

A perception of professional problems by nurses

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ABSTRACT

Introduction: Professional issues change in different periods of history influenced by emerging conditions in society, and some of them are characterized by universal.

Purpose: To examine the problems that professional nurses encounter at work.

Materials and methods: The research was conducted with 300 respondents, using the author's survey questionnaire.

Results: Nurses who have completed a secondary medical school degree earn largely the same pay as nurses who have completed a bachelor's degree or a master's degree ($p=0.0003$). For the theme of career choice, most respondents (80%) reported their desire to help other people, and 62% considered the work they performed as rather satisfactory. 97,7% considered the low pay as a source of dissatisfaction with nursing (97.7%), 68,7% also pointed an insufficient number of nurses in relation to the number needed, and the health status of patients. Financial security resulted in a feeling of

satisfaction (31%). In the workplace 36% of the respondents were mostly disturbed by bureaucracy and formalism, and 34% by the shifting of responsibilities onto nurses by doctors. Daily problems in the workplace were generally connected with health problems (36%), experiencing tension (20%), and reduced motivation to work (19%). The respondents most frequent complaints were about backache (52%), and 87.2% of them were exposed to aggression from patients in the workplace.

Conclusions: The main aspect of nursing that elicited a sense of dissatisfaction was the low pay, and a sense of satisfaction was financial security. The professional problems noted by the respondents correlated with health problems, job stress, reduced motivation to work, increasing distance to the employees, and a feeling of dissatisfaction and frustration with the job.

Key words: Nurse, professional problems

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INTRODUCTION

The professional activity of human in the modern world is increasingly more important, and it is becoming a factor in accelerating the development of the skills, knowledge and personality.

However, it should be remembered that professional work can have a positive effect on human or may be a source of frustration, dissatisfaction and poor health.

The professional issues change in different periods of history influenced by emerging conditions in society, and some of them are characterized by universal. Because of the changes in the world, they form an interesting ground research for a variety of scientific disciplines.

They can be considered in the broader context of the surrounding reality - patterns, cultural norms, rights and obligations, social roles, psychophysical features, education, experience, needs and abilities of people. In addition to the ever-present problems, also appear those which constitute new challenges.

The source of many professional problems is human's fear about his own future, as well as about the future of his family. This tension can be seen most clearly at the present time. A career planning due to rising unemployment, the elimination of unprofitable workplaces, transformation of the structures of planning work, the aging of certain professions cause less possibility to predict what might happen in the future.

This is confirmed by Pietrasiński's words [1], who says, "time and his irrevocable escape is the source of many problems."

Professional problems are connected with a socio-economic changes, time devoted to the acquisition and expansion of skills and qualifications, time spent at the workplace, shared with a family, used to pursue own interests. A specificity of problems at work does not exclude the coexistence, permeation and joining other types of problems. They can cause others and vice versa.

Professional issues in nursing gather around nurses' payment, labor standards, relationship in the therapeutic team, aggression by patients and other members of the care team, mental stress and stress related with their job.

The main aim of this study was to examine the problems that nurses encounter at work. They have set the check, whether education, age and length of service affect a basic salary of nurses. Furthermore, what issues are usually shown by nurses. Whether age, workplace and length of service affect the type of health problems that occur in nursing, and on what factors nurses are exposed in their daily work.

MATERIALS AND METHODS

The method of diagnostic survey with the authors' survey questionnaire was used in this study. The questionnaire consists of two parts with a total of 39 questions. The first part contains five questions to determine a gender, age, residence, education, marital status and financial situation. The second part of survey questionnaire collects data concerning: current place of work, number of hours worked per month by nurses, work experience, education, earnings, types of contract of employment, position at work, feelings, which accompany them during their work, and all kinds of opinions about the profession of nurse and midwife.

The research was conducted from December 2010 to February 2011 with 300 nurses who work in Municipal Hospital in Rzeszow, Przemysl Regional Hospital, Hospital District in Przeworsk, Health Care Centre in Rzeszow, Specialist Clinic No. 2 in Rzeszow and in POZ No. 5.

