The Level of Professional Autonomy in Iranian Nurses

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ABSTRACT

Introduction: Professional autonomy plays an important role in nurses' job satisfaction and the outcomes of patient care. A review of literature shows the presence of nurses' dissatisfaction in regard to their professional autonomy.

Aim: To assess the Iranian nurses' perspectives of their professional autonomy.

Materials and Methods: In this cross-sectional study, 150 nurses with bachelor or higher academic degrees and clinical experiences participated. The professional autonomy questionnaire by Blegen MA, composed of the domains of decision-making for ward's affairs and decision-making for patient care, were used for data collection. The data was collected from November 2015 to April 2016 and analysed using descriptive and inferential statistics.

Results: The mean (SD) of professional autonomy was 152.06 (28.181). Also, the means of professional autonomy in the domains of decision-making for ward's affairs and decision-making for patient care were 71.91 (17.687) and 80.15 (13.088), respectively. The majority of the nurses (66.7%) stated that they had high levels of professional autonomy. There were statistically significance relationships between the nurses' age, work experience, and educational level and nurses' professional autonomy (p<0.05).

Conclusion: The nurses had high levels of professional autonomy. Also, the nurses' autonomy in decision-making for patient care was greater compared with decision-making in ward's affairs. Nurses' managers need to consider our findings for improving the condition of nurses' autonomy in healthcare settings.

INTRODUCTION

In healthcare systems, nurses need autonomy for their activities [1,2]. Autonomy is a very abstract concept composed of the Greek word "autonomos". It is derived from "auto" means self and "nomos" means law. Since, ancient Greece so far, this concept has found wide variations, and several theme synonyms including self-management, ability and competence, critical thinking, freedom and self-control are used [3,4,5].

There are several definitions for autonomy in the nursing literature such as control over the work, control over nursing activities, clinical autonomy, individual autonomy, work autonomy, professional autonomy and organisational autonomy, which all are used interchangeably [4-7].

Nowadays, autonomy is defined as having the right of making decisions and acting accordingly. Autonomy with regard to nurses,means doing activities within the scope of nursing practice without permission from others. Independent interventions by nurses' means that nurses do not need to get permission from authorities for performing patients' assessment and observation. These interventions can be beyond standard nursing activities and aim for the greatest health benefits to patients [8]. Autonomy means having the ability to choose between the best and worst conditions [9].

In recent years, the role and responsibilities of nurses in the healthcare system has changed. Nowadays, unlike the past, nurses have to be accountable for healthcare delivered to patients. At the same time, they should strive to make professional relationships with other healthcare workers [10]. All these require professional autonomy for performing nursing duties.

Therefore, nurses make efforts for achieving professional autonomy in individual and group levels [10]. Nurses put in efforts to achieve the following three goals: providing and coordinating healthcare services for patients with complex care needs, enhancing the professional image of nursing to attract young people to the profession and attract young staff for creating and maintaining professionalism [11].

Also, in recent years, many changes have occurred in health policies. The most significant changes include the shortage of nursing staff, shortening of the duration of hospitalisation, increase in emphasis on cost-effectiveness, reduction in the size of healthcare services and increase in the number of patients with chronic and complex disease. All these changes have led to the growth of autonomy in nursing [12]. All of the above-mentioned factors and the increase of nurses' education level have led many nurses to ask for increasing autonomy in nursing practice [13,14]. Studies show that nurses are often dissatisfied with their work, and demand better job opportunities and autonomy in their work environment [14]. The loss of autonomy leads to the increase of nurses' distress while nurses who have a higher level of autonomy have more skills competence, ability, power, accountability, decision-making abilities, self-esteem and satisfaction [15,16].

Despite all efforts, nurses have a medium level professional autonomy [6,7]. However, various factors such as the education level, gender and work experience in the critical care unit, management style, education and experience, medical staff's perspectives, workload and the workplace affect autonomy in nursing practice [6,7,10,12].

In general, professional autonomy is a distinguishing feature of professionalism [5]. The complexity of the healthcare system has increased nurses' professional responsibilities and they require autonomy in their activities [1]. Despite considerable efforts, achieving autonomy in nursing still faces challenges and professional research in this area is necessary. Due to a lack of knowledge about the level of autonomy in Iranian nurses, this study aimed to explore Iranian nurses' perspectives of professional autonomy.

