

The Opinions of Polish Nurses and Patients on Nursing Protests

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ABSTRACT

The aim of this study is to explore nurses' and patients' opinions about nurses in Poland going on strike. The study was carried out in Poland between January and June 2009, using 150 nurses and 150 hospitalized patients. The study was conducted using two questionnaire surveys. The main reasons why nursing strikes are organized, in the opinions of nurses, are: higher wages, the improvement of working conditions and the improvement of the image of the nursing profession. The main reasons why nursing strikes are organized, in the opinions of patients, are: higher wages, not abiding standards of employment by government and the improvement of the image of the nursing profession. The main reasons for a lack of active participation in strikes are holidays and occupational and economic matters. Patients and nurses support nursing strikes. Both nurses (53.3%) and patients (42%) said that organizing nursing strikes is right and might improve the occupational situation of nurses.

Key words: strikes, nurse, patient, opinions, hospital

Introduction

Health care workers across the world carry out protests, including in Poland. Between 2005 and 2010, nursing strikes took place in Australia, Slovakia, Portugal, Ireland, Denmark, Sweden, the UK and the USA⁸.

The main reasons that cause nurses to strike are considered to be financial aid for medical centres, wages, stationary care reforms, privatisation and the improvement of working conditions^{2–7}. Bulgarian nurses have gone on strike for reasons including health care reforms and issues regarding the migration of medical personnel⁹. Even in Finland, where health care workers are forbidden to strike, nurses have demanded that their wages be increased; they threatened to resign from work if their demands were not met¹⁰. In 2010 in the USA, the largest nurses' strike since 1997 took place. The fact that nurse-to-patient staffing ratios had decreased was the main reason why the demonstrations started¹¹.

A lack of financial balance, not enough money being spent on the public sector, public health care centre debts, the poor state of the infrastructures of healthcare centre, inadequate financing from the European Union (EU), medical personnel's low wages and the migration of nurses and general practitioners to EU countries have all

had an influence on the condition of Polish healthcare and have resulted in ethical dilemmas for nurses regarding how to provide patients with the best nursing care¹².

It is worth noting that the first nursing protest in Poland took place in 1968. At that time there were practically no unemployed nurses. Many healthcare institutions were hiring nurses, so it was easy for nurses to find a job either in a hospital or in public healthcare centre. Nursing schools were free, and those with dormitories enabled candidates from rural areas to receive an education. Nurses' dissatisfaction with their working conditions and low salaries has been increasing from the beginning of the 1950s. Numerous interventions and appeals to central authorities did not bring about the desired effects. Nurses worked in difficult conditions: after the WW II the majority of hospitals were devastated and were deprived of not only medical equipment and apparatus, but even beds, tables, bedding or dishes with which to serve the meals. In Lodz, for instance, only one out of the nine existing hospitals was equipped with basic equipment. The rest of the hospitals were almost completely stripped by Nazi, who took everything that was left after the war. The hospitals were overcrowded, but

the most difficult problem involved personal staff, including nurses and physicians. After WW II there were 1000 certified nurses in Poland. There were not enough members of healthcare staff in comparison to patients' needs, and this resulted in first-aid workers, people who worked as paramedics and anyone who wanted to help being hired as medical staff. As a result, this caused a reduction in the quality of healthcare. Those without professional training were performing the same actions as professional nurses and using the same equipment¹³.

It is difficult to find any information about nursing protests in media from the 1950s. Only two documents about the protests, prepared by the Minister of Interior, were found in the Institute of National Remembrance¹³.

The first document, called »Memorial« and written by Captain Kieras on the 2nd of April 1963, concerned a gathering of approximately 400–500 nurses at the Ministry of Health in Warsaw that took place on the 30th March 1963. Nurses were admitted to the Ministry in order to stop them gathering in front of the building and rallying the support of others. The negotiations took four hours. The nurses presented their demands: they wanted a 50% discounts on trains, six weeks of holiday, apartments to be allocated to nurses (for those living in dormitories), registered residences and less overtime. Due to the fact that it became difficult to end the negotiations, the Deputy Commander of the Civil Militia called for the nurses to stay calm and separate.

