurses

As discussed in the literature (Yuksel, 2002; Lu et al. 2005; Kaya et al. 2011), job stress or exhaustion increases when a person lacks adequate resources (for example, time, skills, equipment or training) to effectively manage their job demands. If the rewards, such as respect, support, security or income, do not match workers' efforts, job dissatisfaction can occur (Karakuş, 2011).

According to the nurses interviewed, guard duty and long working hours were the most important factors leading to exhaustion and dissatisfaction. The continuous 24-hour guard-duty system of healthcare personnel was difficult to support and also negatively affected their family relationships and social life. The participants indicated that these effects would not be as severe if they were not women. In traditional societies such as Turkey, women are subject to more oppressive and repressive expectations that results in exhaustion and frustration because the role expectations of being a mother and housewife are not abated when they work. However, as noted by feminists, these life experiences, which are full of challenges, can strengthen these women in terms of political consciousness (Swigonski,1944). From their early childhood, these women learn how to look after their younger sisters and brothers and to cook, wash and clean the house. All these experiences provide enormous coping skills in addressing difficulties they might face at home or outside of the home.. Additionally, they believe that there is an imbalance between the number of patients and the number of healthcare personnel. Due to the small number of nurses compared to patients, their guard duty commitments and workloads were increased.

> P12. "The guard-duty system, along with the long working hours and the large patient population, are the most important reasons for our inconvenience."
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> P13. "I am not able to devote time to take care of my children. When your kids are waiting for your attention, you have to leave them to go to guard duty. Family solidarity is weakened. You can't make any plans. Applying for leave is very hard. Sometimes we pray not to have a problem when applying for leave from work."
> P1. "The most important reward in our profession is a reduction in guard duty. QGuard duty, large number of patients, less motivating factors, insufficient physical conditions, all of these lead to our exhaustion. Sometimes you hate your profession. Actually, I like my profession. However, sometimes I feel that it is enough and I have to quit."
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> P16. "During guard duty, you get more tired. Shift system is better. Because your performance is improved in the morning, you feel more active."

Another issue mentioned by nurses was reduced economic satisfaction due to low salaries. They feel that they receive little compensation for the energy they expend and the risks they take. As a result, low morale and reduced economic satisfaction result in low motivation towards their nursing profession. They believe that their low income level negatively affects their status and image because they work hard and expend more energy, particularly when compared with physicians and other professionals in society. According to Ulker (2012), nurses are poor because of austerity measures resulting from budget cuts. They are hired in the private sector as contract workers, and they can easily be fired and are thus frequently the first to be dismissed. They agree to work for 400-500 Tl (less than 150 Euro) per month. They also have poor organisational constructs. Of 80,000 nurses, only 56,000 are members of a nursing association. Additionally, most are not interested in the association's aims and activities.

> P2. "The nursing profession is also economically less satisfying. At least, there must be a visible advantage for the health professionals."

> P5. "For example, the revolving fund. Doctors get extra money in this way, but we don't. We only get state payments. I also want to receive money from the revolving fund. This is my priority. Being paid from the revolving fund is the most important motivating step for nurses."

> P1. "The economy comes first. Our salaries are insufficient. In America, nursing is a privileged and respected profession. Nurses' salaries are approximately 60,000 dollars (USD) per year, and they work fewer than 40 hours per week. An organisation called the World Security Institution criticises Turkey. They say that 40 hours per week is very much. Unfortunately, there is no improvement on this issue."

Regarding moral satisfaction, nurses believe that there are two ways to be satisfied. One way to receive satisfaction is to obtain feedback from their superiors, and the other is to obtain feedback from their patients. They believe that they are most satisfied with patient feedback and are less satisfied with superiors' feedback because superiors do not show their appreciation, as explained by the nurses.

> P12. "We have moral and material dissatisfaction. For example, when I need to apply for leave to take care of my sick children, I feel frightened, which I shouldn't. However, I am also a human being and I shouldn't be worried about my superior's reaction."

> P17. "In my opinion, the nursing profession needs more motivation. I want to see their appreciation by facilitating more humane working conditions for intensive care nurses rather than giving certificates that are classically written on ordinary paper."

