



Nursing, Midwifery and Health Officer Programs Undergraduate Students' Attitudes towards Their Future Career: Motivating/Demotivating Professional Characteristics and Career Preferences

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The objective of this study was to determine Malatya and Elazığ Health Colleges undergraduate students' attitudes towards their future career and to determine their career preferences after graduation.

The study was conducted at Health Colleges of İnönü University in Malatya and Fırat University in Elazığ. Data were obtained from 634 nursing, midwifery and health officer programs students of all grades by administering a self-responded questionnaire in the classrooms between April-May 2001.

The most frequently reported motivating professional characteristic was "to help people" (61.8%). "Society's negative attitude/low status" (59.5%) was the most frequently reported demotivating characteristic of the professions, followed by "uncertainty on task, employment and liability" (59.3%). More than half of the participated students (53.9%) had positive attitudes towards entrance of men in the nursing profession. Negative attitudes reported mostly by the health officer program students ($P<0.05$). Faculty member/lecturer at a university was the most preferred career area after graduation. Preferred professional positions were differed according to the enrolled programs ($P<0.05$).

The study showed that the students appreciated the professional values; however they concerned about the status of the professions and preferred faculty teaching after graduation.

Key Words: Nursing, midwifery, education, values, career preferences

Hemşirelik, Ebelik ve Sağlık Memurluğu Öğrencilerinin Gelecekteki Mesleklerine İlişkin Görüşleri: Motive Eden ve Etmeyen Mesleki Özellikler Ve Çalışılmak İstenen Mesleki

Bu çalışmanın amacı İnönü ve Fırat Üniversitesiteleri Sağlık Yüksekokulu öğrencilerinin gelecekteki mesleklerine ilişkin düşüncelerini ve mezuniyetten sonra hangi mesleki alanlarda çalışmak istediklerini saptamaktır.

Çalışma, Malatya'da İnönü üniversitesi ve Elazığ'da Fırat üniversitesi Sağlık Yüksekokullarında yürütülmüştür. Nisan-Mayıs 2001 tarihlerinde, sınıflarda gözlem altında anket formu dağıtılarak 634 öğrenciden veri toplanmıştır.

Öğrenciler, en çok mesleklerin "insana yardım" özelliğinden motive olduklarını belirtmişlerdir (%61.8). Öğrencilerin motivasyonunu en çok engelleyen mesleki özellikler sırayla "toplumun olumsuz tutumu/mesleğin düşük statüsü (%59.5), ve görev,sorumluluk ve istihdam konularında belirsizlik (%59.3) olarak bildirilmiştir Öğrencilerin yarıdan çoğu (%53.9), erkeklerin hemşirelik mesleğini uygulamasını olumlu olarak değerlendirmiştir. Konuyla ilgili olumsuz görüşe sahip olanların daha çok sağlık memurluğu öğrencileri olduğu saptanmıştır ($p<0.05$). Öğrenciler mezun olduktan sonra en çok yüksekokullarda öğretim elemanı olarak çalışmak istemektedirler. Mezuniyetten sonra çalışmak istenen alanlar programlara göre farklılık göstermektedir ($p<0.05$).

Çalışma, öğrencilerin mesleki değerleri benimsediklerini, ancak mesleğin statüsü konusunda endişe duyduklarını ve mezuniyetten sonra öğretim elemanı olarak çalışmayı tercih ettiklerini ortaya koymuştur.

Anahtar kelimeler: Hemşirelik, ebelik, eğitim, değerler, mesleki tercihler

As a consequence of improvements in science and technology health problems and the health policies have been changing worldwide. A fast international transportation of science and technology and all kind of products including manpower have also been recent reality. Health personnel is the main factor in a productive health care organization.

