

Selected paper of 6th International Congress of Nursing (ICON-2022) 12 – 15 October 2022 Antalya, Turkey
(ONLINE CONFERENCE)

The levels and factors affecting nurses' work alienation

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Suggested Citation:

Karabulut, Y., Danacı, E. & Koç, Z. (2022). The levels and factors affecting nurses' work alienation. *New Trends and Issues Proceedings on Advances in Pure and Applied Sciences*. 2022(1), 75-85. <https://doi.org/10.18844/gjpaas.v2022i1.8775>

Received from October 27, 2022; revised from November 26, 2022; accepted from December 28, 2022.

Selection and peer review under the responsibility of Prof. Dr. Nilgun Sarp, International Final University, Faculty of Health Sciences, Kyrenia, North Cyprus

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Abstract

This study aimed to determine the factors affecting the level of work alienation among nurses. The research was conducted with the participation of 182 nurses working in a university hospital. Data were gathered using a 23-question descriptive information form for nurses developed by the researcher following the literature review aimed at identifying nurses' sociodemographic and work-life characteristics as well as the Organizational Alienation Scale. Statistically significant differences were observed among the nurses in terms of their sociodemographic and work-life characteristics based on the Organizational Alienation Scale score. The level of work alienation was higher among single nurses, those who preferred their profession unwittingly, those who were not satisfied with their occupation, nurses who weren't satisfied with the unit they were assigned to, nurses who weren't willing to choose the department they worked for, nurses who did not belong to a nursing-related institution or association and who considered quitting.

Keywords: Alienation; nurse; work alienation; work environment.

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1. Introduction

Work alienation is defined as “the reflection of the negative feelings of the individual caused by the disappointment experienced due to the working conditions at the workplace”. Work alienation may also occur as a consequence of an organization's inability to provide the working conditions that value the individual as a human being such as autonomy, responsibility, social interaction, and self-actualization [1,2].

Alienation is the feeling of powerlessness, meaninglessness, and self-estrangement as a consequence of being dissatisfied with one's job [3]. *Powerlessness* is explained as the inability of individuals to control and have a say in business decision-making processes; *Meaninglessness* exists when employees feel that they contribute little to the organization, on the other hand, *Self-estrangement* is defined as the situation in which individuals lose their intrinsic motivation with the thought that they cannot meet their wishes and needs and instead external motivation factors become more important for employees [4].

Individuals experiencing work alienation feel isolated in the institutions they work for [2]. Factors that cause alienation in the work environment can be listed as the qualifications of the work environment, the ambiguity of the roles, the feeling of worthlessness in the organization, heavy working conditions, the employee's loss of control over the work, the inability of the individual to demonstrate his autonomy [5,6]. Work alienation experienced by the individual in the organization may cause a decrease in job and life satisfaction, loss of motivation, decrease in organizational commitment, burnout, cynicism, and an increase in the intention to leave the job [7-9].

Work alienation may be experienced among nurses, as in many other professional groups [10]. On the other hand, work alienation experienced among nurses may differ from other professional groups due to the extremely stressful working conditions of nurses. Nurses may experience work alienation on the grounds of factors such as ambiguity in the roles and duties undertaken, working on shifts, the fact that nurses with different educational backgrounds may be assigned within the same staff, confusion concerning the distribution of duties, heavy workload, inability to play an active role in decision-making processes, decrease in job satisfaction, burnout, increase in the duration of employment, being dissatisfied with the wage paid, lack of equipment and materials [11-13]. For this reason, determining the level of work alienation of nurses assigned in health care institutions is considered a significant issue to improve the quality of the service provided therein. The results to be derived from this study is thought to serve to determine the level of work alienation experienced by the nurses and the factors affecting it and to develop appropriate strategies accordingly.

1.1. Purpose of the Study

This study, which aims to determine the factors affecting the level of work alienation experienced by nurses, sought answers to the following questions:

- What are the socio-demographic characteristics of nurses?
- What are the characteristics of nurses regarding working life?
- What are the factors affecting the level of work alienation experienced by nurses?