According to the nurses interviewed, another important factor leading to dissatisfaction is the lack of specialisation in the nursing profession. The majority of respondents emphasised the importance of specialisation. Currently, nurses provide all types of services in every field of medicine. For example, most nurses in this hospital were rehabilitation nurses. When they began to work in the hospital, they had difficulties in coping with their responsibilities because their job required not only providing physical care but also ensuring the social and psychological well-being of patients. If they received service training, they would develop their skills, and they feel that if they were educated as rehabilitation nurses, they would be better equipped to provide the services required. Additionally, they work under the supervision of

mostly male physicians instead of under other nurses. They feel that superiors in their profession would supervise them with better guidance. They want a separate directorate for nursing in the hospital to be established to reduce gender-based inequalities.

> P3. "Expertise and specialisation should be provided. "A directorate for nursing" should be established. Nurses should be supported psychologically. Presently, nurses are dependent on doctors. Our superiors should be nurses, not doctors."

> P8. "The main needs of our professions are specialisation and preventing discrimination between single and married nurses."

> P10. "I personally expect to be specialised in the nursing profession. The concept that nurses can do everything must be changed. Nurses should work independently. They should be independent while doing their work."

Currently, nurses believe that their profession is devalued or discredited, and they do not believe that their profession is respected as much as it deserves. They also believe that their low professional status derives from women's general status in society. Gender-based discrimination is significant, and its reflection on nurses is widely observed. However, nurses believe that they should do many things themselves, particularly to improve their status. The nurses interviewed indicate that there are also uncertainties concerning their job descriptions. Due to the lack of professionalism, there is no defined role for nurses, and due to the absence of task analysis performed by hospital management, nurses must follow all orders, including performing secretarial duties. These duties also devalue their status because patients observe them when they perform various assignments outside of their professional field and call them auxiliary personnel. Inequalities amongst personnel based on the medical field and its patriarchal organisational characteristics support nurses' claims. Thus, nurses are faced with both professional and organisational problems. In other words, the lack of specialisation is an indicator of the absence of professionalism.

> P 8. "In order to be considered an independent profession instead of an auxiliary, we have to maintain solidarity amongst ourselves. We have to collaborate with each other to be an independent profession. For example, when one of us receives a verbal order and cannot follow it, we should support her without leaving her alone. If we keep silent without showing any reaction, our subordinate position will continue forever. We are not protected from being overwhelmed because of the absence of coherence, and if we develop coherence among us, we can also better struggle for specialisation. Thereby, our profession will be in a better position in society."

> P9. "But I believe that we nurses are able to increase or decrease the value of our profession. As a matter of fact, the place of a profession in society is determined by its workers' gender. Since we are all women workers in the nursing profession within a traditional patriarchal society, we are all discredited."
> P4. "The value and image of our profession in society is the main reason for my dissatisfaction. Even though the children of patients never stay 24 hours with their parents, I stand 24 hours without sleeping. Despite our efforts, our profession is always devalued and held in contempt."

There are neurology, orthopaedic, rheumatology and acute care clinics in this hospital, and several nurses complain about the frequencies of rotations because there are few or no rotations in the clinics in this rehabilitation hospital. According to participants, this rotation discrepancy in clinics leads to groupings and conflicts. This issue also results in social

disorganisation and interest group conflicts. The acute care clinic requires the most care interaction and a heavy workload, and working here for a long time without rotation leads to nurses' exhaustion and frustration. Therefore, rotations amongst clinics are very important. Nurses do not have the power to decide which clinic they work at and are prevented from participating in decision-making processes that are mainly performed by male doctors as their superiors. They are the unequal dependents of this professional relationship, which is mainly organised in accordance with the patriarchal structure of medicine.

> P5: "The thing that disturbs me the most is the lack of rotations. At least once a year, there must be rotation by changing our clinics. Because of the absence of rotations, there are no realignments amongst us. These also affect the hospital performance by not being able to give high-quality services."