Various mechanisms affect the qualifications and functions of health personnel. These mechanisms include educational system, licensing laws, the policies of professional associations, the regulation of work settings, the requirements of payment programmes and judicial decisions.¹ Funding and provision of health services have also been changing both in developed and developing countries; privatization, exchange of goods and manpower issues have come into question.² Applied for being a part of the European Union, reforming health sector have been high on the agenda during the past decade in Turkey. Reform program comprises activities such as finance, administration and organization, legislation and manpower in terms of education and appropriate usage according to skill, duration, number and combination.³

In Turkey, nurses, midwives and health officers are the basic health personnel who provides health care besides physicians. Health officers (which are also called sanitarians) are male personnel who are specific to the country. Midwives and health officers provide mostly primary care while nurses can work in secondary and tertiary care. The population per nurse, midwife and health officer in 2000 was 915, 1582 and 1419, respectively. Most of the nurses, midwives, and health officers are generally employed in the public sector. Recently, there have been significant developments with respect to the number of health personnel; however, problems continue to exist regarding their training, employment and countrywide distribution.⁴

Turkey had a dual system where the majority of nurse, midwife and health officer education was conducted in vocational high schools of health and smaller numbers at four-year health colleges. In 1997, through the laws of adaptation to the European Union, the government decided to close all high schools and allow universities to conduct graduate health staff education which give bachelor's degree in nursing, midwifery and health officer programs. However, in 2001, because of political and economic reasons Ministry of Health began to admit students to vocational high schools again which aroused a serious argument on the standardization of the education, employment criteria, task analysis and title between related health personnel and policy makers.⁵ Studies showed that discussions affected the health colleges' undergraduate students. Students concerned that their future positions would not be in accordance with their education and training in terms of rank, salary and importance.⁶ Almost one in every five students

reported that they would not pursue the career after graduation.⁷

Health personnel have a responsibility to value the life, to promote a long and quality of life to their consumers. It is more important to value the profession and to perform the job with enthusiasm for health personnel since the values are the basic aspect of the professions and affect practice.⁸ The aim of this study was to determine the Inonu and Fırat universities health colleges undergraduate nursing, midwifery and health officer programs students' attitudes towards professions in terms of motivating/demotivating professional values and to determine their career preferences after graduation.

METHODS

Setting: The study was conducted at Health Colleges of İnönü University in Malatya and Fırat University in Elazığ. Malatya and Elazığ are provinces in the east part of Turkey with a population of approximately 800 and 570 thousand respectively according to the 2000 census. Since the researchers were the faculty of the two universities and the driving distance between the provinces was only one hour, the colleges provided a favorite access and also the sample size was increased. Both colleges were established in 1996 and in 1997 nursing, midwifery and health officer programs were started. At the time of the study there were twelve faculty members at both colleges.

Participants and Data collection: Study populations were the 794 undergraduate students who were registered to the nursing, midwifery and health officer programs in the 2000-2001 academic year. Malatya Health College had 463 and Elazığ Health College had 331 registered students at all grades in each program. Without any sampling all students were aimed to be reached. Written permission was taken from the universities' rectors. Data were collected in April-May 2001 by administering a self-responded questionnaire to the students in the classrooms. All students were informed on the purpose of the study and anonymity was protected. Of the total, 665 students responded to the questionnaire. Some students were absent at the time of data collection and some refused to participate. During data editing, 31 questionnaires were eliminated from the analysis because of too many missing answers and 634 questionnaires were decided to be eligible for the analysis. Thus, the overall response rate was 79.8%.

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The questionnaire consisted items about students' sociodemographic characteristics, attitudes towards their future career and career preferences after graduation. A pilot study was conducted with thirty students to test the acceptability and workability of the items. Some of the questions were excluded and some new ones were added after pretest and the final tool was achieved. Attitudes towards career and career preferences were designed as close-ended questions. Some characteristics of the profession were listed and the students were asked to mark the items that motivate or demotivate them. The students were instructed to tick all items that applied. A "no opinion" and an open-ended "other" choices were included in both sections. Questionnaires were designed in three different styles adjusted to the nursing, midwifery and health officer programs. Attitudes towards male nurses was evaluated with a five point likert type question; "What is your opinion about the entry of men into nursing profession?" 1- definitely positive, 2- positive, 3- Not sure, 4- negative, 5- definitely negative.

DATA ANALYSIS

Data entry and statistical analysis was done using the SPSS for WINDOWS 10.0 program. Data were presented as percentages for each "yes" response assuming the total number of respondents as denominator. Chi-square test was used to compare the results between the programmes and grades.

