

The Conceptualization of Professional Nurse Autonomy

แนวคิดเอกสิทธิ์แห่งวิชาชีพพยาบาล

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Abstract:

Professional nurse autonomy is considered an essential component for nursing performance and professional development, but little is known about the advancement of this concept in Thailand. The purpose of this article was to analyze and synthesize the concept based on the existing literatures. Factors affecting professional nurse autonomy and instruments used to measure this construct are also explored. The findings clarified the boundary, characteristics and source of professional nurse autonomy.

Keywords: autonomy, professional nurse

บทคัดย่อ:

เอกสิทธิ์แห่งวิชาชีพพยาบาล เป็นองค์ประกอบที่สำคัญของการปฏิบัติการพยาบาลและการพัฒนาวิชาชีพ แต่ความรู้เรื่องพัฒนาการของแนวคิดดังกล่าวในประเทศไทยยังมีเพียงน้อย บทความนี้มีวัตถุประสงค์เพื่อวิเคราะห์และสังเคราะห์มโนทัศน์ดังกล่าวโดยอิงกับวรรณกรรมที่มีอยู่ และเพื่อสำรวจปัจจัยที่มีอิทธิพลต่อเอกสิทธิ์แห่งวิชาชีพพยาบาลและเครื่องมือที่ใช้วัดมโนทัศน์ ข้อค้นพบทำให้ขอบเขต คุณลักษณะและแหล่งของเอกสิทธิ์แห่งวิชาชีพพยาบาลมีความชัดเจนมากขึ้น

คำสำคัญ: เอกสิทธิ์ วิชาชีพพยาบาล

Introduction

Autonomy of nurse is considered an essential component for nursing development. Previous literatures stressed its importance and advantages to nursing organizations such as attaining professional practice, promoting high quality of patient care including better patient outcomes, and enhancing the value of nursing organization.¹⁻²

With the increase emphasis on high quality of health care and professional development, autonomy of nurse continues to be an essential aspect of professional practice for the 21st century. Knowledge on professional nurse autonomy is required. However, little is known about the development of the concept. Review of the literature reveals a variety of meanings, instruments and related factors contributing to professional nurse autonomy.³⁻⁵ The development of the concept now may exist on a continuum of varying and stages, which means the study in this area should be continued. The purpose of this article was to explore, analyze and synthesize the meanings, instruments and factors related to professional nurse autonomy from the existing literature and source of autonomy.

Defining concepts related to autonomy of nurse

Concepts including autonomy, professional autonomy and professional nurse autonomy were selected to analyze and unify in this section in order to understand autonomy within the nursing context and development.

Autonomy

Autonomy is derived from the Greek term *autos* (self) and *nomos* (rule) which means the quality of having the ability to function independently.⁶ Several scholars gave their definitions. Batey and Lewis⁷ defined autonomy as “freedom to make discretionary and binding decisions consistent with one’s scope of practice and freedom to act on those decisions,” whereas Gillon⁸ referred it to “the capacity to think, decide, and act on the basis of such thought and decision freely and independently and without hindrance.” A recent concept analysis suggested five defining attributes associated with autonomy including independence, capacity for decision making, judgment; knowledge and self-determination.⁴ All the

definitions share the same thing; that is, “freedom to decide and act.”

Professional autonomy

Engel⁹ defined professional autonomy as “freedom for the professional to practice in accordance with his/her professional training.” Kenny and Adamson¹⁰ described it as “exercised over its own work, which is not subject to direction and evaluation by other health professionals,” and it involved “allowing professionals to have substantial control over professional practice, including significant room for exercise of their judgment.”¹¹ All these definitions reflect the meaning in the same way, that is, it is the privilege power for special persons or groups based on their expertise and knowledge relevant to their professions. They derive the knowledge and expertise from training, and use it to help them think, decide and act. Other persons or groups which do not have such specialty knowledge cannot make any decision on any situations.