According to nurses, the rigid hierarchical hospital system is another problem. The nurses in this hospital are state officers subject to Turkish military rules. Compared with other organisations, the military system is rigid and inflexible. The nurses begin to learn this system in vocational school, which also belongs to the army. This hierarchy continues in their social life. Additionally, they are cannot defend themselves even when they are in the right. However, they also believe that this situation is changing gradually and that the younger generation can express themselves more freely. Nurses are also uncomfortable because they do not participate in decision-making processes. During care interactions, they are not able to begin without taking orders from physicians. Although they are educated to diagnose diseases and are able to give care, this situation has weakened their self-confidence. They feel that they should have more authority, and they consider their lack of power to have a negative impact on them professionally. Ulker (2012) notes that "nursing education itself looks like a cancer" and is self-exploiting; this statement may be correct but has received little attention from other nursing scholars, including Enç (2012). According to Enç (2012), health-related decisions are important, and student nurses must be taught that they should always make correct decisions. This action means complying with superiors without questioning the hierarchy that Ulker criticised. This scholarly debate also reflects the struggles/conflicts amongst senior nurses and is influenced by how women in Turkey perform their nursing duties within the framework of the patriarchal medical structure. These debates show that there is no single view because women are differentiated along several lines, including the distribution of power. Whereas some scholars, such as Ulker, emphasise their liberation, others claim the necessity of hegemonic relations. We believe that these types of discussions and declarations will strengthen nurses' ideological and political status.

> P 16. "To be a nurse in the military system is very difficult. Because patients are always considered right, we have subordinate relations here. Since we graduated from military school, the subordination is clear and marked. In contrast, other non-military nurses can discuss and pursue their rights, which we can't do. Additionally, their superiors can defend them when it is needed. Here, there is a hidden policy indicating that patients are always right. This perspective is also effective in our social relations. Since we graduated from military school, we always had to maintain subordinate relations. We were always under the pressure of senior students. We had to call them 'Madam' or 'elder sister,' and they were always right."

Although the nurses believe that the originating cause is the under-applied rotation system, interpersonal relationships amongst nurses, including other staff, were the most important cause of their dissatisfaction. Staff conflict was evident and contributed to decreased individual motivation, particularly when nurses were not in the same interest group.

P2. "Patient care requires teamwork. There are many problems to be solved. For example, each clinic defends their staff's rights to maintain solidarity. Each doctor also wants to keep his staff and not lose them. There is a kind of ownership relation that bothers me very much."

P15. "There are insufficiencies in caring interactions because of lack of staff. Caring is a team effort. Nurses can do many things. For example, nurses can order some analyses that are actually the doctors' task, according to the rules. Additionally, if a person who is responsible for cleaning the wards applies for leave and is gone, the nurses have to perform his duties. In other words, nurses here function like a Band-Aid. If there is no physiotherapist at night, the guard nurses must perform physiotherapy. All paperwork is also completed by nurses. This job is oppressive, and everybody should do her/his job."

Another factor that contributes to nurses' exhaustion is how they feel about not being able to provide appropriate care for their patients. They believe that their profession never forgives mistakes and easily pushes them to guilt. Moreover, patients in this hospital require both physical and psychological care, which doubles the nurses' responsibilities.

P4. "We are the responsible staff, whatever we do. If we make a mistake during care, we have a guilty conscience. I do not care much for the legal side, I mean morally I feel oppressed."

P19. "In our work, we address patients' lives. Any mistake that is made by us might be harmful for patients' lives. They may die. We bear these burdens on our shoulders."

P17. "Sometimes their tragic talk affects your psychology. You are also depressed and feel sorry."

P13. "At the beginning, being a nurse in a rehabilitation clinic is very hard because all patients are dependent and disabled. You put yourself in their position and start to feel like them; for example, if this had happened to me or to my husband, what would I do? All these are exhausting you. I have been working here for 10 years; in my first three years, I wasn't able to sit in the front seat of cars, and I avoided risky sports. This place is very disadvantaged and limits your behaviour. Therefore, rehabilitation nurses should seek and receive psychological support, especially in their initial years."

P5. "They expect everything from me, and this also frustrates me."

Nurses also complain about physical injuries and the risk of infection because most patients in this hospital suffer severe illnesses and are not able to move without assistance. Therefore, the female nurses must support patients physically as well as psychologically. When they care for traumatic patients, they are also traumatised.

P14. "Since this is a rehabilitation hospital, the majority of our patients are paralysed, and they are not able to sit or lay down. We must reposition or rotate their bodies frequently. Because of this, many of our friends have herniated lumbar discs."

P18. "Sometimes there are patients with infections. HIV, tuberculosis, hepatitis can indirectly infect me and my family. There is no specific programme for

prevention. Luckily, here in this hospital, we have enough tools and equipment. But if something happens, it is not clear who will be responsible."

The nurses also complain about the gap between the education they received and the expectations of them in this hospital. They feel that most of their theoretical knowledge is useless and that they should develop new skills to cope with the difficulties they face in their daily routines in the hospital.