Authors emphasized that the findings cannot be generalized to all health college students in Turkey and they are limited with the participated health colleges only.

FINDINGS

1. Demographic characteristics

Of the participated students, 43.8% were from nursing, 28.7% were from midwifery and 28.4% were from health officer program. All students in nursing and midwifery programs were women while in health officer program the majority of the students were men (92.0%). Mean age of the students was 20.8 ± 0.1 years, 83.2 % were between the age of 19-23 years.

2. Attitudes towards career

Percentage distribution of professional characteristics that motivate the students by programmes was presented in Table 1. "To help people" was the most frequently (61.8%) reported motivating characteristic following by "To protect public health" (43.1%) and "To protect and promote his and his relatives health" (37.9%). Percentage distribution of each item

according to the programmes was significantly different ($P < 0.05$). "To help people" was mostly marked by nursing students. "To protect public health", "To protect and promote his and his relatives health", "Being a necessary profession for public", "Depending on love and tolerance", "Being open to change" and "Autonomic functions" were more frequently marked by midwifery students.

In Table 2, percentage distribution of demotivating characteristics reported by the students by programmes was presented. The first three most frequently reported demotivating characteristics were "Society's negative attitude/low status" (59.5%), "Uncertainty on task, employment and liability" (59.3%) and "Working in the same status with existing high school level trained health personnel" (58.8%), in order. "Society's negative attitude/low status", "Being dependent to physicians", "Working on shift" were mostly reported by nursing program students while, "Uncertainty on task, employment and liability" and "Impossibility of working in the desired province" were mostly reported by health officer program students ($p < 0.05$).

3. Attitudes towards male nurses

In Table 3 students' attitudes towards the entrance of men into nursing profession by programmes and grades were presented. Of the students, 53.9% had positive, 32.6% had negative attitudes towards male nurses and 13.4% had no opinion on the subject. Positive attitudes were mostly reported by nursing students (82.7%) and negative attitudes were more frequent among the health officer (54.6%) and midwifery program (47.8%) students ($P < 0.05$). Attitudes were not differed between the grades.

4. Career preferences after graduation

In Table 4, students' career preferences after graduation by programmes were presented. Students mostly wanted to work as a faculty member/lecturer at a university (66%). The second and third preferred career choices were to work as a nurse, midwife or health officer at hospital clinics and at primary health care units. Less health officer program (57.0%) students preferred faculty teaching compared to midwifery (71.4%) and nursing program (68.0%) students ($p < 0.05$). More midwifery program students preferred to work at hospital clinics (63.7%). More health officer program students (51.7%) preferred to work as an administrator at a hospital compared to other program students. All preferred carrier options were differed significantly between programmes ($p < 0.05$) except the private clinic option.

5. Attitudes towards staying in the profession after graduation

In Table 5 distribution of students' attitudes towards staying in the profession after graduation by the programmes and grades they enrolled was presented. Of the students, 18% reported that they would not stay in the profession after graduation and 22.1% have not decided yet. Attitudes towards staying in the profession were differed according to the enrolled

programs. More health officer program students reported that they would not stay in their profession than other students (27.6%) ($p < 0.05$). No significant difference was detected between grades ($p > 0.05$).

The most frequently reported reasons for not staying in the profession were; to dislike the profession (57.8%) and the professions' low status (19.2%) (Table 6).

Table 1. Percentage distribution of professional characteristics that motivated the participated students by enrolled programmes *

Professional characteristics	Programmes				X ²	P
	Nursing (N=278)	Midwifery (N=182)	Health officer (N=174)	Total (N=634)		
To help people	67.6	61.0	53.4	61.8	9.191	<0.05
To protect public health	41.0	53.3	35.6	43.1	12.172	<0.05
To protect and promote his and his relatives health	30.6	48.4	38.5	37.9	14.817	<0.05
A necessary profession for public	29.9	47.3	37.4	37.0	14.316	<0.05
Depends on love and tolerance	29.9	38.5	26.4	31.4	6.512	<0.05
Team work	18.7	26.9	27.6	24.0	6.357	<0.05
Opened to change	15.5	24.7	14.9	18.0	7.893	<0.05
Autonomic functions	7.9	22.5	12.1	13.2	20.728	<0.05
Others ¹	4.0	0.5	6.9	3.8	NA	

* More than one item was marked , the denominator is total N (634) for each item.