A second document, called »Information regarding situation among nurses« and dated the 30th of April 1963, included a list of people who were encouraging nurses to participate in a protest. The result was that nurses all over Poland were told about this protest. The demonstration was mainly supported by nurses, especially those who were young, those who had been in practice for a shorter amount of time and those living in dormitories. In the document there was information about physicians' moral support for nurses, as if the nurses' wages increased, theirs would have done the same.

In 1990 and 2000, subsequent protests took place, organized by anesthesiologists and surgeons. Nurses from the National Professional Association of Nurses and Midwives also joined these protests and claimed, under an amendment of the General Health Insurance Act, that health insurance they should have been increased from 7.5 to 11.0%. Nurses warned that non-subsidized healthcare would result in a crisis, a decrease in the quality of services and the loss of workers' jobs. Nurses were against the privatization of hospitals. In July 1999, approximately 8,000 nurses held mass public demonstrations in front of Parliament and the Cabinet Office. They held a one minute silence in remembrance of a nurse who died from a heart attack while on duty. In protest against non-subsidized health care and low wages, the nurses blocked the streets by the Ministry of Health and even tried to block border crossings, roads and railway connections. In December 2000, approximately 400 nurses blocked the railway which connects Warsaw to Berlin,

and at the same time in numerous hospitals in Poland nurses left patients by their beds for several hours¹³.

In relation to the increasing disappointment of health care workers, the Parliament of the Republic of Poland started work on a resolution which was intended to improve wages and working conditions. On the 22nd of December 2000 an act regarding systems for the negotiation of wages guaranteeing healthcare workers an increase in their average monthly wages was passed. This act was colloquially named the »203 act« – the name originates from the amount of salary increase valued for 203 Polish Zloty (50 EUR). However, nurses in most hospitals did not receive the guaranteed wages. In 2001, nurses organized a protest in order to file a mass claim, demanding the payment that was due to them according to the »203 act«. In spite of these demonstrations, protests and several court trials, the wages of medical personnel were unchanged and the nurses continued to fight. On the 19th of June 2007 nurses and midwives went again to the Ministry of Health in order to present the same issues that they had protested against in the 1990s, namely increasing subsidies for healthcare in order to ensure better access to and quality of medical care, as well the wages that nursing staff deserve¹⁴.

Contemporary Polish nursing has been developing, and along with changes in people's social lives and expectations regarding healthcare, the role of nurses has also been amended. Modern nursing involves knowledge, professionalism and passion. Nursing knowledge has continually been enriched and has brought about changes in professional practice. Poland's acceptance into the EU resulted in many changes in the nursing education system in accordance with the World Health Organization (WHO) standards for European Strategy for Nursing and Midwifery Education. Since 2004 the path of elementary nursing education in Poland includes only a bachelor degree program (programs vary in length 3–3.5 years). BA graduates may continue the study on two years master degree program. Nurses whom graduated from vocational nursing school before 2004 have an opportunity to complete their qualification up to bachelor degree on supplementary program (programs vary in length 1–1.5 years). As a result of Poland's acceptance into the EU, a problem regarding the diplomas and professional qualifications of medical workers has been acknowledged. The migration of medical workers has also become a key problem in both political and social terms. The scale and potential effects of the migration of medical personnel has been monitored in many countries. The results of studies carried out by the WHO have referenced the »world's medical cadre resource crisis«¹⁵. In Poland nurse-patient average ratios values 200 inhabitants¹⁶. This emigration phenomenon, in addition to fewer medical schools graduates (there were 1000 graduates in the 1990s, and 100–150 graduates in 2000), people resigning from their occupations, a natural shortage in nursing staff as well as increasing demands on healthcare in an ageing society have all together meant that the Polish labour market has been experiencing an increasing lack of

nurses¹². The migration of qualified nurses mainly involved the youngest group of nurses. Nurses mostly emigrate to Italy, the UK, Germany, Austria or other countries, and they also migrate outside the EU. Counteracting the migration of medical personnel requires an increase in their wages and an appropriate wages policy in the healthcare sector (www.mz.gov.pl)¹⁷.