When the concept is applied to professional nurses, it indicates a privilege of self-governance in the profession. Nurses - like other professionals, such as medicines, laws and engineers- are given the freedom to set their own standards within broad limits, and to enforce those standards among their members.¹¹ Professional autonomy can be applied to nurses both as groups and as individuals. When it is applied to individual nurses, the notion of professional autonomy has to do with the ability of particular nurses to make at least some decisions that are not subjected to authoritative review by those outside of the profession. When we speak of the professional autonomy of an individual nurse, what we are really considering is the right - indeed, the responsibility of a member of the nursing profession to act according to the shared standards of the profession.¹¹ The full status of nurses in groups will be achieved and the development of professional nurse organization will continue if individual nurses perform his/her full autonomy until their individual better outcomes can bring together to represent the worthiness and the importance of the professional nurse in society. However, information related to specific characteristics and the degree of freedom in nursing practice, has not yet exemplified. As such, another aspect of professional nurse autonomy was explored.

Professional nurse autonomy

An obvious evidence of a unique aspect of professional nurse autonomy is from Wade.¹² In her study of a concept analysis of professional nurse autonomy, she gave an insight analysis. Four critical attributes associated with professional nurse autonomy were suggested including: (1) caring, affiliative relationships with clients; (2) responsible discretionary decision making; (3) collegial interdependence with members of the health care team; and (4) proactive advocacy for clients. The concept was clearly described by exemplifying critical characteristics of the concept into the model and contrary case. Interestingly, the models show the audiences an insight into that today nursing practice does not exercise full autonomy. A lack of performing full autonomy is one of the most important hindrances of achieving full professional status and professional development.

Source of autonomy

Autonomy of nurse is derived from two important sources, nursing knowledge and social relation. Professional autonomy is the power and freedom deriving from positional authority, and authority of expert knowledge held by professionals who occupy the position. It implies that professional nurse autonomy originates from organization and professional knowledge. In addition, professional nurse autonomy – the autonomy of both the profession as collective and individual nurses in their works – is relational in nature. Autonomy of nurse thus finds its sources from supportive social relations and will be threatened if the relations are either weak or absent.¹¹

In summary, theoretical literatures displayed that the definition of professional nurse autonomy was developed by many scholars from different areas. However, there is shared an agreement concerning the attributes associated with autonomy of nurse. Professional nurse autonomy implies independence, accountability, self-determination and professional control. It means the capacity and power of the profession to think and work autonomously in providing patient care, and accept accountability for their decisions and actions in accordance with professional knowledge and standard. Autonomy of nurse can be derived from two significant sources; nursing knowledge and nursing position in the society.

Instruments for measuring professional nurse autonomy

Dual characteristics of autonomy, structural and attitudinal dimensions, were suggested in the literature. Structural or work autonomy is the worker's freedom to make decision based on job requirements.¹³ This may be depended on job descriptions which set boundaries or limits to discretionary decision making. Structural autonomy exists when professional people is expected, in the context of their work, to use their judgment in the provision of client services.¹³ For attitudinal autonomy, it is described as the belief that one is free to exercise judgment in decision making,¹³ and exists for people who believe themselves to be free to exercise judgment in decision making. Hall¹³ explored the attitudinal attributes of professionalism as the manner in which the individual nurses feel and view their work of the profession; and the autonomy of the individual nurses has frequently been examined and discussed as an attitude or perception.

Review of the literature illustrated that measuring autonomy of nurses can be done through observing nursing behavior and nurse's perception of autonomy, and the current instruments are composed of these two perspectives. More useful would be observable attributes of autonomy; aspects of behavior which would evidence its existence. The instruments designed to measure autonomy of nurse include (1) the Pankratz Nursing Attitude Scale (PNAS),¹⁴ (2) the Nursing Activity Scale (NAS),¹⁵ (3) the Dempster Practice Behaviors Scale (DPBS),¹⁶ and (4) Autonomy, the Caring Perspective instrument (ACP).¹⁷ Specifically, the PNAS, DPBS and ACP are used to measure constructs both "structural autonomy" and "attitudinal autonomy," and the NAS is viewed to measure only construct "structural autonomy."