P1. "In our job here, there is not a system to use or apply whatever you have learned during your education. In theory, they teach ideal conditions. They trained us as nurses with limited responsibilities. But here it is not the case."

P2. "Application of theory is different; they are not overlapping. In our training, we had education only on caring. But here they expect various things from you which are not taught before."

P7. "During our training, we were never informed about caring procedures for patients and their relatives. I thought that if I touched them, they would immediately be cured. But it was not so, and it required communicative skills as well."

P13. "Theory and practice are very different. In theory, we should get written orders. But in some emergency cases, we intervene without them. Because when you call a doctor, he may not be available at that time. Sometimes, we apply orders by telephone. It can be a headache for you, but at that moment you can't say I will not do it."

P14. "In our school, theory was better than applications. There should be more internships to practice."

P12. "Our training was different at school. Here, I have learned many things, such as intestine cleaning, emanation and dressing a wound. They told me here that these tasks are my job and to do it."

As a consequence of unlimited expectations and patient harassment, nurses also face dissatisfaction. However, by gaining experience and developing communication skills, they believed that they were overcoming these problems. In the last 10 years, the military system in Turkey extended its services by opening its doors to anyone. Therefore, this specialised hospital began to accept non-military patients. Feedback also played an important role in nurses' satisfaction. In this hospital, the patients who were interviewed were all highly satisfied. Unfortunately, we cannot report their feedback because of research limitations.

P11. "In recent years, the socio-demographic profile of patients has been declining. For instance, in former days, the majority of patients were military officers. But now we accept non-military patients. While their socio-demographic background is changing, their attitudes and behaviours are also changing. When they are highly educated, they question more. Their expectations are higher than others. The less-educated patients' attitudes toward nurses are still traditional and male-oriented, which influences our communication. If patients' needs are not met properly, questions are raised, causing conflicts between patients and nurses."

P18. "We are insulted by both physical and oral harassment. But we are handling them anyway. Some patients correct their behaviours. Good communication solves problems."

P7. "There are still traditional values. Male patients are shy and maintain a certain distance from nurses. But I believe that this behaviour will be abolished in due time."

P19. "The majority of nurses in this hospital are female. But recently there are male nurses, too.... I believe that male nurses are better for male patients. Especially in the intensive care unit, male nurses are more useful."

P8. "I was harassed by both patients and doctors at the beginning of my professional life. There are many examples."

Axial Coding

During axial coding, data derived from open coding were classified into the following three groups: "organisational," "professional" and "patient-based." In other words, considering their content, three new categories were designed in this axial coding stage. Based on the participants' views, three categories of dissatisfaction are shown in Table 1.

Table 1. Sources of nurses' dissatisfaction

ORGANISATIONAL SYSTEM	PROFESSIONAL	PATIENT-BASED
- Patient number - Nurse number - Guard duty - Salary - Hierarchy - Specialisation - Rotation - Expertise - Auxiliary profession - Job description - Mobbing - Gap between theory and practice - Risk group - Power and authority - Psychological support - **Image in society**	- Family relations - Need for freedom - Patient centred - Primary nursing - Rehabilitation nursing - Incentives - Discrimination - Interest groups - Uncertainty - Presence - Caring interaction - Empathy - Burnout - Exhaustion - Stress - **Image in society**	- Education - Quantity - Socio-cultural values - Harassment - Discrimination - Psychology - Primary relations - Communication - Role expectations - **Image in society**

Organisational dissatisfaction

Serious caring interactions with patients cause exhaustion and burnout. Another important complaint is the lack of authority in caring for their patients, particularly relative to diagnosis and therapy, which they desire to practice.

Another system-based complaint focuses on nurses' low professional status in society. This complaint also appears in the professional dissatisfaction category and derives from the system in which there are no fixed task descriptions to limit responsibilities and duties and because of their low salaries, the absence of preventive measures to protect them from risks, large gaps between the numbers of patients and nurses, lack of specialisation, subordinate relationships and rigid hierarchy. They emphasise that these factors play important roles in denigrating the nursing profession in Turkey.

Professional dissatisfaction

According to the nurses, they are exhausted because they apply the patient-centred approach. They have neither moral nor economic incentives to motivate them. Additionally, they believe that the high expectations applied to rehabilitation nurses in terms of presence – in addition to having to witness the heavy psychological and physical constraints of patients – contribute to their exhaustion and burnout.