2. Material and Methods

2.1. Participants

This descriptive study was conducted with the participation of 182 nurses assigned in a university hospital between 01.09.2019 and 01.11.2019 and who consented to participate in the study. To determine the sample size, the formula that is used to determine how many individuals are required in a known population was used [14]. The sample size of the study was calculated, with a 5% error at the 90% confidence interval, as 165 of a total of 459 nurses working in the university hospital where the study was conducted. The data collection procedure was completed upon reaching 182 nurses, taking into consideration any probability of data loss. Voluntary nurses who had consented to participate in the research were included in the study.

2.2. Data Collection Tools

Research data were collected using the “Descriptive Information Form for Nurses” and “Organizational Alienation Scale”. The descriptive Information Form for Nurses consists of 23 questions that aim to determine the socio-demographic and working-life characteristics of nurses. The questionnaire was pre-tested with a pilot scheme in a group of 10 nurses and the nurses who participated in the pilot scheme were not included in the sample.

2.2.1. Organizational Alienation Scale

The Organizational Alienation Scale, consisting of 36 items, is a five-point Likert-type scale developed by Minibaş [15]. The items in the scale are scored as “(1) Strongly Disagree”, “(2) Disagree”, “(3) Neither Agree nor Disagree”, “(4) Agree” and “(5) Strongly Agree”. The scale consists of six dimensions: Powerlessness, Meaninglessness, Normlessness, Distancing from Oneself (Self-estrangement), Social Isolation, and Work Alienation. An increase in the score obtained from the scale is interpreted as an increase in the level of alienation. Cronbach's Alpha reliability coefficient of the Organizational Alienation Scale in this study was calculated as 0.94 for the overall scale whereas Cronbach's Alpha reliability coefficients concerning Powerlessness, Meaninglessness, Normlessness, Distancing from Oneself (Self-estrangement), Social Isolation, and Work Alienation were determined as 0.79, 0.82, 0.71, 0.85, 0.90 and 0.91 respectively.

2.3. Ethics

Ethics Committee Approval was obtained in advance from the Human Research Ethics Committee before initiating the study. The nurses participating in the study were duly informed about the study and their informed consent was obtained before research data were collected by the researchers.

2.4. Data Collection procedure

Nurses were explained that the decision on whether or not to participate in the research would entirely pertain to their discretion and that the data to be collected in this study would exclusively be used within the scope of the research. Ethics Committee permission from the relevant institution and informed consent of the nurses included in the study were obtained to collect research data. Data collection took approximately 15-20 minutes.

2.5. Data Analysis

Data collected in the research were analyzed using the IBM SPSS 22 software. Whether the quantitative data collected met the normality assumption was analyzed by Shapiro-Wilk and Kolmogorov Smirnov tests. Data were analyzed using the Kruskal Wallis test and Mann Whitney U test, One-Way Analysis of Variance, and independent sample t-test. The reliability of the scales was analyzed with Cronbach Alpha. Quantitative data were presented in median values (minimum-maximum), whereas qualitative data were presented in frequency (percentage). The significance level was considered as $p < 0.05$.

3. Results

Of the nurses participating in the research, it was determined that 80.8% were women, 19.2% were men, 68.7% were married, 64.8% had a bachelor's degree, 90.7% had a nuclear family, 39.6% were assigned to internal services, 53.3% were assigned in surgery services and 7.1% were assigned in intensive care service, 94% have worked as service nurses, 37.4% have worked between 6-10 years, 73.0% have been employed as a permanent staff, 78.0% have been working in shifts, 72.5% voluntarily preferred the nursing profession, 63.2% were satisfied with their profession, 54.4% were satisfied with the service they were assigned in, 59.3% did not voluntarily choose the department they were assigned in, 46.7% have provided care to 6-10 patients, 67.0% of them have been members to an organization or association related to their profession, 64.3% have attended conferences and meetings related to their profession and 42.3% have thought of leaving the profession. The mean age of the nurses was determined as 31.4 ± 5.3 (Table I).