Before the test, the person filling the survey questionnaire was informed about the aim of the research, voluntary participation in it, and maintaining complete anonymity of the results.

Statistical analysis was performed using the test χ^2 , assuming that a level of significance is $\alpha=0.05$.

RESULTS

The interview was conducted with 300 respondents, including 288 female nurses (96%) and 12 male nurses (4%). The interviewees were between 21 to 55 years old. In the age group between 21 to 30 years old were 30, 10% of the respondents, from 31 to 40 years old were 27, 9% of the respondents, from 41 to 50 years old – 35, 12%, the remaining 6.3% - were more than 50 years old. More than a half of the interviewees (70.3%) lived in a city, other 29.7% - in the village. In the examined group 85% were married, 9% were single, 4% divorced, and 25 in the so-called open relationship.

Large number of surveyed (32%) have worked as a nurse for over 25 years, from 20 to 25 years – 16% of the respondents, from 15 to 20 years – 14%, from 10 to 15 years – 11%, from 5 to 10 years – 12%, and from 1 year to 5 years – 15% of all the respondents.

The most numerous group of the respondents (50%) were generally people with a secondary education, 33% were people with a bachelor's degree, and 17% with a master's degree.

At the end of the course/training connected with the specificity of the workplace 49% of the respondents completed qualifying courses, 15% finished specialization and qualification course,

and 13% received their specialization. Although, the rest which is 23% of all the respondents did not have any courses and specializations.

Currently, 51% of the respondents have raised their qualifications, and 39% completed their master's degree. The improving courses were taken by 33% of the surveyed, 19% completed bachelor's degree, and 8% received their specialization in their profession.

According to the respondents due to higher qualifications, 34% gained the prestige of the profession, 21% obtained a guarantee that they would not lose a job in a future, 17% received higher wages, and 3% claimed that they would not gain anything by increasing their skills.

62% of the respondents used their personal leave when attending college, making specializations, as well as qualifying courses. 23% switched the shifts, and only a few (6%) have used an educational leave of absent, or were sent to a course by the employer (9%).

Most of the people (66%) who took part in the research work in a hospital. 11% in a Specialist Medical Outpatient Clinic, in Primary Health Care – 10%, in a Non-public Health Care Centre – 5%, in Care and Treatment Institution – 7% or in an Individual Nursing Practice – 1%. Most people (88%) were employed by one facility (88%), and 5% worked in two different jobs. A small percentage (4%) of the people worked part time, 2% worked $\frac{3}{4}$ time, and 1% quarter-time. Majority of the respondents (74%) were employed in their workplace on a permanent employment contract, and 20% were hired on a contract for a specified period with a director of the facility, 4% on an order contract, and 2% have signed a contract with the National Health Fund.

More than half of the surveyed (59%) worked as a segmental nurse, 11% as a treatment nurse, 7% as a POZ nurse, 6% as an anaesthesiological nurse, 5% as a department nurse, 4% as an operating assistant, an environmental and family nurse – 3%, a long-term care nurse- 2%, and a coordinating nurse – 1%.

According to the survey, the largest percentage of nurses (56%) worked 151-160 hours during the month. 20% of the respondents spent ten hours more at work than over-all nurses, i.e. 161-170. 13% of the surveyed worked up to 150 hours in a month, 4% spent 200 hours per month on call, and 2% spent 250 hours on call.

9% of the surveyed nurses received more than 3500 gross of monthly income, 23% earned 2500-3500 zlotys per month, 53% 2000- 2500 zlotys, 15% 1800-2000 zlotys, 1% earned less than 1800 gross.

5% of the respondents found their financial position as very good, 69% as a good one, 25% as an average, and 1% as a bad.

It was found that the education of respondents did not have a major impact on the nurses' salary. Nurses who completed a secondary medical school degree earn largely the same as colleagues who completed a bachelor's degree or master's degree ($p=0.0003$).