Patient-based dissatisfaction

In most cases, nurses emphasise the importance of patients' socio-demographic profiles. Patients' and their relatives' educational level have decreased, and cultural differences have varied as the patient population has become more male-dominated and patriarchal, and nurses experience greater communications difficulties. Being polite and informative occasionally does not convince these patients. Moreover, working women in traditional society are discriminated

against because society still expects them to maintain their familial roles unabated. In fact, single nurses face fewer rigorous challenges. Nevertheless, the patients interviewed were highly satisfied in their relationships with nurses and claimed that the nurses were professional at all times.

SELECTIVE CODING

According to Creswell (1998), in the selective coding stage, the researchers construct a story that combines all the axial coding categories. Additionally, the interconnections amongst all categories are shown in the figure below. Furthermore, the "image of the profession in society" appears as a "core concept" because it was the common coding amongst the three groups regarding nurses' dissatisfaction. From the nurses' perspective, organisational, professional and patient-based dissatisfaction was addressed, indicating that nursing is a profession that has been compressed by its status as a job without defined borders. Therefore, the image of the profession is the core or central concept that interconnects all categories as the cause or source of dissatisfaction in the nursing profession.
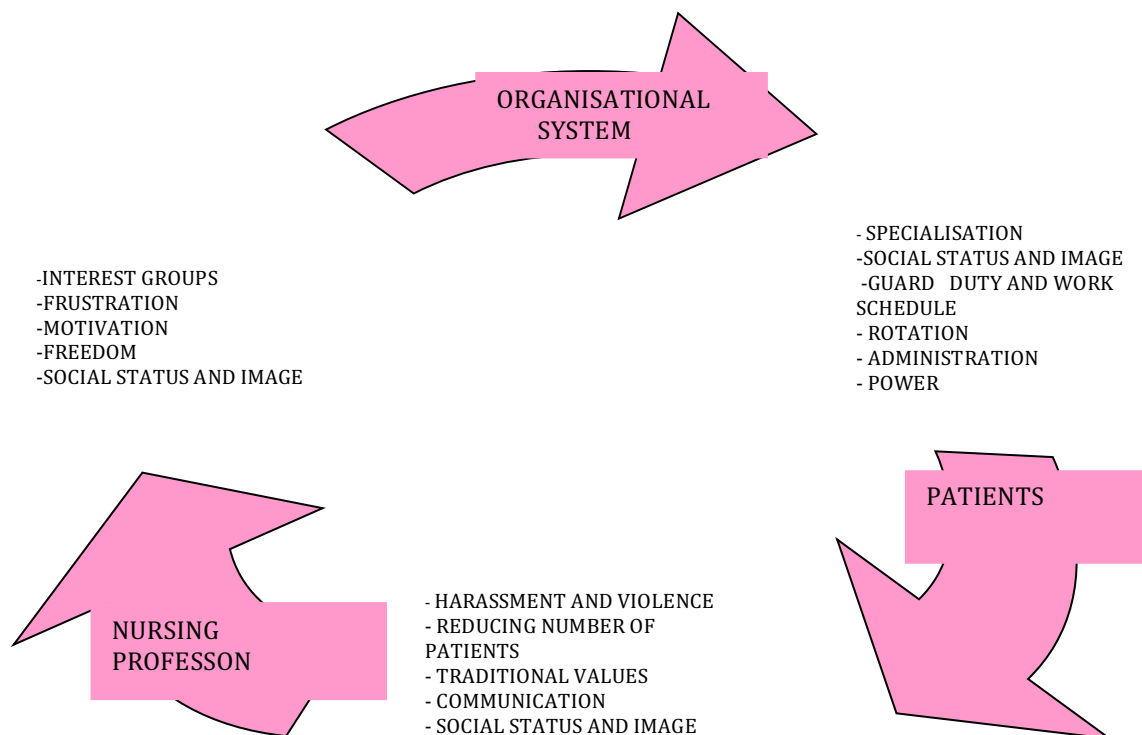

ORGANISATIONAL SYSTEM

- SPECIALISATION
-SOCIAL STATUS AND IMAGE
-GUARD DUTY AND WORK SCHEDULE
- ROTATION
- ADMINISTRATION
- POWER

-INTEREST GROUPS
-FRUSTRATION
-MOTIVATION
-FREEDOM
-SOCIAL STATUS AND IMAGE

PATIENTS

NURSING PROFESSON

- HARASSMENT AND VIOLENCE
- REDUCING NUMBER OF PATIENTS
- TRADITIONAL VALUES
- COMMUNICATION
- SOCIAL STATUS AND IMAGE

Figure 1. Sources of nursing dissatisfaction.

