

Women's roles and conflicts in careers of healthcare professionals

Ph.D. Thesis

Dr. Feith Helga Judit

Semmelweis University
Pathological Sciences



Tutor: Dr. Balázs Péter professor, Ph.D.

Official reviewers:

Dr. Lampek Kinga professor, Ph.D.

Dr. Vingender István associate professor, Ph.D.

Ph.D. final examination board:

Dr. Forgács Iván professor, Ph.D.

Dr. Barabás Katalin associate professor, Ph.D.

Dr. Czinner Antal professor, Ph.D.

Budapest
2007.

INTRODUCTION

Inflexible social conventions and rules have limited and determined the social roles to be played by women for thousands of years. The large number of female workers emerging on the labour markets of the 19th and 20th century societies has fundamentally reshaped family and social structures. While moving away from family home, women's labour progressed through specific stages in the course of the past hundred years, first taken low qualified workplaces in the mass production to the emergence of highly educated women with definite career expectations. Despite the substantially growing number of career women with college or university degrees, they shoulder further on burdens of classic family roles and household activities. Tension arising from parallel career and family roles may lead to a role conflict, that increase additionally existing physical and mental burdens of those female doctors and nurses who are engaged in the health service.

In the present doctoral dissertation (1) I overviewed the literature on the changing social roles of women; (2) based on historical, demographic, statistical and sociological points of view, I analyzed the changing social situation, social roles and conflicts of diploma nurses and female doctors, (3) and having used results from our quantitative research, I revealed the differences of interpretation of future and present nurses and female doctors in their family and career plans in correlation to their social background, satisfaction indices, conflicts and health conditions.

OBJECTIVES

The main objectives of our cross-section research were to:

- Analyze differences in the social background of those choosing careers as professional nurses or doctors.
- Find out and compare the future plans of nursing college students and female medical students.

- Examine similarities and differences in the physical and mental well-being as well as in the health and risk-related behavior of students and those already in employment.
- Expose the value judgment and career satisfaction of healthcare workers in relation to their profession.
- Find out and compare the family and workplace problems of professional nurses and female doctors, as well as the frequency of conflicts caused by these two social role obligations.
- Analyze the correlation between answers indicating a conflict of roles and answers regarding health condition and psychosomatic symptoms.

METHODS

Our quantitative sociological survey focused on female students in healthcare education in colleges or universities and on graduate female healthcare workers in hospitals.

Survey on female nursing college students. Full-scale nationwide survey conducted in November and December 2003, comprising full-time junior and senior students in all healthcare college faculties in Hungary. The survey was conducted using self-administered questionnaires. We invited the entire female population, a total of 267 nursing students, of whom 226, or 84.64%, gave replies fit for evaluation.

Control group - female medical students The second survey of students in our research was conducted in April-May 2004 with the participation of senior students in their fifth academic year from the Semmelweis University and the University of Debrecen. The survey was conducted using self-administered questionnaires. We invited the entire target population, a total of 253 female medical students, of whom 117, or 46.24%, gave replies fit for evaluation to at least 90% of the questions.

Survey of professional nurses and female doctors. We conducted a layered quantitative sociological survey of

professional nurses and female doctors working in hospitals in 2005. Five hospitals outside Budapest were included in the final sample: those in Győr, Zalaegerszeg, Gyula, Eger and Salgótarján. We also included a non-clinical in-patient institution in order to avoid the potential distorting effects of excluding the capital from our survey. We included all active professional nurses and female doctors in the population interviewed, based on data provided by the hospitals. We eventually received answers fit for evaluation in 45.54% of cases (N=409), with 200 professional nurses and 209 female doctors giving proper answers.

We tested the draft questionnaires of the present survey in pilot interviews and have completed both reliability and validity tests.

The data was analyzed using the SPSS software suite, using descriptive statistic methods. In addition to distribution tests, the Pearson chi-squared test ($p < 0.05$) was applied to measure correlation between variables and we estimated an odds ratio (OR) when comparing the group of students with that of employed workers, at a confidence interval of 95%. We used logarithmic regression with the aid of the STATA software suite for multi-variable analysis, as most dependent variables were categorical ones.