It has been shown that the age of nurses differentiated their salary. A large percentage of nurses aged over 50 earned more than 3500 zlotys ($p=0.0001$), while the nurses at the age of 20 to 30 earned at least ($p=0.0002$).

It was also observed the longer the length of service, the nurses earned more. Over 25 years of internship – $p=0.0002$, 20-25 years of internship – $p=0.0003$, 15-20 years – $p=0.0004$. Female nurses and male nurses who just have started their career in this profession earned at least 1 to 5 years of internship ($p=0.0002$). The relationship has not been shown for these respondents whose work experience was from 10 – 15 years ($p=0.654$) and 5 – 10 years ($p=0.605$).

The respondents asked about the motive of choosing this profession generally reported their desire helping others. The rest (6%) indicated a vocation, 5% a fortuity, 4% not getting into another school, 3% a persuasion by parents, and 2% a prestige of the profession.

Every third nurse (40%) claimed that if she had to choose the profession, she would probably choose to be a nurse. 32% of the respondents answered "definitely yes" of becoming a nurse, 17% probably would not make this decision the second time, and 11% definitely would not choose nursing again.

In case if there was a possibility to resign from the profession, 44% would probably do it, 19% definitely would not want to work more in the role of the nurse, 32% probably would not resign from this job, and only 5% definitely would not like to be in this profession.

97.7% considered generally the low pay as a source of dissatisfaction in nursing. 68, 7%% reported an insufficient number of nurses in relation to the number needed and health, 56% a low status of the profession, 51.7%% a large mental and physical workload, 33% a big responsibility, 20% a bad atmosphere at work, 17. 7%% an inappropriate attitude by the immediate superiors, 15% a shift work, 14% a limited autonomy in decision-making associated with nursing, 8.3%% a constant contact with dying and suffering patients, and 3% an inability to reconcile work and home life.

The majority of the respondents (62%) considered a performed work as rather satisfactory, 21% as definitely satisfying. 15% rather did not feel any satisfactory, and 2% definitely did not feel any satisfaction.

By 31% of the respondents, a financial security resulted in a feeling of satisfaction. The

rest (15%) reported a desire to help others, 13% reported patients' satisfaction, 11% a possibility to work one shift, 6% a chance to improve their skills, 4% each a right cooperation with the staff or a possibility to pursue the profession their like, 3% each a good atmosphere at work or a respect from superiors. 10% of the surveyed had a problem of giving a definite answer.

In the workplace 36% of the respondents were mostly disturbed by bureaucracy and formalism, 34% by flipping the responsibilities onto nurses by doctors, 11% because of a bad atmosphere in the team, 8% by a close dependence from the doctor or 6% by mobbing. Only 5% of the respondents declared that nothing bothers them.

By the opinion of 61% respondents, a nurse position in Poland is average; by 18% is low, and 7% of them think that their position is very low. A different opinion had the rest part of the surveyed (2%) who believe that performing the nursing profession ranks on high or very high position.

In the view shared by more than half of the respondents (54%) professional position of a nurse in a medical environment is on the same level in the last 10 years, 33% think that increased, or 7% that decreased. 6% did not have one opinion on this matter.

68,7% of the respondents were of the opinion that the departmental nurse appreciates their work only occasionally, 10% that she does it often, 9,3% never, 8,7% rarely or 3,3% always. 37% think that she often expresses opinions about their job, 31,7% that she does it sporadically, 15,3% always 12% rarely and 4% reported that she never does it. 63% reported that she sporadically provides a good opportunities for professional development for individual members of the team, 14% said that it is rare, 11,3% she does it always, 6,7% often and 5% reported that she never provides such an opportunity. 53,3% of the respondents were convinced about rarely well-planned work of the departmental nurse. 30% of them said that she does it sporadically but well, and the rest (9%) that often well or always well (7,7%). 43% were convinced that she sporadically help to resolve conflicts, 25% seldom, 16% never, 10% often and 6% always.