To achieve the study objectives at this stage, a narrative was also constructed using the "marriage" metaphor; this metaphor will help elucidate the meaning of the issue by referring to the cultural values of the prevailing society. In Turkey, it seems that the nurses are married to their profession. If they choose this profession, their families' encouragement is important, as with a traditional wedding. In addition, partners adjust to one another and establish sympathetic bonds over time. Occasionally, they consider quitting their profession, like a couple who divorces. Communication is the most important aspect of maintaining a relationship in both a marriage and the nursing profession. Typically, couples maintain their relationships by showing tolerance and developing effective communication skills. In the nursing profession, nurses also show sympathy for and tolerance of their patients.

The holistic view that is necessary in the nursing profession is also important for marriages because marriages are characterised by psychological, social and physical/biological features. In traditional societies, women play multiple roles. The roles of wife, mother, housewife and working woman, which are all expected to be performed simultaneously, cause women frustration and exhaustion. Nurses, in particular, are also expected to function in various roles that require additional skills and extra energy. In marriage, there are always risks of separation unless one role is supported by the other role, and each role sometimes assumes the duties of the other role. The same is true of nursing. Without specialisation, nurses feel that they are abused and are assumed to be multipurpose workers who can do anything, which decreases nurses' motivation and leads to alienation. Nurses feel powerless and unrecognised because they lack particular responsibilities designated by and with authority.

As a result, it would be appropriate to believe that nurses are married to a profession that never forgives mistakes. They show the same sincerity to their patients and their children. They worry about their patients wherever they go, as they worry about their children. They always want to complete their job properly, similar to housewives.

CONCLUSION

To achieve our study purposes, interviews were conducted with 20 nurses and 20 patients who were affiliated with the Rehabilitation and Care Centre of the Turkish Military Forces. The collected data were analysed, employing grounded theory methodology, which is an approach listed in qualitative research traditions by Creswell (1998). All steps in this approach are applied during the analysis by first indicating several categories and later combining them and exploring the core concept at the end. Constant comparisons are made, in addition to writing a narrative.

As discussed in the limitations of this study, the primary reasons for choosing the nursing profession were also investigated. According to the findings of this study, the primary reasons were mostly economic, including the following: easy and urgent employment opportunities upon graduation from Nursing Vocational School, working needs in terms of gaining economic independence from families, family encouragement to become a nurse, and trust in and sympathy for the army. In addition, the class based origins of nurses are of paramount importance, which dovetails with the socialist feminist analysis. Importantly, in Turkey, most nurses come from low-income families or the underclass. Nursing is a profession in which poor and disadvantaged families encourage their daughters to earn money in the job market quickly. Working without social security or employment with low wages is acceptable for the women who are not assumed to be breadwinners in Turkey because women are considered care providers both at home and outside the home. (Dayioglu and Baslevent, 2012).

Additional categories that we could not report in this paper include the ideal caring interaction and comparisons of ideal and actual conditions. According to the nurses, working professionally was the most important issue because professionalism requires self-confidence, objectivity, empathy, tolerance, sincerity and primary nursing. The second important factor was a holistic view of caring. In other words, it was essential not only to provide physical care but also to consider the psychological and social welfare of patients.

According to the nurses in this hospital, quality care was provided because there was a primary nursing system. In this nursing system, all patients were cared for using a holistic approach from admission to discharge in every period and at every level of management. Moreover, the nurses in this centre believed in the primary nursing system and hoped that it would extend to other hospitals.

In the primary study, caring interactions were investigated by including the patient's perspective. All patients were highly satisfied, and no patients voiced any complaints.