Healthcare system reforms are very significant for the country repair programme in Poland. Using temporary solutions or satisfying the wage demands of one particular occupational group could not guarantee basic patients' rights, or lead to the occupational or economic stabilization of healthcare workers. On the 1st of June 2007, the National Board of the Polish Nursing Society and the Nursing Section of the Health Care Trade Union were informed about the atmosphere among trade union members relating to their negotiations with the government, as well as regarding the lack of clear financial proposals for an increase in their wages. As a result, the National Board of the Polish Nursing Society and the Nursing Section of the Health Care Trade Union recognized the need to intensify the form that the demonstrations and protests were taking. On the 5th of June 2007, healthcare institutions' presidents representing central trade unions assessed the course of the negotiations with the government. They declared to the nurses that the current social dialogue had not met the expectations of the nurses and that the government's proposals were only general and should have been more precise, and should have included relevant provisions guaranteeing an increase in wages. They also announced that collective actions would result in desired proposals not only ensuring the continuation of the present level of wages, but also ensuring an increase in the wages of all healthcare workers. In the aforementioned communication they also expressed their hope for the support and cooperation of the trade unions in the negotiations. In addition, they called for all nurses to take part in a mass protest, giving the exact day, hour and place at which it would happen. On the 19th of June 2007, in Warsaw, a national demonstration by healthcare workers took place, including nurses and midwives from across Poland. The aim of the demonstration was to petition the Polish prime Minister regarding an increase in subsidiaries for healthcare as well as the general improvement of the working conditions of nurses, midwives and all healthcare workers¹⁸.

For the first time, the nurses were completely ignored by the government. The Prime Minister Jaroslaw Kaczynski did not meet with the protesting healthcare workers, despite the fact that the protest had been reported to his chancellery in advance¹⁸. The demonstration turned into »White Town«, a vast, spontaneously organized protest at the Prime Minister's chancellery, that lasted from the 19th of June until the 15th of July 2007.

During the ensuing negotiations with the government on the 2nd of July, the Minister of Health declared that an increase in wages in 2007 was not possible. After that, the social representatives left the negotiations, claiming

that the government was not willing to take part in realistic and constructive negotiations, because it was not willing to increase the nurses' wages. In the face of long-term strikes of health care workers a government denounced what it called government »strategy« to delay taking up actions and prolog strikes, so that the society got use to them. It was convenient for the government to inform the society that nursing staff shortages problem does not exist to disregard nurses' reliability and arose antipathy against nursing strikes¹⁹.

Nurses fighting for the wages and working conditions that they deserved did not leave patients on their own. Only nurses who were on holidays or were having a day off represented their profession in the »White Town«. The government representatives accused nurses of having political motivations behind the protest. However, the proposed wage increase was only one element of the total repair project. Above all, the nurses wanted to perform at their very best and take good care of patients and those in need, especially weak or old people. Nurses care about the safety of patients and their good health. They wanted to tell the authorities and society about their fears and present proposed solutions to these problems. They hoped to be listened to and invited to take part in a debate, and instead were received by police officers, and were accused and insulted²⁰. What did they achieve? They demonstrated their strength, their organizational, logistic and communication skills, and gained the support of a vast proportion of society. Despite being disregarded by the government, the nurses did not feel defeated and continued to hope for an increase in their wages.

The aim of this study is to explore nurses' and patients' opinions about nurses in Poland going on strike.

Materials and Methods

The study was carried out in Poland between January and June 2009, using 150 nurses and 150 hospitalized patients. The data were collected at four healthcare centers in the Podkarpackie region: Voivodship Hospital in Rzeszow, Voivodship Hospital in Przemysl, County Hospital in Lesko and County Hospital in Mielec.

The study was conducted using two questionnaire surveys consisting of 16 questions which assessed the attitudes of respondents toward nursing strikes, as well as their reactions and expectations.

In order to check the intelligibility of the questions and to improve the study, a pilot study was conducted among 25 nurses and 25 patients in December 2008. The results of this pilot study did not demonstrate any structural defects of the tool.

The Commission for Bioethics at the medical department of the University of Rzeszow approved the study, which was conducted in accordance with the Helsinki Declaration. Participation in the survey was both voluntary and anonymous, and the research material was treated confidentially. The group in question was given

instructions in a covering letter, followed by the questionnaires. The return of the completed questionnaires was accompanied by the confirmation of the participants' agreements to take a part in the survey. Questionnaires were handed by the nurses outside the ward in order to avoid patients' fear that a participation refusal may result in worse nursing care.

The study population was purposefully chosen. The study was restricted to nurses and hospitalized patients in healthcare centers where, during the period from 2007 to 2009, there were nursing strikes. Proportional representation of people who had directly and indirectly taken part in nursing strikes was secured.