TABLE I
DISTRIBUTION OF THE NURSES' SOCIO-DEMOGRAPHIC AND WORKING LIFE CHARACTERISTICS

		n	%
Age Groups (31.4 ± 5.3)	17-26 years of age	38	20.9
	27-36 years of age	114	62.6
	37 years and older	30	16.5
Gender	Female	147	80.8
	Male	35	19.2
Marital Status	Married	125	68.7
	Single	57	31.3
Educational Background	Vocational High School of Health Services	37	20.3
	Associate Degree	13	7.2
	Bachelor's Degree	118	64.8
	Post Graduate Degree	14	7.7
Family Structure	Extended family	17	9.3
	Nuclear family	165	90.7
Assigned Service	Internal Services	72	39.6
	Surgery Services	97	53.3
	Intensive Care Service	13	7.1
Duty Undertaken in the Service	Department Nurse	171	94.0
	Chief Nurse	11	6.0
Duration of Employment	1-5 years	47	25.8
	6-10 years	68	37.4
	11-15 years	42	23.1
	16-20 years	25	13.7
Employment Status	Permanent Staff	133	73.1
	Contracted Staff	49	26.9
Mode of Employment	Day-work	40	22.0

	On shifts	142	78.0
Voluntary Preference of Being a Nurse	Yes	132	72.5
	No	50	27.5
Satisfaction with regard to the profession	Satisfied	115	63.2
	Unsatisfied	18	9.9
	Indecisive	49	26.9
Satisfaction with regard to the service	Satisfied	99	54.4
	Partially satisfied	72	39.6
	Unsatisfied	11	6.0
Voluntary Preference of Being Assigned in Current Service	Yes	74	40.7
	No	108	59.3
Number of patients cared for	1-5 patients	29	15.9
	6-10 patients	85	46.7
	11-15 patients	18	9.9
	16-20 patients	17	9.3
	21 and more patients	33	18.2
Being a member of a Nursing Organization or Association	Yes	60	33.0
	No	122	67.0
Having attended Conferences and Meetings Related to Nursing	Yes	65	35.7
	No	117	64.3
Intention to Leave the Job	Yes	77	42.3
	No	51	28.0
	Indecisive	54	29.7

The mean overall score from the Organizational Alienation Scale is 2.5 ± 0.6 . Mean scores obtained from Powerlessness, Meaninglessness, Normlessness, Distancing from Oneself (Self-estrangement), Social Isolation, and Work Alienation dimensions of the Organizational Alienation Scale were determined as 2.9 (1-5), 3.2 (1-5), 2.4 (1-5), 2.3 (1-5), 2.0 (1-5) and 2.8 (1-5) respectively (Table II).

TABLE II
MEAN, STANDARD DEVIATION, AND MEDIAN OF THE OVERALL SCORE FROM THE ORGANIZATIONAL ALIENATION SCALE AND SCORES WITH REGARD TO THE DIMENSIONS

Organizational Alienation Scale	Mean ± SD	Median (Min-Max)
Powerlessness	2.9 ± 0.8	2.9 (1-5)
Meaninglessness	3.1 ± 1.0	3.2 (1-5)
Normlessness	2.4 ± 0.8	2.4 (1-5)
Distancing from Oneself (Self-estrangement)	2.4 ± 0.8	2.3 (1-5)
Social Isolation	2.0 ± 0.9	2.0 (1-5)
Work Alienation	2.7 ± 1.1	2.8 (1-5)
Total	2.5± 0.6	2.3 (1-5)