Our findings revealed that there are difficulties and dissatisfaction in the interaction or mutual relationships and that it was difficult to differentiate among these relationships. In other words, there were more commonalities than differences, and the majority of those commonalities were also consistent with the findings in the literature (Erdemir, 1998; Basim ve Sesen,2006; Demir and Kasapoglu,2008; Ozcatal,2011; Sahin and Dundar,2010; Top et al. 2011). The difficulties or sources of dissatisfaction to which nurses were exposed were classified into the following three groups: "organisational system," "professional" and "patient-based." For example, working in a guard duty system was one of the most significant organisational sources of dissatisfaction. In this hospital, nurses were employed by the army and were also considered to be army personnel. Therefore, they were expected to behave in accordance with army hierarchy. If they made decisions for their patients, they had to pay attention to army discipline rules. Finally, they also complained about working at the same clinic for long periods without rotation. Working together and sharing many things led to interest groups that conflicted with one another. If anyone did not want to join a group, she would be isolated.

With respect to nursing as a profession, the nurses perceived that their status was lower and even held in contempt as subordinate or as auxiliary health care personnel rather than as an independent profession, and this perspective damaged them psychologically. The nursing profession is difficult and unforgiving. Therefore, the nurses believed that their profession burdened them with heavy responsibilities related to their patients. According to the nurses, nursing is believed to be a woman's profession in a society in which gender-based discrimination is severe. Moreover, physical strength or power was sometimes also required to provide patient care. This task also frustrated the nurses, and they wanted more male nurses to be employed to solve this problem.

Verbal and physical harassment were other problems faced by nurses. According to the nurses, although mobbing was practiced by their superiors in the subordinate relationship, harassment came from patients. The prevailing gender-based discriminatory values of the society towards women were salient and affected their image. The image of nurses in society was a core concept of this study, whereas the marriage metaphor was found to be appropriate and well-suited to the narrative construction. This societal image that paved the way to the lower status of nurses as women, could also be interpreted as "symbolic violence" (Bourdieu,1984) because the hidden discriminatory values of society facilitate the compartmentalisation of nurses as women who are inadequate and less capable than men. Gender-based discrimination legitimises the subordinate positions of women and nurses in society. Therefore, the prevailing discourse regarding women in traditional society is a topic representing symbolic violence, which must be addressed.

Nurses who treat patients using a holistic approach, including psychological, physical and social aspects, provide quality care to alleviate patients' concerns and anxieties. If patients' needs are not met, the caring interaction is negatively affected. Therefore, it is evident that the caring interaction is a process that continuously requires the saturation of both patients' and care providers' satisfaction – as discussed in the relational theory of socialist feminism. The empowerment of nurses is key, and nurses certainly deserve more attention from the authorities.

Although new regulations have encouraged the employment of male nurses since 2007 nursing is widely accepted as a female profession in Turkey, which has reinforced the gender roles assigned under the age-old patriarchal system. The "nursing as motherhood" similarity requires that nurses accept unlimited responsibilities during caring interactions. In other words, relationships between doctors and nurses and nurses and patients must be further evaluated to explore why nurses are subordinated.

This study revealed inequalities based on inherited gender roles and the empowerment of nurses through feminist research. Although gender-based inequality is global and occurs in all national and international contexts, regardless of a particular society's characteristics in terms of socio-economic development, inequality nonetheless remains specific to the cultural and historical background of that particular society. Based on the foregoing, we employed the socialist feminist perspective to foster a more meaningful interpretation of the findings we gathered through grounded theory.

Grounded theory provided a pathway during the collection and systematic analysis of data, and the socialist feminist perspective functioned as a tool to interpret the findings. The combination of these theories should be used in future studies.

According to Wuest (1994), "socialist feminist theoretical perspectives facilitate a vision of nursing that includes altering social structure such that caring is valid." This study will also help nurses – particularly those in Turkey – to develop the self-esteem and trust necessary to help change and improve their status, which is important for such nurses as women and nursing profession as one of the most important professions in health care.

Finally, nurses should be empowered without comparison to males in terms of the dichotomy of modernism based on their status as mothers, which gains power here as women who are responsible for caring and rearing children. However, it is simultaneously obvious that expectations from them in the work environment is oppressive rather than realistic. Because motherhood is not specialised and specialisation would be a signal of profession that would lead to higher wages and elevated societal status for the profession. Thus, woeful under compensation of women in nursing together with unrealistic societal expectations of women's responsibilities as per mothering – in addition to the failure to encourage or even allow specialisation – is important to explore in future studies. Showing the reality that nursing is as poorly compensated as motherhood can be considered as a major contribution of this study using socialist feminist perspective.

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