The gathered data were statistically prepared using the statistical package STATISTICA 9.0. Seniority was used as an independent variable in the statistical analysis. Chi-square test and the proportion test were used for data analysis. Chi-square test was used to examine statistical significance between two qualitative variables. The proportion test was used to consider the proportion of a sample for which a particular qualitative observation has been made. The proportion test verified if in the sample between two set sub-groups existed statistical significant differences in the frequency to occur particular values by selected qualitative variables.

Results

Among the group of nurses in this study, the majority were women (94.7%). This result reflects Polish statistics 95% women and 5% men¹⁶. The age range distribution was as follows: 20–30 years old (26%); 31–40 years old (40.7%); 41–50 years old (27.3 %); <50 years old (6.0%). More than half of the medical population in this study (55.3%) were from urban areas, and had secondary medical education (56.3%). Others (33.3%) were first degree undergraduates and 11.3% were graduates. In terms of how long they had served as nurses, 26.7% had served for less than five years, 12.7% had served for 6–10 years, 20.0% had served for 11–15 years, 18.7% had served for 16–20 years and 22.0% had served for more than 20 years.

Among the nurses, 55.3% were employed in Voivodship hospitals, and 44.7% were employed in county hospitals. In Poland names of hospitals are in accordance with currently in force administrative division including: voivodships (often referred to in English as provinces) and those are subdivided into counties, and these are further divided into communes or municipalities. Voivodship hospital covers an area of voivodship and usually is an institution with higher standard and better possibilities regarding diagnosis and therapy than county hospital. Despite of the fact that in Poland residents might be treated in any health care institution, most of them chose for those located the closest to the place of residence.

In the opinion of more than half of the respondents (55.4%), their monthly wage was between 1.600 and 2.000 PLN (400–500 EUR). Of the remaining respon-

dents, 53.3% earned 2.000–3.500 PLN (500–875 EUR) and 1.3% earned less than 1.600 PLN (400 EUR) per month.

Among the patients in this study, 64.0% were women. The age range distribution was as follows: 18–25 years old (25%); 26–35 years old (25.9%); 36–45 years old (27.1%); 46–55 years old (15%); <56 years old (7%). More than half of the respondents were from urban areas (55%). Of the respondents, 48% had received secondary education, 21% were graduates, another 21% were undergraduates, 7% had received vocational education and 3% had received a basic education.

Due to the small sizes of the groups, nurses who had worked for less than five years and from six to 10 years were put in one category. Similarly, nurses who had served for between 11 and 15 years, between 15 and 20 years and for over 20 years were put into another group.

A detailed data analysis demonstrated that the most important reasons why nurses protested in the opinion of nurses were: an increase in their wages (32%, $p=0.946$); suitable working conditions (23.8%, $p=0.264$); an increase in the prestige of the nursing occupation (16.6%, $p=0.519$); an increase in nursing employment 16.1%, ($p=0.963$), and changes to healthcare systems (11.4%, $p=0.128$).

Nurses stated that their unfavorable situation is a result of the following factors: several years of negligence of the government in healthcare (76.6%, $p=0.137$); health care reforms and implementing health insurance systems based on the National Health Fund (42%, $p=0.172$); changes to legislation being made too slowly (33.3%, $p=0.636$); an unsatisfactory shift system (6%, $p=0.097$); the effects of several years of an unsatisfactory education system (3.3%; $p=0.172$), and too few nurses occupying meaningful positions (2.6%, $p=0.939$) (Table 1).

More than half of the nurses in this study (53.3%) recognized that only organized protests might improve the occupational situation of nurses in Poland; 38.7% claimed that strikes do not help at all, as the government makes empty promises and 8% did not have an opinion regarding this matter. There was no statistical dependency between the opinions about the meaning of protests and seniority ($p=0.886$).

Regardless of the level of seniority, nurses stated that if they did not immediately achieve their intended goals they would consider going abroad (33.7%, $p=0.623$), they would change their qualifications (32.2%, $p=0.260$), or they would continue to strike and fight (23.6%, $p=0.128$) and 10.6% of respondents was not able to answer this question about their future ($p=0.489$).