¹ Includes good wages, being close to humanbeings, dynamic profession, job opportunity

Table 2. Percentage distribution of the professional characteristics that demotivated the participated students by enrolled programmes*

Demotivating professional characteristics	Programs				X ²	P
	Nursing (N=278)	Midwifery (N=182)	Health officer (N=174)	Total (N=634)		
Society's negative attitude/low status	65.1 ¹	53.8	56.3	59.5	6.77	<0.05
Uncertainty on task, employment and liability	35.0 ¹	71.9 ¹	83.9 ¹	59.3	120.42	<0.05
working in the same status with existing high school level trained health personnel	59.7	57.1	59.2	58.8	0.31	>0.05
Impossibility of working at the desired health institution	48.2	48.9	50.0	49.0	0.14	>0.05
Unsuitable working place to apply what has been learned in school	50.7	52.7	34.5 ¹	46.8	14.90	<0.05
Impossibility of working in the desired province	38.8 ¹	42.9 ¹	55.2 ¹	44.5	34.69	<0.05
Not receiving a satisfactory salary	45.0	31.3 ¹	44.3	40.9	26.41	<0.05
Health risks	47.8	41.8	25.3 ¹	39.9	23.07	<0.05
Being dependent to physicians	38.1 ¹	24.2	21.8	29.7	17.29	<0.05
Negative role model effect of existing colleagues at work	22.7	30.8	25.9	25.9	3.77	>0.05
Working on shift	23.7 ¹	12.1	8.6	16.2	21.23	<0.05
To fail at carrying out patient responsibility	14.0	18.1	12.1	14.7	2.77	>0.05
Inability to follow recent developments	10.1	11.0	11.5	10.7	0.25	>0.05
Others	1.43	1.6	3.4	2.0	Not Applicable	

* More than one item was marked , the denominator is total N (634) for each item.

Table 3. Participated students' attitudes towards the entrance of men into nursing profession by grades and enrolled programmes

Programs	Attitudes						Total	
	Positive		Negative		Not sure		N	%
	N	%	N	%	N	%	N	%
Programs								
Nursing ¹	230	82.7	25	9.0 ¹	23	8.3	278	43.8
Midwifery	66	36.3	87	47.8	29	15.9	182	28.7
Health officer	46	26.4	95	54.6	33	19.0	174	27.4
Grades								
1.and 2. grades	191	52.9	120	33.2	50	13.9	361	56.9
3.and 4. grades	151	55.3	87	31.9	35	12.8	273	43.1
Total	342	53.9	207	32.6	85	13.4	634	100.0

¹ The group that caused difference, $p = 0.001$

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Table 4. Students' career preferences after graduation by enrolled programmes *

Career preferences	Programmes								X ²	P
	Nursing (N=278)		Midwifery (N=182)		Health officer (N=174)		Total (N=634)			
	N	%	N	%	N	%	N	%		
Faculty member/lecturer at university	189	68.0	130	71.4	99	57.0 ¹	418	66.0	9.29	<0.05
Nurse, midwife or health officer at clinics	123	44.2	116	63.7 ¹	66	37.9	305	48.1	26.68	<0.05
Nurse, midwife or health officer at health center or Mother and Child health/ Family Planning Center (primary health care)	40	14.4 ¹	119	65.4 ¹	82	47.1 ¹	241	38.0	129.84	<0.05
Administrator at hospital	81	29.1	61	33.5	90	51.7 ¹	232	36.6	24.57	<0.05
Supervisor or educator at Health Directorate	72	25.9 ¹	69	37.9	62	35.6	203	32.0	8.73	<0.05
Nurse, midwife or health officer at private clinics	50	18.0	43	23.6	45	25.8	138	21.8	4.41	>0.05
Others	5	1.8 ¹	26	14.3 ¹	9	5.2 ¹	40	6.3	29.53	<0.05

* More than one item was marked , the denominator is total N (634) for each item.