49% of the interviewees have declared that colleagues often appreciate their work results, 31,7% said that it happened occasionally, 8,7% never, 6,7% rarely and 4% that it happens always. 41,3% declared that they receive help from their colleagues when they have problems at work sporadically, 28,3% often, 16,3% always and 14% seldom.

53,3% were certain that they are never motivated to work, 29,7% that it happens sporadically, 10,7% seldom and 6,3% often.

58,3% of the respondents had an awareness that their opinion about the care is rarely

taken into consideration for decisions. 14% have claimed that this is rare, 11,7% often, 10% said that it never happens and 6% that it sometimes happens

According to 36% of the surveyed, daily problems encountered in the workplace were generally connected with health problems, 20% with experiencing tension, 19% with a reduced motivation to work, 13% felt an increased distance to the employees, and 12% dissatisfaction with the job and sense of frustration.

The professional problems of the respondents correlated with the health problems ($p=0.0001$), the feeling of stress and pressure ($p=0.0003$), reduced motivation to work ($p=0.0004$), increased distance to the employees ($p=0.0002$), and the feeling of dissatisfaction with the job and sense of frustration ($p=0.0002$).

From the analysis of Table 1 concerning the various aspects of work 48,3% of respondents are strongly dissatisfied with interpersonal relations with the departmental nurse. 37,3% of them show satisfaction in relationship only with colleagues at work, 51,3% with doctors, 86,7% with therapists, 93,3% with administration, and 66% with patients and their families. 52,7% of the respondents felt satisfaction about the sense of employment security, 41,7% about a medical equipment needed for the care of patients, and 46,7% cooperation with colleagues. In the opinion of 88,7% of nurses salary is definitely unsatisfactory. By 56,7% of nurses lack of opportunity for professional development is also disappointing. 55% showed impassivity in relation to the physical conditions to work these are environment and lighting.

The respondents asked about the physical discomfort felt in the context of their work, listed mostly spine disease – 52%, allergy to disinfectants – 32%, headache – 31,3%, pain in the legs – 29,7%, swelling of the lower limbs – 18,7%, and pain in the knee joints – 17,3%.

It was found that women report more health problems at work. Most often they complain about spine disease ($p=0.0001$), allergy to disinfectants ($p=0.0003$), headaches ($p=0.0004$) and pain in the legs ($p=0.0003$). There was no significance in terms of swelling of the lower limbs ($p=0.602$) and pain in the knee joints ($p=0.6002$).

It was claimed that the age of respondents differentiate their health problems. The older people were often accompanied by diseases of the spine than people between 21 to 30 years old ($p=0.0004$).

However, younger people were often exposed in their workplace to allergies to disinfectants ($p=0.003$). Every second person complained about the swelling of the lower limbs, ($p=0.027$) because of age and ($p=0.0002$) headaches.

Table 1. Satisfaction of respondents with various aspects of work.

Interpersonal relations between the examined and	Strong dissatisfaction	Dissatisfaction	Indifference	Satisfaction	Strong satisfaction
Departmental nurse	145	12	98	25	20
Work colleagues	22	32	45	112	89
Doctors	34	52	48	154	12
Therapists	-	-	30	260	10
Administration	-	-	-	280	20
Patients and their families	4	6	38	198	54
Cooperation with colleagues	15	26	65	140	54
Remuneration for work	226	65	3	6	-
Sense of job security	40	65	25	158	13
Physical conditions of work (environment, lighting)	20	37	165	36	42
Medical equipment needed for the care of patients	26	65	48	125	36
Opportunity for professional development	34	170	65	25	6

Nurses who perform their work in the hospital were more often exposed to all kinds of health complaints than nurses who work in the Outpatient Clinic or Non-public Health Care centre. What is more, nurses who work in the Health Care and Curative Institution show a large percentage

with health complaints, such as diseases of the spine, leg pain or swelling of the extremities. The hospital nurses frequently have indicated answers like the spine disease, the allergies to disinfectants and headaches (Table 2).