Data analysis regarding the active participation of nurses in protests indicated that more than half of the respondents (56%) did not take an active part in protests, while 44% took an active part in different forms of strikes. There was a statistically significant relationship between seniority and active participation in strikes ($p=0.007$), which means that nurses who have served for longer (52.7%) were more likely to take an active part in strikes than those who had served for a shorter amount of time (30.5%).

TABLE 1
REASONS FOR THE UNFAVOURABLE SITUATION OF NURSES IN POLAND IN THE OPINION OF NURSES

What, in your opinion, is the reason for the unfavourable situation of nurses in Poland?	Seniority				P (proportion test)	Total	
	0–10 years		11+			N=150	%
	N	%	N	%			
Many years of negligence of the government in healthcare	49	83.1	66	72.5	0.137	115	76.6
Shift work	3	5.1	6	6.6	0.978	9	6
Health care reforms, implementing health insurance systems based on the National Health Fund, unfavorable contracts for nursing services, a lack of valuation for nursing services	20	33.9	43	47.3	0.105	63	42
Legislative changes performed by the government are too slow	21	35.6	29	31.9	0.636	50	33.3
Many years of an unsatisfactory education system	0	0	5	5.5	0.172	5	3.3
Too few nurses in managing positions	1	1.7	3	3.3	0.939	4	2.6

The nurses stated that the following reasons were responsible for nurses not taking an active role part in strikes: reasons related to their families (46.6%; $p=0.396$); occupational reasons (27.3%; $p=0.146$); financial reasons (21.3%; $p=0.291$), health-related reasons (18%; $p=0.481$), holidays or maternity leave (16%; $p=0.511$); ethical reasons (10.6%; $p=0.075$), and the fear of consequences and job loss (see Table 2).

Most nurses (70%) said that only organized strikes might improve socio-occupational situation of nurses in Poland, while 17.3% said that strikes would not only fail to have an effect, but might even worsen the situation, and 11.3% of the respondents had no opinion on the matter. The chi-square test result was not statistically significant ($p=0.231$).

Almost half of the nurses (46.0%) considered themselves as strong as individuals, and stronger as a collective and ready to take an active part in protest actions. However, 40.7% of the nurses were ready to display their solidarity with colleagues in a passive way. The rest of the respondents were neutral regarding strikes (13.3%). The chi-square test result was not statistically significant ($p=0.576$).

Data analysis considering the subjective feelings of the nurses in respect to patients' attitudes towards stri-

kes showed that more than half of the nurses (59.4%) believed that patients accept protests, and understand and support the striking nurses. According to 20.6% of the nurses, patients are dissatisfied with strikes and condemn them. Some respondents (10%) believed that patients were indifferent towards strikes and 16% were unable to describe patients' attitude toward strikes. There was statistical dependency between seniority and two of the nurses' opinions about patients' attitudes toward strikes: patients accept strikes ($p=0.001$) and patients condemn strikes ($p=0.047$). Respondents who had served for longer were more likely to state that patients supported strikes (70.3%), and those who had worked for shorter periods of time said that patients were rather disappointed with organized nursing strikes (28.8%) (Table 3).

The most acceptable forms of protest in the opinion of the nurses were: not filling out documents and National Health Fund reports (23%); putting up flags and flyers and posters (22%); taking over hospitals and healthcare centre (13.2%); taking a break from work for a couple of hours (12%); mass holidays (8.2%) and protest starvation diets (7.1%). The least acceptable forms of protest were: leaving the patients (5.1%), resigning as a group (4.8%) and blocking roads (4.4%).

TABLE 2
REASONS FOR LACK OF ENGAGEMENT IN NURSING PROTEST ACTIONS

Why, in your opinion, do not all nurses actively participate in protest actions?	Seniority				P (proportion test)	Total	
	0–10 years		11+			N=150	%
	N	%	N	%			
Health matters	9	15.3	18	19.8	0.481	27	18
Family matters	25	42.4	45	49.5	0.396	70	46.6
Occupational matters	20	33.9	21	23.1	0.146	41	27.3
Holidays	8	13.6	16	17.6	0.511	24	16
Ethical matters	3	5.1	13	14.3	0.075	16	10.6
Financial matters	10	16.9	22	24.2	0.291	32	21.3
Other	7	11.9	16	17.6	0.342	23	15.3

N.B. Results do not add up to 100%, because it was possible to choose more than one answer