RESULTS

• *Results of the research on students*

According to the statistical evaluation, the *socio-demographic attributes* of nursing college students significantly diverge from those of the control group. It can be stated that the likelihood of nursing college students coming from intellectual families has a much lower chance (father – OR: 0.197; 95%CI: 0.059-0.657; mother – OR: 0.131; 95%CI: 0.043-0.397). We also found statistical differences between the two groups in their marital status ($p = 0.058$), with the ratio of nursing college

students living in marriage or common-law marriage being smaller.

When comparing the two student groups' strategies of application, we find that medical students are much more certain of their *job orientation* (OR: 5.020; 95%CI: 2.092-12.043). The vast majority of the students examined during the survey planned to find employment in their chosen profession. Students who reported success in career orientation had an approximately seven times higher chance of entering the professional nurse career after graduation (OR: 6.923; 95%CI: 3.320-14.435). Both groups of student gave particularly low *prestige* points on their studied profession, although medical students rated slightly higher on all of the prestige scales. Expectations of increasing prestige in the future were more typical in the case of nursing college students (OR: 3.615; 95%CI: 1.764-7.408), while female medical students were much more pessimistic in this respect.

As for *plans for working abroad*, there is a difference between medical students and nursing students. We applied a regression model to compare the attitudes towards working abroad. If we determine the anti-logarithm of the variable's coefficient, that is, the odds ratio, in the statistical model, we get the following result: female nursing college students have plans concerning working abroad with half the chance compared to the control group (OR=0.53). According to our results, also taking other attitudes of students into account, the ones who do not own an apartment plan to work abroad with nearly one and a half times the chance (OR=1.45) compared to ones who own an apartment. Those who plan to have three or more children plan working abroad with only half the chance (OR=0.54) of the ones who plan having only one child or no children at all. Those who plan to have two children have a similar chance of planning to work abroad (OR=1.08) than those who plan no more than one child.

Comparing the *family-related plans* of the two student groups, we can record several differences. There is weak statistical evidence of these differences with regard to the number of children actually planned ($p=0.091$), while in the case of the planned number of children in an ideal case, there is strong statistical evidence ($p<0.001$). The previously described preferences of female nursing college students were identical, with most of them planning two children. In contrast, the majority of female medical students would like to have three children but actually plan on having only two. Medical students are less willing to have children born outside matrimony than nursing college students. In spite of the differences regarding preferences for the number of children, nursing college students plan to stay at home with their child for a three-year maternity leave with a 3.7 times bigger chance (OR: 3.786; 95%CI: 1.814-7.900, $p<0.001$).

There are also decisive differences regarding plans for *motherhood and career* ($p=0.002$). The results show that a higher percentage of medical students would choose the "mother only" role. Plans for motherhood and career were examined using a multinomial regression model. If we determine the odds ratios, we get the following result: in comparison to the control group, female nursing college students will choose both career and motherhood with a 2.4 times bigger chance than motherhood only and they have a 4.8 times bigger chance to choose career than motherhood only.

As for subjective assessment of *health condition*, the results of the control group showed a statistically justified difference compared to answers by nursing college students ($p=0.055$), with medical students giving a more positive estimation on their health. Two *psychosomatic symptoms* showed statistical deviation in the answers provided by students. Nursing students reported having bad headaches on a weekly basis ($p=0.058$), and suffering from permanent insomnia ($p=0.002$) more frequently. With regard to the use of *substances*

hazardous to health, we can establish that nursing students smoke (OR: 2.948; 95%CI: 1.449-5.999) and take painkillers on a weekly basis with a higher likelihood (OR: 2.378; 95%CI: 0.963-5.872). The proportion of students who regularly do leisure sport activities was much lower among female nursing students ($p=0.010$). Most of them do sports less than once a month or do no sports at all. The situation is slightly better in the case of medical students, but it must be emphasized that only approximately one third do sports to the desirable extent.

• ***Results of the survey of active workers***

Similar to the *socio-demographic results* of the surveys among students, we found a decisive difference between professional nurses and female doctors while analyzing a number of variables. Most of the professional nurses (47.5%) and doctors (68.4%) were married at the time of the survey, but we found a statistical difference between the two groups according to marital status ($p<0.001$). There were much more single professional nurses than doctors, which fact obviously originates from the differences in age spread. Most of them came from families where the parents had vocational school training, and the proportion of parents with college or university education was under 10%. Doctors mostly came from families where the father had a university degree and the mother finished high school or also had a university degree. This difference is also statistically relevant ($p<0.001$). There was a major difference in the education level of the spouses or partners of respondents, with this difference also being statistically significant ($p<0.001$). More than four fifths of female doctors had husbands with university degrees, and only 2.8% of them had husbands with less than high school education, while only slightly more than a fourth of professional nurses reported partners with a degree, and nearly a third of them reported partners with less than high school education. There was a major statistical difference in real

estate property as well ($p<0.001$), as professional nurses own homes with a smaller chance (OR: 0.311; 95%CI: 0.182-0.529).