¹ P<0.05, different group

Table 5. Students' attitudes towards staying in the profession after graduation by the programs and grades they enrolled

	Staying in the profession after graduation							
	Would stay		Would not stay		Not decided yet		Total	
	N	%	N	%	N	%	N	%
Programs								
Nursing	186	66.9	32	11.5 ¹	60	21.6	278	43.8
Midwifery	103	56.6	34	18.7 ¹	45	24.7	182	28.7
Health officer	91	52.3	48	27.6 ¹	35	20.1	174	27.4
Grades								
1.and 2. grades	213	59.0	65	18.0	83	23.0	361	56.9
3.and 4. grades	167	61.2	49	17.9	57	20.9	273	43.1
Total	380	59.9	114	18.0	140	22.1	634	100.0

P= 0.000, refers to different group

P=0.804 X²=0.437 DF=2

Table 6. The reasons for not staying in the profession after graduation*

Reasons for not staying in the profession	N (114)	%
Dislike the profession	66	57.8
Profession has a low status	22	19.2
Not self-confident about his knowledge and skills	5	4.4

* The question was open-ended, the denominator is total N (114) for each item.

DISCUSSION

Humanism and altruism have been defined as the main ethic values of nursing and midwifery professions.⁹ In this study, "Helping people" (61.8%) was the most frequently reported motivating value followed by "to protect public health" (43.1%) and "to protect and promote his and his relatives health" (37.9%). The helping theme affirmed those of previous studies conducted on nursing students¹⁰ and is actually valid for all health care givers. Despite protection and promotion were reported mostly, the frequencies were not high enough to reach a comment that the students value protecting and promotion well enough. To strengthen the education on values may be necessary to make the students

internalize the meaning of these concepts and to assume their professional role.¹¹

Motivating values were differed significantly according to the enrolled programs. Protecting, promoting, being necessary for public, depending on love and tolerance, being opened to change and autonomic functions reported more frequently by midwifery students. The reason for this finding may be that midwifery profession is more specific or task definition is more clear, and they have more chance to communicate with mothers, girls, or people which leads to have more chance to promote wellbeing. Helping theme was least frequently reported by health officer program students. This finding is quite natural since health officers mostly work as administrators or sanitary technicians at health directorates in Turkey.

Parallel to the literature, society's negative attitude/low status (59.5%) was the most frequently reported discouraging feature of the career following uncertainty on task, employment and liability (59.3%), and working in the same status with existing high school level trained health personnel (58.8%).

Society's negative attitude/low status were also the most frequently reported demotivating feature by the students in Sezgin' s study conducted on nursing students.¹² Serving doctors with little independent professional and academic knowledge, less clever not to become a doctor, little opportunity to do 'brain' work and even presentation as a sex object by media are some of the reported reasons for the low status and society's negative attitude towards nursing profession which all are unacceptable for a health profession.¹³ However, it seemed that public opinion influenced the students. In Turkey, in practice, the tasks performed by nurses are not related to their educational level. Those graduated from universities can be appointed to primary health care institutions, and even their titles are the same with vocational high school graduates. Titles, tasks, employment standards and responsibilities are not yet defined by Ministry of Health. This might also discourage the students.

Demotivating features were differed according to enrolled programs ($P<0.05$). Naturally more nursing students compared to other program students were demotivated by society's negative attitude/low status and being dependent to physicians. Working on shift and not receiving a satisfactory salary were also more demotivated nurse students ($P<0.05$). In Turkey, basic salary generally is not enough and health personnel are compelled to do supplementary work to gain more Money.¹⁴ Uncertainty on task, employment, liability and not to be able to work in the desired city was significantly more frequently reported by health officer and midwifery program students as demotivating features compared to nursing students. Unsuitable working place to apply what has been learned in school was more frequently reported as a discouraging concern by midwifery students. Currently, health officer program students are having the same education curricula with nursing students. Legislation is more lacking for health officers so more negative attitudes towards profession is not a contradictory finding. Nurse in Turkish is "hemşire" and means sister. Thus, the title nurse may also be a demotivating issue. In literature it was suggested that nursing education, as a whole, has failed to provide an environment optimally conducive to attracting and retaining men as students and, thus, preparing men for the nursing profession. The reasons for that were reported to be lack of sufficient role models (e.g., male faculty and preceptors), unequal clinical opportunities and requirements, isolationism, poor instruction on the appropriate use of touch, lack of content related to gender-based

social relationships, and the nonuse of teaching strategies amenable to male learning needs.¹⁵