TABLE 3
THE NURSES' SUBJECTIVE FEELINGS REGARDING PATIENTS' ATTITUDES TOWARD STRIKE ACTION

How do you evaluate patients' attitudes toward strikes?	Seniority				P (proportion test)	Total	
	0–10 years		11+			N=150	%
	N=59	%	N=91	%			
They accept healthcare workers' strikes, and understand and support them	25	42.4	64	70.3	0.001	89	59.4
They express their dissatisfaction and condemn strikes	17	28.8	14	15.4	0.047	31	20.6
They are neutral	7	11.9	8	8.8	0.540	15	10
Difficult to say	10	16.9	14	15.4	0.798	24	16

N.B. The results do not add up to 100%, because it was possible to choose more than one answer

An analysis of the nurses' opinions regarding subjects taking part in negotiations during nursing strikes showed that according to almost half of the respondents (47.1%), the government should negotiate conditions and demands with striking nurses. The following bodies should also be involved, according to the nurses: directors of healthcare centers (34.2%); the Health Care Fund (12.3%), and the local government (6.4%). At the same time, most of nurses in this study said that they are not treated as partners in negotiations (37%), while 26.8% said that the government disregards nurses' demands, and 17.0% felt insulted. According to 11.5% of the nurses, government representatives are disrespectful towards protesting nurses and tend to suggest that as an occupational group, nurses do not know what they want (7.7%).

Results concerning the expected results of protest actions showed that nurses believe that protests achieve their goals to a certain extent (60%). In the opinion of 28% of the respondents protests do not usually achieve their expected goals, while 12% had no opinion on this matter. There was statistical dependency between seniority and the perceived effectiveness of strikes ($p=0.008$). Nurses with who had served for longer periods of time (65.9%) were more likely to state that strikes were effective than nurses who had served for shorter periods of time (50.8%).

In spite of numerous problems related to the nursing occupation and regardless of seniority, 42.6% of the nurses would choose the same occupation again, due to the vocation itself ($p=0.196$), while 45.9% of respondents would not decide to be a nurse again ($p=0.716$) and 18.8% had no opinion on this matter ($p=0.365$).

Almost half of the studied patients (46.7%) perceived nurses as workers who had to carry out orders (e.g. fitting drips, giving injections). In the opinion of 30.7% of the respondents, nurses are professionals who act according to their occupational functions, while 7.3% of respondents perceived nurses as a self-reliant workers, who have an active part in the nursing process and 15.3% had no opinion on this matter. More than a half of the respondents (51.4%) said that the nursing occupation has average vocational prestige, while 34.6% thought it was

highly prestigious and 14.0% did not think it was prestigious.

Most of patients (73.3%) were aware that nursing strikes had occurred in Poland in the past and knew about them from the mass media, while the remaining 26.7% had experienced them personally. Of the respondents, 42% supported the organization of strikes among nurses, 34% supported them but believed that the strikes should take a more dignified form, 14% said that there was no need to organize strikes and 10% did not have an opinion on this matter.

According to the patients' opinions, the most acceptable forms of protest are: putting up flags, leaflets and posters (34.7%); taking over the hospitals and healthcare centre (17.3%), taking a break from work for a couple of hours (16%), resigning as a group (15.6%), protest starvation diets (6.1%), road blocks (5.2%) and leaving the patients (5.1%).

The main factors which result in protest action being taken, in the opinion of patients were as follows: low wages (80%), not abiding standards of employment by employers (47.3%), and the need for nursing's image to be improved in society (42%) (see Table 4).

TABLE 4
FACTORS WHICH RESULT IN PROTEST ACTION BEING TAKEN IN THE OPINIONS OF PATIENTS

No.	Factors	N=150	%
1	Not to abide employment's standards by employers	71	47.3
2	Exposure to stress	50	33.3
3	Low occupational prestige	51	34
4	Low wages	120	80
5	Social underestimation of the nursing occupation	63	42
6	Low rates of healthcare insurance	24	16
7	Shift system	10	6.6
8	Other	4	2.6

N.B. The results do not add up to 100%, because it was possible to choose more than one answer

36.0% of patients were neutral regarding strikes, 34% supported strikes but feared that proper nursing care would be sacrificed, and 28% were dissatisfied with strikes, as in their opinion they should not take place.

In the opinion of 46.7% of the patients, the Ministry of Health is responsible for strikes, for 27.3% the boards of directors at healthcare centre are responsible, and 22% believed that the nurses themselves are responsible.