We can establish that the vast majority of professional nurses and female doctors considered their professions to have low *prestige*. A statistically significant difference appeared between the two groups ($p=0.010$), with 97.4% of professional nurses and 88.0% of doctors evaluating their professions as ones with medium or low prestige. These negative responses concerning professional prestige correlate with the frequency of criticism for their own walk of life ($p<0.001$) and their professional career ($p<0.001$), with plans for leaving their profession ($p<0.001$), with a pessimistic view on life ($p<0.001$), with a poorer health condition ($p<0.001$) and with the frequency of psychosomatic symptoms ($p<0.001$).

40.6% of professional nurses and 44% of the doctors were satisfied with their *professional progress*. We established statistical correlation between career satisfaction and contentment with their walk of life ($p<0.001$). We found that twice as many professional nurses were in leading positions, but this fact did not have a negative influence on the career satisfaction of doctors. Moreover, a higher proportion of professional nurses were considering leaving their professions (66.5%) than of doctors (49.8%), and we found strong statistical evidence for this difference as well ($p=0.004$).

Job satisfaction can be influenced by the specific difficulties of the profession, in particular *night duty* and the *three-shift system*, and higher workloads (*working extra hours, second job*), and the stress caused by the conflict of roles between fulfilling job and home duties. Two thirds of respondents were on night duty regularly, with weekday duties altogether coming to 4.17 days per month on average and weekend duties an average of 2.24 days a month. Of the sample, 19.9% did not work any extra hours, but at the same time every fourth respondent worked at least an extra 8 hours per week. 43.1%

of respondents had a second job. Based on our results, we can state that professional nurses did less extra work and had a statistically smaller likelihood of having a second job (OR: 0.345; 95%CI: 0.229-0.519) or taking on night duties (OR: 0.377; 95%CI: 0.245-0.579). Surprisingly enough, we found no statistical correlation between the satisfaction indexes and the replies to questions measuring job duties and burdens (night duty, extra hours, and second job).

A third of the entire sample had plans to *work abroad*, and nearly 10% (or half the ones with plans for working abroad) already made such arrangements. Plans for working abroad were unaffected by the type of work ($p=0.315$). The vast majority (97.9%) planned the future abroad because of the possibility of a higher income, and many of them were motivated by the opportunity to learn a language (84.8%) and to build their professional skills (76.5%). Having relationships was the factor that motivated respondents the least. Although the ratio of professional nurses and doctors planning to work abroad was the same, nurses had already made arrangements to that end with a 2.6 times higher likelihood (OR: 2.619; 95%CI: 1.248-5.496). Among motivating factors, responses differed the most with regard to learning languages ($p=0.066$) and career building ($p=0.035$), with both of these factors selected more frequently by professional nurses.

According to the vast majority of respondents (84.0%), looking after children is a *female role* obligation, while two thirds of them said society had higher respect for women who have jobs in addition to fulfilling home duties. The majority of those surveyed outright refused the exclusive housewife role. At the same time, 43.8% of them said there would be fewer divorces in our society if women dealt exclusively with their traditional social role obligation, that of bringing up children and running the household. There was no job-based deviation in the responses to most of the questions concerning women's social position and roles. We saw the biggest difference in

assessing family and workplace conflicts: less professional nurses considered it impossible to find a balance between family and career in a healthcare profession (OR: 0.564; 95%CI: 0.359-0.887).