MATERIALS AND METHODS

This was a cross-sectional study. The study environment included three hospitals of Imam Khomeini, Shahid Mostfa Khomeini and Ayatollah Taleghani in Ilam province of Iran. The sample size was estimated to be 150.

Next, the subjects were recruited using the random stratified proportion sampling method from the three general hospitals. The inclusion criteria were: having the bachelor or higher academic degrees in nursing, work experience in nursing for at least one year and willingness to participate in this study.

This study's research proposal was approved by the research council affiliated with Ilam University of Medical Sciences that corroborated its ethical considerations (decree number: ir.medilam. rec.1394.179). After the recruitment of the subjects, they were informed of the study's aim and method. Also, the voluntary nature of participation in this study, anonymity and confidentiality throughout the study process were ensured. Those who willingly participated in this study were asked to sign the written informed consent form. The data were analysed using descriptive and inferential statistics via the SPSS v.18 software. $p < 0.05$ was considered statistically significant.

The demographic data form and the Blegen MA et al., professional autonomy questionnaire were the data collection tools. The former was conclude of questions about age, gender, educational level, occupation, and questions about an interest to the profession, membership in the nursing organisation, the ability to make decisions and individuals affecting professionalism. The Belgen et al., professional autonomy questionnaire [17] (supplement 1) was used to measure nurses' perspectives about professional identity and had six questions about nurses' knowledge in the field of professional autonomy. The autonomy questionnaire consisted of 42 items in two dimensions including decision-making for ward's affairs (21 items) and decision-making for patient care (21 items). A five-option Likert scale (always=5, often=4, sometimes=3, rarely=2, and never=1) was used for scoring. The range of the questionnaire's scores was from 42 to 210. Also, scoring for negative items was reverse. After the translation of this questionnaire, 10 faculty members of nursing were asked to determine its content validity without modifications of the questionnaire. The reliability of the questionnaire was estimated by test-retest method. The interclass coefficient using the alpha Cronbach's coefficient was reported to be 0.96. The questionnaire's reliability using the test-retest method with a 10-day interval was 0.81.

RESULTS

More than half of the participants (52.7%) were female in the age range of 21-50 years. Their mean age was 30.09 years (SD=6.48). They were mainly bachelor degree, (91.3%) and worked in rotational work shifts (82%) and as full-time clinical nurses (78.7%). The division of labour in 61.3% and 33.3% cases was functional and team methods, respectively. Their work experience was 1-26 years with an average of 7.73 years (SD=6.27) [Table/Fig-1].

The results of the nurses' perspectives of professional autonomy are presented in [Table/Fig-2].

To determine the level of nurses' autonomy and knowledge about it, the scores were classified as low (0-0.33), intermediate (0.33-0.66) and high (>0.66) with higher scores indicating greater autonomy. It was found that the nurses in the domains of decision-making for patient care (78.7%) and decision-making for ward's affairs (60.7%) had the high levels of autonomy. Also, 66.7% of participants achieved high scores for autonomy and majority of them (80%) had an intermediate level of knowledge regarding autonomy [Table/Fig-3].

The [Table/Fig-4] shows statistically significant reverse relationships between age and autonomy in decision-making for ward's affairs and work experience and autonomy in decision-making for ward's affairs.

Variable	Number	Percent
Gender		
Male	71	47.3
Female	79	52.7
Marital status		
Single	80	53
Married	70	47
Educational level		
Bachelor degree	137	91.3
Master degree	12	8
Work shift		
Morning	21	14
Evening	6	4
Rotational	118	82
Presence at work		
Full-time	118	78.7
Part-time	29	19.3
Division of labour		
Team	50	33.3
Functional	92	61.3

[Table/Fig-1]: Demographic characteristics of the samples.

Scoring section	Mean (SD)	Mode	Range
Total score	152.06 (28.181)	153.00	145
Decision-making for patient care	80.15 (13.088)	81.00	66
Decision-making for ward's affairs	71.91 (17.687)	73.00	81

[Table/Fig-2]: Nurses' perspectives of professional autonomy.