Table 2. Health problems associated with the performance of the nursing profession according to the workplace of surveyed.

Type of problem	Workplace												P
	Basic Health Care		Specialist Medical Outpatient Clinic		Hospital Department		Non-public Health Care centre		Health Care and Curative Institution		Individual Nurses practice		
	N	%	N	%	N	%	N	%	N	%	N	%	
Disease of the spine	22	25%	18	20%	85	38%	13	19%	18	28%	-	-	0.0003
Leg pain	11	12%	24	27%	24	11%	11	17%	15	22%	4	36%	0.0004
Allergies to disinfectants	9	10%	16	18%	48	22%	14	21%	9	13%	-	-	0.0003
Swelling of the lower limbs	11	12%	9	10%	10	4%	12	18%	11	16%	3	28%	0.0002
Headache	23	27%	13	14%	37	17%	11	17%	6	9%	4	36%	0.632
Pain in the knee joints	12	14%	10	11%	17	8%	5	8%	8	12%	-	-	0.027

The nurse's profession is also exposed to the aggression from the patients' side in the workplace; 87.2% of the nurses were in that kind of

situation. 70.7% pointed raised voice ($p=0.0004$), 69.3% vulgar vocabulary ($p=0.0002$), 46.3% offending ($p=0.0001$), 38.3% undermining the ability of nurses ($p=0.0003$), 15.3% spitting and pushing ($p=0.440$) and 2% beating (0.003).

53% of the nurses had to deal with an aggressive people under the influence of alcohol – 41% with people who were unsatisfied with hospital care, 29.7% with families of patients, surprised by the critical situation which they cannot cope with, 21.7% with patients unsatisfied with the conditions prevailing on ward, and 8.7% with drugged.

82.7% of the respondents asked if they ever want to go to another country and work there, mostly declared that they would not decide to do it. Every six person (17.3%) answered that they would like to go abroad to earn money, but this need to take place on the basis of the vacation leave.

DISCUSSION

A nurse is a person who has required qualifications confirmed by appropriate documents. She provides care benefits, preventive, diagnostic, therapeutic, rehabilitation, health promotion and health education. She performs actions that require observing skills, decisive and fair assessment of the patient's condition, recognizes a health needs and care problems. She performs nursing care in relation to a sick person and his family in the health institutions, in the place of residence of the patient, and in the learning and educational environment, executes orders in the medical diagnosis, treatment and rehabilitation. Health services are provided in accordance to the requirements included in the nurses and midwives Act. In the nurse profession an useful purpose should be a constant learning. A responsible nurse who performs her functions should consider as personal need striving to raise the level of her education. However, no motivation from the senior executives may cause that desires and needs can quickly become impossible to achieve. No positive impact of actions taken may also result in progressive burnout.

Current research shows that a small number of people (51%) interested in further education may indicate a low motivation to improve their skills. Factors which complicate taking a postgraduate education are high tuition costs disproportionate to the salary. 61% of nurses who want to participate in classes are forced to use their vacation leave, and 23% change their shifts with colleagues.

Also, low salaries relative to the amount of work and responsibility may influence decision about not starting the education. What is more, contribution to undertake postgraduate education is not always reflected in the improvement of professional situation, as well as career advancement.

This study shows that there are many aspects, which are the source of dissatisfaction with nursing. On the highest level of dissatisfaction (25%) was the low payment, and not enough nurses on a call (18%) which involves the large burden of mental and physical of nursing staff (14%), a low status of the profession (15%), a high responsibility and limited autonomy in decision-making, related to caring about pupils (4%), shift work discomfort, and continuous intercourse with dying and suffering (2%).

In Poland, there have been made attempts connected with the implementation of the Employment Standards in accordance to Minister of Health regulation from 1991, contained in the Act on the Health Care Institutions. Unfortunately, in due to the difficulties of estimating the time of each activity of the nursing actions (direct and indirect), and lack of objectivity in their measurement, it is impossible to achieve the desired aims. Those were confirmed by Klukowa's and Ksykiewicz-Dorota's researches [2].