The results of the data analysis show that 51.3% of the patients said that only strikes can improve the situation of nurses, 32.7% said that strikes do not bring the desired and 16% said that strikes would have an effect, but that not all of the strike's aims would be achieved.

In the opinion of 56.3% of the respondents, if nurses' demands remain unfulfilled, it may result in them migrating abroad, while 34.7% stated that they may change their occupation. Generally speaking, the patients did not lose their trust in nurses after they protested; 54.7% did not change their opinion of nurses who went on strike, and 45.3% knew that they could always count on nurses in a life threatening situation.

Discussion

The study presents nurses' and patients' opinions about organized nursing strikes. It should be emphasized that organizing strikes is a multifaceted process. The decision to strike often causes ethical dilemmas for nurses, as they realize that expose patients to additional stress and worries about a proper care. If such a decision is undertaken, it is usually regarding something more important than the improvement of nurses' economic conditions²¹.

Strikes in the health care always stirs up numerous controversies in the society and are the results in dilemmas of health care workers and mixed feelings. From one hand nurse want to fight for their and patients' rights and work conditions improvement, from the other hand they have a feeling that strikes may result in nursing care deficit. Mentioned dilemmas very often is the reason for not taking part in the strike by the part of nursing staff.

The results of the present study have indicated that among the main reasons why nursing strikes are organized in the opinions of nurses are: higher wages, improved working conditions and a more positive image for nursing. These data are in line with the main reasons why nurses across the world go on strike²⁻⁷. In general, in the opinion of many respondents (both nurses and patients), strikes are not the best way in which to resolve a conflict. Nevertheless, organizing them might help in providing better healthcare, especially when the patients' safety during their stay in hospital is threatened²¹. This opinion was shared by the majority the nurses in this study. Nurses across the world do not accept low standards of employment, unlimited working hours or a lack of obligatory overtime pay²².

According to the respondents, the unfavorable situation of the healthcare system in Poland has been caused

by several years of negligence in the healthcare system, health care reforms and the implementation of health insurance systems based on the National Health Fund as well as changes in legislation that take place too slowly. Similar results were found in study of Radkiewicz and Widerszal-Bazyl (2005). They noted that several years of negligence in the healthcare system, underfunded healthcare centre, healthcare reforms, the underestimation of the importance of the problem, a lack of ideas of how to solve the problem and changes in legislation taking place too slowly were the main reasons why nursing strikes were organised²³. For several years nurses were disappointed with the Polish government about not receiving proper respect for the postulates regarding nursing care system. This in turn resulted in frustrations about not being allowed to participate in health care reforms. Lack of respect influenced their ability to provide the nursing care and resulted in ethical dilemmas if patients receive a proper treatment.

The findings of the present study indicated that in, the opinions of nurses, the majority of patients accept healthcare workers protesting. However, in situations when patients supported protesting workers, again nurses faced an ethical dilemma as they felt frustrated if patients received the very best care. It is interesting that in the opinions of patients, nursing strikes are a neutral phenomenon. One third of the patients supported organized protests, but that proper nursing care would be sacrificed. A large group of patients said that strikes should never take place among workers in medical occupations. According to the Public Opinion Research Center, in 2007 nursing strikes were supported by more than half of Polish residents (67%), 18% of the population was against them and 13% were neutral²⁴.

Both nurses and patients agreed that nursing strikes are legitimate and have the potential to bring about improvements in Poland. Several ideas were put forward regarding the form that strikes should take. It is important to choose the correct form for a strike so that will achieve its aims, but not harm patients. Nurses agreed that the most acceptable forms of strikes were: not filling out documents and National Health Fund reports as well as putting up flags, leaflets and posters. However, in the opinions of patients, putting up flags, leaflets and posters, as well as taking over the hospitals and healthcare centre, were the most appropriate forms of protest. This is in line with the findings of the Public Opinion Research Center regarding the most acceptable forms of strikes²³. It should be emphasized that nurses always try to be reserved in choosing the forms that their protests will take. Nevertheless, sometimes they are forced to adopt a particular form of protest because of a lack of dialogue with the government.