Min.: Minimum. Max.: Maximum. S.D: Standard Deviation

The results of the study revealed that the overall score obtained from the Organizational Alienation Scale differed depending on the Marital Status of the Nurses ($p=0.030$), Voluntary Preference toward Being a Nurse ($p=0.001$), Satisfaction with regard to the profession ($p<0.001$), Satisfaction with regard to the service assigned in ($p<0.001$), Voluntary Preference of Being Assigned in Current Service ($p=0.001$), Number of patients cared for ($p=0.041$), Being a Member to a Nursing Organization or Association ($p=0.022$) and Intention to Leave the Job ($p<0.001$). The level of organizational alienation of single nurses, who have not voluntarily preferred to be a nurse, who were unsatisfied with their profession or who were indecisive about whether they were satisfied or not of being a nurse, who were unsatisfied with the service they were assigned in, who have not voluntarily preferred the service assigned in, who was not a member to a nursing organization or association and who thought about leaving the job and who were indecisive about leaving the job were found to be higher.

The findings of the research indicated that the overall score obtained from the Organizational Alienation Scale was not affected by age, gender, educational background, family structure, assigned service, duty undertaken in the relevant service, duration of employment, employment status in the hospital, mode of employment and having participated in congresses, conferences, and meetings related to their profession ($p>0.05$) (Table III).

TABLE III
COMPARISON OF THE SOCIO-DEMOGRAPHIC AND WORK-LIFE CHARACTERISTICS OF NURSES AND THE OVERALL SCORE OBTAINED FROM THE ORGANIZATIONAL ALIENATION SCALE

Characteristics		Median (Min-Max)	Test score
		Mean ± SD	p
Age Groups	17-26 years of age	2.7 ± 0.7	F=0.460 p=0.632
	27-36 years of age	2.6 ± 0.6	
	37 years and older	2.5 ± 0.8	
Gender	Female	2.6 ± 0.7	t=0.649
	Male	2.5 ± 0.6	p=0.519

Marital Status	Married	2.4 (1-5)	U=2848.500 p=0.030
	Single	2.7 (2-4)	
Educational Background	Vocational High School of Health Services	2.4 (1-4)	$\chi^2=2.204$ $p=0.531$
	Associate Degree	2.4 (2-3)	
	Bachelor's Degree	2.6 (1-5)	
	Post Graduate Degree	2.5 (2-4)	
Family Structure	Extended family	2.5 ± 0.8	t=-0.349 p=0.728
	Nuclear family	2.6 ± 0.7	
Assigned Service	Internal Services	2.6 ± 0.6	F=1.300 p=0.275
	Surgery Services	2.5 ± 0.7	
	Intensive Care Service	2.8 ± 0.6	
Duty Undertaken in the Service	Department Nurse	2.6 ± 0.7	t=-0.223 p=0.823
	Chief Nurse	2.6 ± 0.5	
Duration of Employment	1-5 years	2.8 (1-4)	$\chi^2=4.977$ $p=0.173$
	6-10 years	2.4 (1-4)	
	11-15 years	2.6 (1-4)	
	16-20 years	2.4 (1-5)	
Employment Status	Permanent Staff	2.6 ± 0.7	t=-1.173 p=0.242
	Contracted Staff	2.7 ± 0.6	
Mode of Employment	Day-work	2.5 ± 0.7	t=-1.281 p=0.202
	On shifts	2.6 ± 0.7	
Voluntary Preference of Being a Nurse	Yes	2.4 (1-4)	U=2240.000 p=0.001
	No	2.9 (1-5)	
Satisfaction with regard to the profession	Satisfied	2.3 (1-4) A	$\chi^2=25.334$ $p<0.001$
	Unsatisfied	3.1 (2-4) B	
	Indecisive	2.8 (2-5) B	
Satisfaction with regard to the service	Satisfied	2.4 ± 0.6 A	F=15.679 p<0.001
	Partially satisfied	2.6 ± 0.6 A	
	Unsatisfied	3.5 ± 0.6 B	
Voluntary Preference of Being Assigned in Current Service	Yes	2.4 ± 0.7	t=-3.276 p=0.001
	No	2.7 ± 0.7	