69.5% of respondents considered *family and career* roles to be equally important, while 25.5% put family roles first and 5.0% regarded the professional career as more important. Although a slightly higher number of professional nurses (73.8%) reported that both roles were equally important for them, and more doctors chose the family role exclusively (29.8%), we found no statistical correlation ($p=0.129$). 85.6% of respondents said the life of a woman could not be complete without a child or children. The profession of respondents had no influence on the answers. In the opinion of 36.8% of the surveyed sample, a woman must not give up being a mother, even if she is single. At the same time, a high proportion of respondents (90%) gave a negative assessment on the connection between their present job and being a mother. The data collected shows that the ones with child(ren) find it more difficult to get a job, and when they finally succeed, taking days off when the children are sick endanger their job security. Employers tend to lay off employees with children or ones who plan to have children more easily, and returning to a job after maternity leave is much more uncertain. Those who stay at home for a longer period can not expect a significant career in any case. Despite an average age of 40 among respondents in the survey, 43.8% were still childless. They had an average of 1.76 children per person, with a fifth of them having one, a third of two and only 7.1% of them having three or more children. Of those with no children at the time of the survey, 8.4% were unable to say if they would ever have children, 15% of them replied a definite no and 78.8% said they planned to have children in the future. 66.4% of respondents planned staying at home with the child until the age of 3. Analysis of the data shows that professional nurses plan on staying at home with a higher likelihood than

doctors (OR: 2.762; 95%CI: 1.214-6.285). Although in the planning stage, a higher proportion intended to stay at home, women apparently have to return to work earlier for one reason or the other. This is supported by the answers of respondents who had already been over the periods of GYES and GYED (three-year maternity leave with state benefits). According to them, only 26.5% of mothers stayed home for three years with the first child, 32.1% went back to work after two years and 37.1% of them started to work again as soon as the first year passed. A comparison of the answers of the two profession groups yielded strong statistical evidence that the time spent at home (at GYED and GYES) with the first child was influenced by the different roles and expectations in the two professions ($p < 0.001$). 41.3% of nurses stayed at home with their children for three or more years, while only 16.3% of the doctors did the same. In the area of health, a definite conflict of family and professional roles was experienced by 27.6% of respondents, and they also regarded it impossible to find the balance between these roles. Answers to questions concerning leading positions ($p = 0.586$), age ($p = 0.780$), marital status ($p = 0.207$), night shifts ($p = 0.355$) and second jobs ($p = 0.249$) showed no sign of correlation with the variable mentioned above. At the same time, we found a correlation in the case of working extra hours ($p = 0.038$), as the ones who worked 4 or more extra hours a week above regular working hours reported a conflict of roles in higher proportions. Women who encountered such conflict situations because of their home and career roles (1) were less satisfied with their lives and with their professional progress, (2) experienced more workplace conflicts, (3) considered themselves less capable of controlling their lives and (4) thought of leaving their profession more often. The data collected in the survey shows that family conflicts arise from workplace situations much more frequently than the other way round (19.4%). Of the entire sample, 44.8% reported family conflicts due to

workplace reasons, most frequently mentioning night duty, the lack of free time and a high workload. Professional nurses mentioned family conflicts due to work-related reasons with a lower chance than doctors (OR: 0.524; 95%CI: 0.351-0.782). Age, marital status, the frequency of psychosomatic symptoms and the frequency of sport activities are evidently related to the *health condition* of respondents. Those who reported worse health conditions also had workplace-family conflicts ($p < 0.001$), a negative view of the future ($p < 0.001$) and problems with their partners ($p = 0.001$) in higher proportions. They were also less satisfied with their lives ($p < 0.001$) and with their professional careers ($p = 0.013$). With regard to smoking ($p = 0.035$), drinking coffee ($p = 0.004$) and consuming alcohol ($p < 0.001$), there were statistically significant differences between the nurses and the doctors. Every fifth nurse and every tenth doctor smoked on a daily basis and 60% of the professional nurses and 70% of the doctors drank coffee every day, although neither group typically consumed alcoholic drinks on a daily basis (however, only 42.3% of nurses and 53.9% of doctors said they were abstinent).

Based on our results, we can establish that:

- those who reported problems in connection with finding the balance between their profession and private life were more likely to assess their health condition as medium or worse,
- professional nurses rated their health condition medium or worse with a bigger chance than the doctors did,
- those who managed to harmonize career and private life successfully were less likely to suffer from psychosomatic symptoms than the ones who had difficulties in finding the balance between the two fields.