Most patients stressed that the responsibility for nursing strikes lies with the Ministry of Health, and that the Ministry should feel remorse. According to many sources in Poland, the government implemented the tactic of splitting up healthcare workers by interfering in nursing strikes e.g. through improper politicians' statements and

the police using force against protestors²⁴. Nurses were convinced that, in line with the nature of their vocation, they should express feminine qualities such as sensitivity and caring, and that politics, as a »dirty« discipline, should not be a subject of interest to women. It seems unacceptable that the budget for the future is decided by politicians, who have refused to improve working conditions which are directly related to health and saving lives, and who have referred to well educated and high-performing women with contempt and disrespect²⁵.

The majority of nurses said that protest actions only partially bring about the desired effects. However, in the opinion of most patients, strikes do not bring about the desired results. These findings are in line with those of Dobrowolska (2006), who by showing the background of nursing strikes from the past 47 years proved that decades of strikes had not met with the desired success¹³.

The fact that nurses' expectations were not fulfilled often resulted in either their occupational migration to EU countries or a change in their qualifications. These results were also found in a previous study; Gawracka-Czachor (2006) pointed out that in the period from 1999 to 2004, 600 nurses and midwives emigrated from the South of Poland, and that this trend is increasing every year²⁶. Nursing is fast becoming an extinct profession in Poland. Decreasing numbers of nursing students, increasing levels of emigration and an increasing number of nurses who are soon to be retired may result in a deficit in nursing care. It should be emphasized that during the »White Town« protest, nurses fighting for improved working conditions did not leave their patients. They protested only during holidays or their days off. This form of protest is with accordance with the regulations of the Polish Nursing Association, which supports the European Committee Strategy dating from the 21st of February 2007: »Improving quality and productivity at work: Community strategy 2007–2012 on health and safety at work«. In regard to nursing strikes, the Polish Nursing Association supports all justified forms of protest which aim to improve working conditions, excluding those which involve leaving patients without care and exposing them to danger. Such a form of protest is inappropriate as it is inconsistent with nursing ethics. Nurses have a

right to a safe working environment, which guarantees that they can perform tasks which are necessary for the safety of their patients²⁷.

In spite of some discrepancies between studies by different authors which have examined different aspects of nursing strikes, all of these researchers have recommended finding out more about nurses' opinions.

Conclusions

1. The main reasons why nursing strikes are organized, in the opinions of nurses, are: higher wages, the improvement of working conditions and the improvement of the image of the nursing profession.
2. The main reasons why nursing strikes are organized, in the opinions of patients, are: higher wages, not abiding standards of employment by government and the improvement of the image of the nursing profession.
3. The main reasons for a lack of active participation in strikes are holidays and occupational and economic matters.
4. Patients (86%) and nurses (56%) support nursing strikes; however, they fear that they will lead to the sacrifice of proper nursing care.
5. Both nurses (53.3%) and patients (42%) said that organizing nursing strikes is right and might improve the occupational situation of nurses.
6. The most acceptable forms of protest, in the opinions of nurses, were: not filling out documents and National Health Fund reports as well putting up flags, leaflets and posters. In the opinions of patients, putting up flags, leaflets and posters as well as taking over hospitals and healthcare centre were the most acceptable forms of protest.

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MIŚLJENJA POLJSKIH MEDICINSKIH SESTARA I PACIJENATA O PROTESTU MEDICINSKIH SESTARA

S A Ź E T A K

Cilj ovog rada je istražiti mišljenja medicinskih sestara i pacijenata o štrajku Poljskih medicinskih sestara u Poljskoj. Istraživanje je provedeno u Poljskoj od siječnja do lipnja 2009, na 150 medicinskih sestara i 150 hospitaliziranih bolesnika. Istraživanje je provedeno pomoću dvije ankete. Prema mišljenju medicinskih sestara glavni razlozi zašto su štrajkovi organizirani su: veće plaće, poboljšanje uvjeta rada i poboljšanje imidža struke. Prema mišljenju pacijenata, glavni razlozi zašto su štrajkovi organizirani su: veće plaće, a ne poštivanje uvjeta zapošljavanja u državnoj upravi te poboljšanje imidža struke. Glavni razlog izostanka aktivnog sudjelovanja u štrajkovima su praznici te profesionalni i gospodarski razlozi. Pacijenti i medicinske sestre podržavaju štrajkove. I sestre (53,3%) i pacijenti (42%) složili su se kako je u redu organizirati štrajk te da to može poboljšati status medicinskih sestara.