Very interesting results were also presented by British team of researchers from the Royal Hospital Hallamshire in Sheffield. They showed that assessment needs of patients for health care should not be determined only based on a medical diagnosis, because, in reality, it does not reflect the workload of nurses. What is more, that patients with the same diagnosis can present a completely different clinical status.

One of the reasons of dissatisfaction with performing nursing may be a fact that some of the nurses are not convinced that they want to pursue this profession.

Krajewska-Kulak and coworkers [3] involved in their study 200 students of the first, second and the third year of the nursing. They showed that students of the first year of the nursing in 40% have chosen consciously this specialization, and 21.3% of them followed the vocation.

Getting the profession which they were looking for or a fortuity that they got it, was the reason of undertaking this type of education by 9.3% of respondents. 6.7% pointed a desire to study, and 2.7% continue family traditions. 11% did not have an opinion about this topic [3]. Students of the second year consciously have chosen the field of study. 66.3% were mainly guided by willingness to help others and the interest, and 18.2% by gaining the profession which they were looking for. The opinion about this subject did not have 15.5% of them. For students on the third year in the same

percentage (for 36.4%) motive to undertake study was a conscious choice or conviction about an easier opportunity to go abroad. Only 9.1% of them did want to get the profession [3].

Kropiwnicka et al. [4] involved 320 people in their research, including 160 students of the medical program, and 160 in the field of nursing. The determinants influencing the choice of profession were very different. A decision was an independent choice by 71.3% of the students of nursing. 38.8% declared that parents decided on the selection of study, 10% said that their siblings helped them in the decision, 10.6% pointed an extended family.

17.5% took studies at the instigation of friends [4]. A career counselor has an impact on their decision in 5%. 6.3% began studying at the urging of a teacher. 8.1% of the students were influenced by mass media. In case of 6.9% shows, university presentations decided about the choice of occupation. Other than the aforementioned determinants influenced the choice of field of study by 19% of students in a nursing program [4].

The research of Binkowska-Bury et al. [5] with 148 students of bachelor degree studies in nursing program at the Institute of Nursing and Midwifery University of Rzeszow showed that the most common, an external factor in choosing the field of education was an interesting, and attractive job in the future (78.4%). As the second place, 45.9% of the respondents mentioned the prestige of the profession of nurse, and 32.4% the prestige of the university had an important meaning. Every six person (16.2%) wanted to continue the family tradition [5]. For more than three-quarters of the respondents (78.4%) the choice of profession was dictated by desire to help other people. A comparable group of the respondents (71.6%) believe that the choice of profession was influenced by the prospect of contact with people connected with medicine. More than half of them (43,9%) concluded that compliance with the direction of the interests of education is a very important factor in a selection of profession. 39.2% declared that acquiring higher education and knowledge is also important.

From the Jara's research [6] which involved 260 nurses in the age of 21 to 53, and a professional experience from 5 to 30 years of work shows that the motives which influenced the choice of the nursing profession were varied. 41% of the respondents clearly emerged the motive like "interest" and "desire to help others". Among the respondents – 92% were aware that they voluntarily assume the obligation to serve another man [6]. Present respondents, asked about the motive which influenced the choice of this profession in majority (80%) claimed that the desire to help others decided about their choice. The calling was indicated only by 6%.

Most of the students in Krajewska-Kulak et al.' research [3] were convinced about the positive impact of studies to increase their professional prestige (90.7% from the first year, 81.8% from the second year, and 81.8% from the third year).

According to 34% of the nurses surveyed currently, higher qualifications will increase professional prestige.

In Kropiwnicka and partners' research [4] 88,8% of the students in nursing declared that they will work in an acquired profession.

Every third nurse who was currently examined claimed that if now she had to choose a profession, she would rather choose the nurse profession. However, 11% definitely would not choose this occupation.