Nursing is traditionally perceived as a feminine occupation by public not only in Turkey but worldwide.¹³ More than half of the students (53.9%) had positive attitudes towards entrance of men in nursing in our study. Positive approach was more frequent among nursing (82.7%) and less frequent among health officer program (26.4%) students ($P<0.05$). Nursing students were all girls and 90% of health officer program students were men. Since the male nurses are a new issue in Turkey male students might not get used to the idea of being a nurse yet. Studies in Turkey showed that, female nurses and midwives did not want any gender differences in nursing.¹⁶ This subject was held at most congress and symposiums of nurse professions and recently male nurses have begun to work at both private and public clinics. However the current discussion on the subject seemed to influence the students. Gender differences are lower in developed countries. However, they have the same problem since the male nurses are still fewer in number.¹⁷

Working as instructor at colleges, and as professionals at hospital clinics and at primary health care institutions were the most frequently preferred professional positions after graduation. Working as a faculty/instructor was also reported to be the most frequently preferred professional position by the students in Gozum study.¹⁸ The students mostly preferred to work as a supervisor or administrator in Dereli's study,¹⁹ and as professionals at hospital clinics in Buzlu' s study.⁷ Academic environment is more known by the students, besides academic life is safer, easier and has a high status in society. And, the educated people generally demand postgraduate education. Thus, the students' preference was natural and also hopeful since it showed that the students wanted to qualify in their subjects and were willing to compensate the lack of academicians in their fields in the country.

The preferred professional positions were differed significantly according to enrolled programs. Health officer program students less often preferred to work as a faculty/instructor than other students but they more often preferred to work as an administrator at hospitals. Since health officers mostly work as administrators at health directorates in Turkey, the students' preferences might be an expected result. It must be noted that being male was also a factor in this preference. The fields of nursing perceived by

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men nurses as the most suitable with the stereotypical male role were administration, emergency room, anesthesia, operating room, psychiatry and industrial nursing in a study conducted on licensed male nurses in Oregon in 1985.²⁰ Midwifery students' most preferred professional positions were hospitals and primary care institutions. This was also an expected result. The salaries are higher at hospitals because of trading capital (actually this is an explanatory reason for all students), and work is guaranteed at primary care institutions and with the latest legislations they have the opportunity to work as a contractual worker and getting higher salaries. We could also emphasize that though the students valued protection and promotion mostly, they preferred working at clinics rather than primary care institutions. Educational improvements should be designed to motivate the students to work in the primary care settings for preventive medicine.

Of the students, only 60% reported that they would perform their profession after graduation and 18.0% would not. The latter was reported more often by health officer program students compared to other students (27.6%). The rest were undecided yet. In Buzlu and Kutlu's study 76% of the students had reported that they would perform the job.⁷ In our study, the reasons for those who would not work in the profession were not liking the profession (57.8%) and the professions' low status (19.2%). Both from the students or the managers side it was a disappointed finding that almost one fifth of the students would not perform the job. Not only the human resources investment would be wasted but also university graduated unemployed population would be created. This result indicates the necessity of job counseling before entering colleges.

In conclusion, the study indicates that students appreciate the professional values but not at the desired level. The status of the profession was not appreciated by the students and almost one fifth had a tendency not to perform the job after graduation. It seems important and urgent to introduce new legislation on task, liability, and professional positions of the related health personnel and so lessen the anxiety among the students about their future profession. Besides, education on the professions'

public importance and necessity, values, and professional positions should be improved to ensure professional socialization of the students.

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