CONCLUSION

Students surveys

- We found a significant difference between the socio-cultural backgrounds of nursing college students and female medical students. Most of the female medical students came from families where parents have a college or university degree, while a relatively bigger proportion of nurses came from families where the parents only had high school education. It follows that the lack of cultural resources and social network capital and the disadvantages resulting from that affect nursing college students with a bigger likelihood.
- Many of the surveyed regarded working abroad as a viable alternative. Plans for working abroad were clearly influenced by the housing situation of students and by their difficulties in finding a partner. During the analysis, we succeeded in establishing a logarithmic regression model that helped us predict the chance of working abroad by using the two variables mentioned above.
- It can be established that students for whom career or working abroad are not the primary objectives in life plan to have more children and intend to stay at home for a longer time after giving birth, and they also plan having children at an earlier age.
- Motherhood and marriage do not seem to carry the same significance in the future envisioned by students, as they definitely considered the former to be more important. We are thus unable to confirm the findings of earlier research, as career, marriage and motherhood did not represent equivalent values in the female students' views of future. It was an unexpected result that most female medical students planned a motherhood-orientated future, and there were only a few career-orientated students. In contrast, As opposed

to the sample of medical students, for female nursing college students it was more important to undertake family life and career-building together.

- Plans for future motherhood and career roles were not affected by the socio-demographic situation of students, such as the size of their community, their marital status, or their income.
- We found contradictions at several points regarding plans for the future at a significant proportion of students, which could lead to frustration or role conflicts over the years. Most of them planned having their first child in the first couple of years after graduation, but this coincides with the favorable periods for finding a job, preparing for the qualifying exams (in the case of female doctors), and working abroad. On the whole, those surveyed did not anticipate the possibility of role conflicts. While establishing a family and having children are the most important objectives, some of the childless female students (especially medical students) refuse in advance to go on a three-year maternity leave after childbirth, which means they plan to perform all of their job duties as mothers with young children.
- As for health condition, the prevalence of psychosomatic symptoms, preventive and risk-taking behavior, both groups start with a handicap despite their gender and their special professional knowledge, but nursing students had worse results on the whole, which definitely questions the effectiveness of their future social role in healthcare.

Survey of the graduated

- The vast majority of professional nurses are first-generation intellectuals, mainly with husbands or partners who had high school education only. Their

socio-demographic attributes not only limit their cultural and social network capital resources, but we also measured a statistical difference in financial capital, since they were less likely to obtain residential properties and also reported financial difficulties more frequently. Their situation is made even more difficult as the general assessment of their chosen profession from prestige and “intellectual career” point of views is expressly disadvantageous compared to female doctors. Based on the combination of the above factors, we can state that the social disadvantage of professional nurses is bigger than that of female doctors.

- We established that the satisfaction indexes on career path and profession (prestige of profession, career progress, workplace problems, and plans for leaving profession) are connected to respondents’ view of future, their family and workplace conflicts and their health condition.
- We found that female doctors reported higher workplace and family burdens, were more pessimistic about their future, and felt less able to have control over their lives. In contrast, professional nurses reported a smaller workplace burden, less stress originating from fulfilling their family and workplace roles, and a higher number of them are in leading positions, nevertheless they are still more likely to leave their profession.
- The majority of the healthcare workers surveyed regarded their roles in the family and in their career as equally important.
- According to our research, perceptions regarding living and health conditions are strongly linked to the number of conflicts occurring in the workplace and the family. Those who reported conflicts between workplace and family roles did more extra work, planned leaving their

profession more frequently, were less satisfied with their lives, felt less capable of controlling their lives and were in worse health condition. Our results show that female doctors and professional nurses are on night duty, work extra hours and have a second job in the highest proportion exactly during the most favorable period (22-40 years) for having babies and for looking after and raising small children.

- Similar to the results of the student surveys, we can establish that the health condition, preventive and risk-taking behavior of female healthcare professionals surveyed are not at the desirable level, and the effectiveness of their social role in healthcare is thus questionable.

SUMMARY

According to our knowledge, few international and domestic researchers have examined healthcare university or college students’ view of life, and we can certainly claim that there has never been such a comprehensive research dealing with students’ plans for family life and career at the same time. Results of our research provided us with an insight into the career and work-related plans of female undergraduates, considering in particular their plans for working abroad. The findings also enabled us to learn their views on family roles, in context of their opinion on the role of women.

Nor have we found, for purposes of comparison, a comprehensive domestic quantitative research on professional nurses’ and female doctors’ family and workplace roles that was completed in the same period, nationwide and in the same workplace environment, with the same indexes, in context of their life and career satisfaction and their health condition.

Our research is a stop-gap preliminary study, but due to the importance of this topic, we consider further research in this field crucial.

OWN PUBLICATIONS

Publications related to the theme of the Ph.D.