If there was a possibility, 44% would rather resign from this profession. Only 5% decidedly would not like to work in different one.

In the workplace nurses are exposed to an inappropriate behavior from superiors, patients and other members of the therapeutic team. The above includes physical, mental and professional functioning of nurses.

Violence in the workplace is not a new phenomenon. Independently of its concentration, it is one of the major job stressors, and it can cause consequences of mental, physical, social and professional functioning.

Carrol and Morin [7] have observed that even 30% of the nurses surveyed were a victim of violence during the year of work.

In a study conducted by Jankowiak et al. [8] they demonstrated that 20% of nurses have contact only with the form of verbal aggression. Nearly 60% of the nurses in New Scotland reported that in the last year have experienced verbal insults, and 35% physical attack attempts [9].

People can not only speak about aggression in the workplace when aggressors are people from the professional community (patients, their families). We should also speak about this in those cases where attacks are revealed in the internal relations between employees, and they come from their bosses, colleagues, subordinates.

While aggression of foreign people is noticeable, the aggression from the collaborators is often neglected, ignored and what is more, sometimes even embarrassing.

The research made by Quine [10] results that 44% of nurses was harassed by their bosses and co-workers.

The Jankowiak et al.' research [8] showed that 28% of nurses experienced verbal abuse by their bosses, and nearly 40% by other co-workers.

Kowalczyk et al. [11] conducted a research with 300 medical employees (doctors, nurses, midwives) who work in open and closed medical facilities in the province Podlasie. Depending on

the profession and the harmful factor, from 5% to 95% of the respondents claimed the existence of hazards in the workplace.

The vast majority of respondents (80%) said that their workplace is a subject of the occurrence of aggression from the patients. 40% were exposed to vulgar behavior from patients (40%), and 60% to verbal aggression [11].

The research of Institute of Occupational Medicine in Lodz [12] showed that people who experience violence in the workplace more often complain of various physical ailments (headaches, tiredness), mental disorders (lack of satisfaction with the task, anger, feelings of worthlessness), and problems in the occupational functioning (occupational stress, burnout syndrome).

The environment of nursing should now aim to the integration by the respondents' opinion. Lack of kindness and support from management, i.e. departmental nurses who among other things do not want to agree to the training of nurses, because of fear of losing authority and position.

54% of the examined nurses have reported that they are not motivated to work. 41% that they received help from the departmental nurse occasionally. 58% declared that in the decision of caring the sick, nurses' opinion was taken occasionally into account which suggests that they were not appreciated in the work. In the conflict resolution 16% said that the ward never helped (16%), and 43% that she did so occasionally.

82% currently examined nurses were exposed to aggressive actions from patients in their work in the form of raised voice, vulgar language, insulting, undermining nursing skills and spitting and pushing.

In the light of these tests and their analysis, it can be concluded that the number of diseases associated with the nurse profession is increasing.

In the above mentioned research, Kowalczyk et al. [11] conducted the study with 300 medicine employees. 40% of the nurses indicated a workplace as a resource for the development of occupational diseases. For 76% allergies were the biggest inconvenience.

This is reflected in other Kowalczyk et al.'s works [13] where it has been shown that in the opinion of 40% of the nurses the workplace is the source of the development of occupational diseases, and 76% pointed that allergies were most indicated inconvenience.

These results are also confirmed by the Peplonska and Szeszenia-Dabrowska's work [14] from the institute of occupational medicine in Lodz. They were conducted in the years 1994-2001 and they have shown 394 cases of occupational diseases which constituted 52,1% of all found in this year in "Protection of health and social care." Women prevailed among the people with diagnosed occupational disease and represent 84.8% of this

