### Professional Nurse Autonomy

#### What We Know

- The profession of nursing is undergoing a time of major reform and transformation. Registered nurses (RNs) account for the largest group of healthcare providers in the United States; in 2008 there were more than 3 million RNs. In the U.K., more than 400,000 nurses currently work for the National Health Service (NHS). Educational credentials of RNs vary from associate degrees to doctoral degrees \(^3\)
  - Some healthcare organizations and hospitals require RNs to obtain a bachelor’s degree in nursing before being able to advance clinically (e.g., on steps of the clinical ladder) in the organization
  - A clinical ladder is a multistep program that begins with an entry-level position and is designed to provide nursing experiences that enable nurses to advance in the nursing profession
- There are numerous definitions in the literature for describing professional nurse autonomy \(^3\,8\,16\,17\,20\,21\)
  - Roussel et al., (2011) define autonomy as a “state of being independent, of having responsibility, authority, and accountability for one's work and personal time” \(^{17}\)
    - Nurse autonomy implies competence, knowledge of nursing practice, and the ability to make informed decisions \(^6\)
  - In general, professional nurse autonomy is a complex and broad phenomenon that describes a nurse’s right to exercise professional knowledge and judgment in adherence to professional nursing standards. Professional nurse autonomy is an essential element of the nursing profession \(^3\,6\,8\,16\,20\,21\)
  - Researchers compared the perceptions of autonomy in 171 first- and last-period undergraduate nursing students. They found that among first-period students, autonomy was perceived in a practical or technical (i.e., following rules) way, whereas last-period students perceived it as a cognitive approach (i.e., critical thinking, assigning meaning to autonomy) \(^{18}\)
  - Autonomy in nursing can also be called self-determination, which essentially suggests nurses are responsible for their choices. In the nursing practice, the employee has a choice to adhere to organizational standards; however, failing to meet these standards can result in disciplinary action. Nurse-managers commonly recognize job termination as a result of an employee’s choice to not meet organizational standards and goals; failing to fulfill the expectations and functions of one’s job is inherently an abuse of autonomy \(^{12}\)
  - Professional nurse autonomy is influenced by barriers that are imposed by certain characteristics and the social structure of nurses in the work environment; these include personal attributes, self-determination, education, ideologies, and social interactions with colleagues \(^2\,5\,6\,9\,10\)
    - Several authors have theorized that nursing’s historical role as a predominantly female occupation may contribute to a diminished professional autonomy in many countries \(^5\,9\,10\)
• Poor collaboration with physicians and the effects of a “physician-centric” culture, with nurses traditionally subordinate to doctors via the medical model, can further limit professional nurse autonomy\(^{(2,4,6,9,10,14)}\)

• Other factors cited by nurses as contributing to a decreased level of perceived autonomy include the task-oriented nature of bedside nursing work, a lack of knowledge/educational deficiencies, and negative working conditions\(^{(2,5,9)}\)

• Researchers assessed barriers to autonomy among 28 critical care nurses in Iran and found several themes, which included lack of motivation, role ambiguity, poor professional bodies, and poor capacity to exercise autonomy in a critical care setting. The researchers concluded that these barriers should be confronted to promote job satisfaction and critical thinking, which are essential elements in intensive care\(^{(1)}\)

• Nurses investigated the correlation between autonomy and moral distress among 120 nurses with low autonomy who worked in a pediatric intensive care unit; the researchers found that the two elements were significantly associated; they also found that autonomy predicted distress frequency and intensity\(^{(19)}\)

Studies conducted internationally have demonstrated that in many countries, nurses perceive themselves as possessing a low to moderate level of professional autonomy\(^{(2,5,9,10,14)}\)

- A lack of professional autonomy can lead to physical and psychological distress. A 2014 study focused on psychiatric nurses found that lack of professional autonomy is associated with emotional exhaustion, depersonalization, and job “burnout”\(^{(6,11)}\)

- Professional nurse autonomy is correlated with heightened job satisfaction, enhanced critical thinking and capacity for independent decision-making, and personal and professional empowerment. It is assumed that professional nurse autonomy improves patient outcomes. An empowered nursing professional can influence the work environment and promote positive change in the delivery of healthcare and in the nursing profession\(^{(3,8,14,16,21)}\)

- Accountability is the primary outcome of professional nurse autonomy. Autonomy is a bioethical principle that involves the assumption of professional competence and the freedom to make conscious choices. Nursing scope of practice defines the nursing professional role, which is legally determined by educational qualifications and nursing competencies. Professional and organizational expectations (e.g., American Nurses Association, Australian College of Nursing) regulate the degree of autonomous nursing practice. Nursing experiences encompass both nursing scope of practice and professional autonomy\(^{(21)}\)

- Professional nurse autonomy can be preceded by the following assumptions:\(^{(16)}\)
  - Attitudes and concepts are learned during matriculation through nursing education
  - There is a correlation between an individual’s behavior and attitude
  - An individual has the ability to practice autonomy despite organizational constraints