- ✍ Molnár R, **Feith HJ**. (2000) Szerepkonfliktusok megnyilvánulásai orvosnők körében. *Lege Artis Med*, 10: 810-818.
- ✍ **Feith HJ**, Balázs P. (2004) Kékharisnyák szorításában. *Valóság*, 47: 44-56.
- ✍ Kovácsné TÁ, **Feith HJ**, Balázs P. (2004) A diplomás ápoló hallgatók pályaválasztási motivációja és pályaelhagyás. *Nővér*, 17: 9-14.
- ✍ **Feith HJ**, Kovácsné TÁ, Balázs P. (2005) Női szerepek diplomás ápoló hallgatóknak jövőképeiben. *Nővér*, 18: 3-9.
- ✍ **Feith HJ**, Kovácsné TÁ, Balázs P. (2005) EGÉSZSÉG - ÉRTÉK? Életmód és egészségmagatartás diplomás ápoló hallgatóknak körében. *Egészségfejlesztés*, 46: 1-15.
- ✍ Kovácsné TÁ, **Feith HJ**, Balázs P. Nánási J. (2005) Vol'ba povolania diplomovanych sestier v Mad'arsku. *Sestra* 9: 12-13.
- ✍ Hajagos O, **Feith HJ**, Kovácsné TÁ. (2006) Diplomás ápolónők és orvosnők az egészségügy szolgálatában. *Nővér* 19: 31-38.
- ✍ **Feith HJ**. Ember és szervezet. In: Balázs P. (szerk.), Általános és egészségügyi menedzsment. Semmelweis Egyetem EFK, Budapest, 2006: 77-86.
- ✍ **Feith HJ**, Kovácsné TÁ, Balázs P. (2006) Jövőkép – Az ötödéves orvostanhallgató-nők karrier-és családtervei. *Lege Artis Med*, 16: 585-590.

- ✍ **Feith HJ**, Kovácsné TÁ, Hajagos O, Balázs P. (2007) Hivatáspresztízs és önértékelés. Összehasonlító elemzés diplomás ápolónők és orvosnők véleménye alapján. *Nővér*, 20: 3-10.
- ✍ Kovácsné TÁ, **Feith HJ**, Balázs P. (2007) Főiskolai hallgatók véleménye az ápolói pálya választásáról. *Eü Gazd Szle*, 44: 60-65.
- ✍ Kovácsné TÁ, **Feith HJ**, Balázs P. (2007) „Főiskolai hallgatók érték és pályorientációja” kutatás tervezése, a kérdőív módszertani bemutatása, a kérdőívben alkalmazott skálák megbízhatósága. *Nővér*, 20: 3-9.
- ✍ **Feith HJ**, Balázs P, Kovácsné TÁ. Female physicians' and nurses' self-rated general and psychosocial health status and health behaviour in Hungary. *New Medicine*. (in press)
- ✍ **Feith HJ**, Balázs P, Kovácsné TÁ, Mészáros J. Future professional and private expectations of nursing college students in Hungary. *Nurse Education Today*. (elbírálás alatt)
- ✍ **Feith HJ**, Kovácsné TÁ, Balázs P. Egészségügyi diplomás nők családi és munkahelyi szerepeinek konfliktusa. *Lege Artis Med*. (elbírálás alatt)

Publications not related to the theme of the Ph.D.

- ✍ **Török(Feith) HJ**, Badó A. (1997) Ügyvédkép a Csongrád megyei gazdasági vezetők körében. *Bírák Lapja*, 7: 104-113.
- ✍ **Feith HJ**. Jogkövető és jogsértő magatartás. In: Balázs P, Sztrilich A. Jogi szabályozás az egészségügyben. Semmelweis Egyetem EFK, Budapest, 2003: 55-61.
- ✍ **Feith HJ**. Csoport és szervezet, szervezetelmélet kialakulása. In: Balázs P. (szerk.), Általános és

egészségügyi menedzsment. Semmelweis Egyetem EFK, Budapest, 2006: 10-16.

✍ **Feith HJ** (2006) A szervezetelmélet fejlődésének legfontosabb állomásai. In: Balázs P. (szerk.), Általános és egészségügyi menedzsment. Semmelweis Egyetem EFK, Budapest, 2006: 16-44.

✍ Balázs P, **Feith HJ**, Sztrilich A. Igazgatás az egészségügyben. Semmelweis Egyetem EFK, Budapest, 2006.