group. Ten people had more than one disease entity, including mostly allergies like bronchial asthma, chronic allergic inflammation of the upper respiratory tract, allergic dermatitis [14]. The occupational diseases of workers employed in the hospitals developed infectious and invasive diseases constitute 73,9% of the total number of identified diseases in this group of workers. Among the skin conditions allergic eczema and immediate allergic skin diseases have dominated. In 73% the reason for that was latex, thiurams, mercaptobenzothiazole, and undefined components of elastic. Nickel and chrome in 8 cases were a cause of allergic skin diseases. As the cause of 9 diseases of the skin showed agents used for disinfection, including 3 cases of irritation of eczema, and 6 of allergic eczema [14]. Among the rest of the occupational diseases of the hospital staff from 1994 to 2001 16 cases of chronic diseases of the locomotor system have been found. They were associated with work in a forced position. In 9 cases chronic bronchitis induced by substances that cause paroxysmal spastic states and chronic, atrophic, hypertrophic, or allergic of mucositis. In 5 cases disease of the nervous system, because of the work performance related to the pressure on peripheral nerves [14].

The problem of allergy concerns health care professionals all over the world [quoted in 13]. In about 1,8% - 16,9% of people this problem was found in Western Europe, including 41,1% of French nurses and 33% of Polish nurses [quoted in 13]. However, in Asia this problem concerned 9,8% of Korean nurses. As the most common health problems 29% of the respondents included disease of the spine, and 17% allergy to disinfectants.

Kowalczyk and colleagues emphasize [13] that the professional activities of human in the modern world are becoming more important. They are also becoming a factor which accelerates the development of the individual in terms of skills, knowledge and personality.

Therefore, in recent years an interest of the medical environment has become the issue of hazards in the workplace and their prevention [13]. The problem of exposure to harmful, dangerous agents in the workplace is the subject of many policy makers. Research conducted in Poland, and abroad highlights the importance of this problem. Thus, it seems appropriate to monitor occupational exposures with taking into account harmful, and dangerous factors on the place of work, and implementation of prevention programs [13].

CONCLUSIONS

1. The low pay was considered as a main aspect of dissatisfaction in nursing, while financial security resulted in a feeling of satisfaction.

2. Professional problems of the respondents correlated with health problems, job stress, experiencing tension, reduced motivation to work, an increase distance to the employees, and a feeling of dissatisfaction and frustration with the work.
3. Age of respondents differentiates their health problems – the older people often were accompanied by disease of the spine, and the younger had allergies to disinfectants.
4. The respondents were exposed to various forms of violence in the workplace, including raised voice, bad language, insulting, undermining nursing skills, spitting, pushing or beating.

DEMANDS

1. Conclusions of the study indicate the need to create conditions that promote improving the skills of the nurses which could be rewarding by employer in the form of bonuses, prizes, promotion, or in partial refund for the costs of learning. Designation of a readable and available path of nursing developing may clearly influence satisfaction and prestige of the profession. It can facilitate the possibility of advancement in nursing, and what is even more important increase in quality of patient care.
2. The departmental nurses are someone to whom nurses must trust, should be open, care about nurses' good name and appreciate their work. As well as, they should take care of a good atmosphere in the interpersonal team. It must be stated that in the medical profession where the motto is, "service life and human health" the ethical directive should be respected in fulfilling everyday duties. Not only in caring of patients, but also in the relation to the interpersonal team of workers.
3. According to many professional health problems of nurses, procedures should be introduced when dealing with exposure to hazardous and harmful depending on the place of work. This involves the monitoring of occupational exposure, including the harmful and dangerous factors in the workplace, as well as the implementation of prevention programs.
4. Aggression phenomenon of patients in relation to nurses affects their functioning. Therefore, it seems necessary to introduce prevention programs addressed to the medical community. Their aim would be to prevent the occurrence of aggression from patient's side, and minimizing the effects their experience. Such programs should be addressed to employers whose role is to ensure the safety at work. As well as to employees who through them can raise its own competence to deal with this phenomenon.
5. Works employment standards should be attached to the contract with the National Health Fund. Their realization should be subject of a constant

monitoring by the authorities empowered to the supervision of health care.

Conflicts of interest

The authors have declared no conflicts of interest.

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