- Although professional nurse autonomy is a recognized component of support for professional nursing practice, it is often poorly defined in the literature. Investigators exploring oncology nurses’ perceptions of professional autonomy identified the following three themes:\(^{(8)}\)
  - Professional nurse autonomy is considered to be an unspoken opportunity in the work environment that is supported by professional freedom to apply nursing knowledge. There are five patterns of this theme, as follows:
    - Autonomy is implied rather than overtly expressed because it is not openly discussed by nursing staff and other colleagues
    - Autonomy is associated with independence and promotes the ability of nurses to define their own clinical practice and exert control over their workday
    - Autonomy is the use of sound nursing knowledge to make clinical decisions; for example, nurses actively seek continuing education in cancer treatment in order to be able to make clinical decisions, counsel patients, educate patients regarding self-care behaviors, and promote patient coping strategies
    - Autonomy offers opportunities for nurses to advocate for patients and their families
    - Autonomy improves job satisfaction and is professionally and personally rewarding; it is believed that a position without autonomy would result in decreased staff retention

- Professional nurse autonomy is acquired as a process that occurs over time, evolving through the following three patterns:
  - Autonomy develops through lifelong professional experiences, and clinical practice is needed to acquire experience that enables working independently
  - Autonomy develops through personal life experiences that are critical for building self-confidence
  - Autonomy develops through supporting and trusting relationships with nurse colleagues, physicians, and administration; trust and support validates self-confidence in clinical decision making skills
• Professional nurse autonomy requires consciously demonstrating autonomous behaviors and is supported by the following two patterns:
  – Autonomy has different levels, which offers nurses the ability to make clinical decisions according to circumstances in their individual work environment. For example, nurses are more autonomous when working with physicians who recognize and respect autonomy in nurses, but nurses who are temporarily assigned to work in a different setting with unfamiliar colleagues may adopt a less autonomous role.
  – Autonomy depends on the social and contextual forces that are present in the work environment; physicians influence professional nurse autonomy and nurses use specific opportunities to independently exercise clinical judgment to make clinical decisions (e.g., determining if a patient requires special teaching).

Enhancing professional nurse autonomy is critical to the profession and to facilitate a healthy work environment. Nurses who are partnered with their colleagues to promote professional nurse autonomy can influence the economic, political, and social factors affecting their nursing practice. Strategies to enhance professional nurse autonomy include the following:

• Increasing overall levels of nursing education, as well as standardizing the education process. According to Baykara et al. (2014), one of the most important criteria of professionalization is that basic training be at the undergraduate level (i.e., bachelor’s degree).
  – Increased knowledge and education levels are positively correlated with professional autonomy. University education confers upon nurses the knowledge and skills that lead to greater autonomy.

• Clarifying and communicating expectations and behaviors (e.g., establishing protocols for over-the-counter medications) about clinical nursing autonomy and organizing work tasks to promote clinical decision-making skills based on rigorous clinical judgment and nursing knowledge.
  – Facilitating communication involves supporting decision-making processes in the scope of nursing practice and setting expectations of independent nursing practices.
  – Embedding nursing knowledge in clinical practice to promote nursing expertise. For example, nurses involved with clinical rounds contribute their unique perspective in patient care and assist in developing solutions to care-related problems.
  – Acknowledging and rewarding autonomous nursing practice to reinforce verbally communicated nursing practice expectations. Methods to recognize professional nursing practice include implementing nursing grand rounds, holding sessions on case studies, and discussing clinical situations in staff meetings. Clinical ladder programs assist in formally rewarding and recognizing clinical excellence and further outlining expected autonomous nursing actions.

• In a nationwide survey, authors evaluated the impact of autonomy among 191 home-care RNs and found that it was significantly correlated with job satisfaction. The researchers concluded that facilities should consider self-directed teams to improve job satisfaction, which can promote better patient outcomes.

• Researchers reviewed the impact of autonomy described in literature and found that it had a profound impact on multiple aspects of primary care. The researchers stated that lack of autonomy can lead to higher costs, lower quality of work, and inefficiency, which can affect the quality of care, especially for vulnerable patients. In addition, nurse autonomy was also found to be correlated with fewer emergency room admissions for nonemergency presentations and lower rates of hospitalization.

• Researchers evaluated the impact of systematization of nursing care on autonomy and found that among 24 nurses included in the study, a majority suggested that it not only promotes autonomy, but also encourages knowledge acquisition among nurses in a healthcare setting.

• Researchers analyzed the impact of physician oversight on advanced practice nurses’ sense of empowerment and autonomy and found that among 274 answered questionnaires, the nurses suggested that physician oversight actually increased their sense of autonomy and empowerment.
What We Can Do

› Become knowledgeable about professional nurse autonomy so you can improve patient health outcomes and professional job satisfaction in nurses; share this information with your colleagues

› Exhibit professional nurse autonomy by providing patient care based on your personal and professional experiences in order to build self-confidence regarding clinical decisions

› Develop supporting and trusting relationships with nurse colleagues, physicians, and administration in your facility

› Collaborate with colleagues in your facility to
  • advocate for research in professional nurse autonomy
  • identify barriers to professional nurse autonomy
  • implement strategies to enhance professional nurse autonomy

Coding Matrix

References are rated using the following codes, listed in order of strength:

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>M</td>
<td>Published meta-analysis</td>
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<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
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<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<td>C</td>
<td>Case histories, case studies</td>
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<td>G</td>
<td>Published guidelines</td>
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<td>RV</td>
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<td>RU</td>
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<td>PP</td>
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<td>X</td>
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<td>GI</td>
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<tr>
<td>CP</td>
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References