Number of patients cared for	1-5 patients	2.8 (1-4)	$\chi^2=9.989$ $p=0.041$
	6-10 patients	2.5 (1-4)	
	11-15 patients	2.5 (2-4)	
	16-20 patients	2.9 (2-5)	
	21 and more patients	2.3 (1-3)	
Being a member of a Nursing Organization or Association	Yes	2.3 (1-4)	U=2892.500 p=0.022
	No	2.6 (1-5)	
Having Attended Conferences and Meetings Related to Nursing	Yes	2.6 (1-5)	U=3595.500 p=0.543
	No	2.4 (1-4)	
Intention to Leave the Job	Yes	2.8 ± 0.7 A	F=8.176 p<0.001
	No	2.3 ± 0.6 B	
	Indecisive	2.6 ± 0.6 A	

2: Kruskal Wallis Test Statistic, U: Mann-Whitney U Test Statistic, t: Student t Test Statistic, F: One-Way ANOVA, A-B: There is no difference between groups denoted by the same letter.

4. Discussion

The findings obtained in this study, which were conducted to determine the factors affecting the level of work alienation experienced by nurses assigned in a university hospital located in the Western Black Sea Region to the north of Turkey, were discussed herein in line with the relevant literature.

The mean overall score obtained on the Organizational Alienation Scale was 2.5 ± 0.6 . Considering that the higher scores obtained from the scale indicate a higher level of alienation, it was determined herein that the level of alienation of nurses participating in this study was moderate. Supporting the research findings, the studies conducted by Köse [12], Ertekin and Özmen [8], and Dönmez [16] reported that the level of work alienation experienced by the nurses was moderate to low. Contrary to the research findings, it was determined in a study conducted by Yetiş [17] that the level of work alienation experienced by nurses was high.

In another study conducted by Kartal [18], it was determined that the level of work alienation experienced by healthcare professionals assigned in private hospitals is low, while the level of work alienation experienced by healthcare professionals assigned in university and public hospitals are moderate. Moderate and lower levels of experienced work alienation are thought to contribute to the quality of work life of nurses, decrease the intention to leave the job, and improve the level of organizational commitment and job satisfaction, hence positively affecting the quality of nursing care provided.

Mean scores obtained from Powerlessness, Meaninglessness, Normlessness, Distancing from Oneself (Self-estrangement), Social Isolation, and Work Alienation dimensions of the Organizational Alienation Scale were determined as 2.9 (1-5), 3.2 (1-5), 2.4 (1-5), 2.3 (1-5), 2.0 (1-5) and 2.8 (1-5) respectively. In line with the findings, nurses' perceptions of work alienation were determined to be associated with meaninglessness, powerlessness, work alienation, normlessness, distancing from

oneself (self-estrangement), and social isolation. The findings can be interpreted as nurses most frequently experiencing meaninglessness and powerlessness.

In a study conducted by Gürsoy [19], it was reported that the two dimensions associated with the highest perceptions of work alienation among healthcare professionals are distancing from oneself (self-estrangement) and normlessness. In another study conducted by Kartal [18], it was reported that the dimensions associated with the highest perceptions of work alienation among healthcare professionals are distancing from oneself (self-estrangement) and powerlessness. Powerlessness is expressed as the inability of individuals to control work-related decision-making processes and not to have a say in decision-making processes whereas meaninglessness exists when employees feel that they contribute little to the organization [4]. Meaninglessness and powerlessness experienced by the nurses are thought to deteriorate their clinical decision-making abilities, decrease their autonomy levels, causing them to feel inadequate about their profession, and accordingly reduce the quality of provided patient care.

The results of the study revealed that the overall score obtained from the Organizational Alienation Scale differed depending on the Marital Status of the Nurses, Voluntary Preference to Being a Nurse, Satisfaction with regard to the profession, Satisfaction with regard to the service assigned, Voluntary Preference of Being Assigned in Current Service, Number of patients cared for, being a Member to a Nursing Organization or Association and Intention to Leave the Job. The level of organizational alienation of single nurses, who have not voluntarily preferred to be a nurse, who were unsatisfied with their profession or who were indecisive about whether they were satisfied or not of being a nurse, who were unsatisfied with the service they were assigned in, who have not voluntarily preferred the service assigned in, who was not a member to a nursing organization or association and who thought about leaving the job and who were indecisive about leaving the job were found to be higher. On the other hand, the findings of the research indicated that the overall score obtained from the Organizational Alienation Scale was not affected by age, gender, educational background, family structure, assigned service, duty undertaken in the relevant service, duration of employment, employment status in the hospital, mode of employment and having participated in congresses, conferences, and meetings related to their profession.