Level of autonomy	Number	Percent
Total score		
Low	1	0.7
Intermediate	49	32.7
High	100	66.7
Decision-making for patient care		
Low	0	0
Intermediate	32	21.3
High	118	78.7
Decision-making for ward's affairs		
Low	4	2.7
Intermediate	55	36.7
High	91	60.7
Knowledge of autonomy		
Low	3	2
Intermediate	120	80
High	27	18

[Table/Fig-3]: The level of autonomy.

Variables	Autonomy in decision-making	Age
Age	-0.203*	-
Work experience	-0.195*	0.919**

[Table/Fig-4]: Pearson correlation coefficients among variables.
*$p < 0.05$
**$p < 0.001$

There was a statistically significant relationship between the mean score of autonomy in decision-making for patient care and the nurses' education level. Those nurses with master degree education had more autonomy for decision-making for patient care. No such relationship was reported between autonomy in decision-making for ward's affairs and the education level [Table/Fig-5].

Variables	Group						95% CI for mean difference	t
	Bachelor			Master				
	M	SD	n	M	SD	n		
Autonomy in decision making for patient care	79.36	12.87	137	87.2	12.67	12	-15.54, -0.234	-2.037*
Autonomy in decision-making for ward's affairs	71.57	16.80	137	74.4	26.73	12	-19.98, 14.29	-0.363

[Table/Fig-5]: Relationship between the mean score of autonomy and nurses educational level.
*p<0.05

In addition, no statistically significant relationships were found between the total score of autonomy and its domains, and the nurses' knowledge, gender, marital status, presence at the work, division of labour, and employment status.

DISCUSSION

Nurses participating in the study had a high level of autonomy. They had obtained higher scores in the domain of autonomy in decision making for patient care. Similar findings were reported in other studies too [18,19].

Cajulis CB and Fitzpatrick JJ in their study reported that 41% of nurses had high levels of autonomy [7]. Similar findings were reported by Laschinger HKS et al., [20]. This study was conducted in all nursing wards of hospitals chosen using the random sampling method. However, the samples of other studies [7,20] were nurses working in critical care units who had high levels of autonomy due to working in specialised care units.

The results of the present study showed that 80% of nurses had an intermediate level of autonomy. The definition of autonomy is one of the challenging issues related to the level of autonomy in nursing. There are several definitions of the concept of autonomy in the nursing literature [21-25]. Although, the literature shows nurses' inclination to reach autonomy in nursing has faced challenges [21,22]. However, interviews with more than a thousand nurses in a research project carried out in 17 years showed that nurses did not know the meaning of autonomy [6]. To take independent action, a nurse must have sufficient knowledge based on research and evidence. It is clear that ongoing and systematic research in relation to the functions and activities of nursing impacts the autonomy of nurses [26,27].

In this study, reverse correlations were reported between age, work experience and autonomy in making decisions. In the study of Cajulis CB and Fitzpatrick JJ [7], no statistically significant relationship was reported between the work experience of a critical care nurse and autonomy. In the studies of Chumbler NR et al., and Kleinpell-Nowell R a direct relationship was reported [28,29]. Mrayyan MT also reported that experienced nurses had greater autonomy [30]. The increase of age and work experience empowers nurses and improves their autonomy. Experienced nurses have more autonomy in decision-making [31].

According to the present study, there was a statistically significant relationship between nurses' autonomy in decision-making for patient care and nurses' educational level. The findings of other studies [28,32], similarly show that sufficient knowledge and expertise not only improve nurses' performance, but also increase their confidence in autonomy.

The demographic variables such as gender, marital status, presence at the workplace, division of labour, and employment status had no statistically significant relationships with autonomy. Cajulis CB and Fitzpatrick JJ reported similar findings [7].

LIMITATION

Self-reporting questionnaire for data collection and participants' fatigue were the limitations of this study. Using the observation method for data collection can be helpful in future studies.

CONCLUSION

Nurses need autonomy for making decisions to establish and maintain patient safety, improving the quality of patient care, reducing mortality and stress, improving job satisfaction and retaining and attracting nurses. Autonomy is one of the important factors for the development of organisational commitment and indicates the desire of remaining in the workplace. The findings of the present study indicated nurses' autonomy for decision-making in patient care was greater compared with decision-making for ward's affairs. Nurses' managers should take responsibility for improving the condition of nurses' autonomy in healthcare settings and try to remove barriers to nurses' autonomy.

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