In the study conducted by Ertekin and Özmen [8], it was found that marital status, position at work, membership in professional associations, and following professional publications dimensions predicted 16% of work alienation experienced by the nurses; accordingly, the level of work alienation experienced by single nurses was higher compared to married nurses, the level of work alienation experienced by department nurses was higher compared to chief nurses, the level of work alienation experienced by nurses who have followed professional publications was higher compared to nurses who have not followed professional publications and the level of work alienation experienced by nurses who are members to professional associations was higher compared to nurses who are not members to professional associations. It was further reported that the variables of educational background, duration of employment as a nurse, the service assigned, and the tasks that more likely occupy the nurse during working hours did not explain work alienation experienced by the nurses.

The study conducted by Yetiş [17] analyzing the level of work alienation experienced by the nurses assigned in public hospitals revealed that the institution and the service assigned employment status, and the satisfaction with the co-worked team have affected the level of work alienation experienced by the nurses. In a study conducted by Köse [12] it was determined that mode of employment, voluntary preference of being a nurse, satisfaction with the profession and the co-worked team, and following the professional publications have affected the level of work alienation experienced by the nurses. In the study conducted by Dönmez [16], single nurses who have a shorter duration of employment, who do not assume administrative roles, who are assigned in the operating rooms/ intensive care units, who provide non-nursing supportive services, who are not members to any professional associations and who do not follow professional publications were found to experience higher levels of work alienation.

This study revealed that nurses have experienced work alienation depending on various personal and professional characteristics. Considering the working conditions of nurses and the problems they have encountered, experiencing work alienation is thought to be inevitable; accordingly, they may further experience problems such as decreased job satisfaction, dissatisfaction with their profession, stress, higher intention to leave, and inability to establish effective interpersonal communication. Increased levels of work alienation experienced by the nurses in the institution they are assigned to may adversely affect the patients who are provided care services. The quality of care provided to the patient may decrease. The confidence of patients and their relatives regarding the service provided by the healthcare institution may decrease. Higher levels of work alienation experienced by nurses may prolong the recovery period of patients. However, it may cause nurses to have communication problems with patients and their relatives and ultimately reduce nurses' commitment to work [20]. For this reason, considering the level of work alienation experienced by nurses is argued to be an extremely significant issue for healthcare institution managers.

5. Conclusion

The mean overall score obtained in the Organizational Alienation Scale in this research was 2.5 ± 0.6 . Mean scores obtained from Powerlessness, Meaninglessness, Normlessness, Distancing from Oneself (Self-estrangement), Social Isolation, and Work Alienation dimensions of the Organizational Alienation Scale were determined as 2.9 (1-5), 3.2 (1-5), 2.4 (1-5), 2.3 (1-5), 2.0 (1-5) and 2.8 (1-5) respectively. The score obtained from the Organizational Alienation Scale was determined to statistically significantly differ depending on the socio-demographic and working life characteristics of the nurses.

The findings of the research revealed that single nurses who have not voluntarily preferred to be a nurse, who was neither satisfied with their profession nor the service they were assigned, who have not voluntarily preferred the service they were assigned, who are not members to any professional organization or association and who had the intention to leave their jobs were found to experience higher levels of work alienation. Accordingly, it is suggested herein that nurses should be included in the decisions taken in the clinical environment, the nurses should be listened to while deciding on the department/service they will be assigned to, team understanding should be strengthened and arrangements concerning the rotations of the managers should be made.

Conflict of interest

We have no conflicts of interest to disclose.

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