The Pankratz Nursing Attitude Scale developed by Pankratz and Pankratz¹⁴ contains three sub-scales: (1) nurse autonomy and patient advocacy (2) patient's right and (3) rejection of nurse's traditional role limitations. The Dempster Practice Behaviors Scale was developed by Dempster¹⁶ to measure the extent of autonomous behaviors in practice. It focuses on overt and covert behaviors, action, and conduct related to the extent of an individual's autonomy in a practice setting. The DPBS consists of four subscales: (1) readiness, (2) empowerment, (3) actualization, and (4)

valuation. This tool is generalizable within nursing and outside of nursing. The Autonomy, the Caring Perspective Instrument developed by Boughn¹⁷ is designed to measure autonomy-related attitudes and behaviors that are specific to nursing students. The Nursing Activity Scale, a revision of the Schutzenhofer Professional Nursing Autonomy Scale (SPNA)¹⁵ is a 30-item self-report instrument describing various nursing situations providing an excellent scale that represents varying degrees of autonomy.

Factors affecting professional nurse autonomy

Two dimensions of professional nurse autonomy that have been described in the research literatures – nurses' perceptions and nurses' performance – are affected by personal attributes and structural features of the units. Personal factors refer to individual nurses' characteristics, whereas work-related factors involve contexts or environments of professional nurses.

Personal factors

Reviewing the previous researches suggested some characteristics of individual nurses that affected to professional nurse autonomy. These included (1) age and years of experience; (2) locus of control/ self-efficacy/ empowerment; (3) educational background; (4) professional role; and (5) gender-stereotyped personality trait.

Age and years of experience: Professional autonomy in nursing has been found to increase with increases in age and years of experience. Martin and associates¹⁸ examined the perceptions of several dimensions among 125 registered nurses in a stratified random sample of 1,200 nurses from one large medical center. The finding indicated a positive relationship between age and professional autonomy. Mrayyan¹⁹ surveyed 317 hospital nurses in the USA, Canada and the United Kingdom, through the use of selective listserve of internet, and found that years of experience in nursing was an important factor to increase nursing autonomy. However, age and years of experience were reported as having non-significant relationships with autonomy in some studies.^{1,20}

Locus of control/ self-efficacy/ empowerment: Alexander, Weisman and Chase²¹ examined the relationship between locus of control, which was defined as "the personal efficacy or the degree to which an individual perceives his or her behavior is controlled

by fate or by his or her own initiative or skills," and autonomy of staff nurses. The finding illustrated locus of control was positively related to perceptions of autonomy. However, the absence of any significance in locus of control for nurses working in different clinical areas (such as surgical, medical, parent-child, and special care) was also found in this study. Such finding rejected the belief that special care units attract nurses who have greater personal control, and, thus, are likely to report greater levels of work-related autonomy. However, DeSisto and DeSisto²² explored the relationship between empowerment and autonomy in school nurses, and similarly found a positive relationship between the nurses' perceptions of empowerment and autonomy.

Educational background: Education was reported as an important factor to increase nurses' autonomy. Two aspects of education having importance for professional autonomy include baccalaureate preparation and advanced nursing education.

The baccalaureate nurses are socialized to achieve autonomy and tend to be more dissatisfied when they perceive a lack of autonomy in their work. Alexander²³ studied the perceptions of autonomy in 137 hospital-employed nurses and 107 public health nurses and found that bachelor prepared nurses had significantly higher perceptions of their autonomy than nurses without bachelor's degree. Papathanassoglou and associates²⁴ investigated factors related to practice autonomy in critical care nurses in Hellas. The result indicated that bachelor degree graduates scored higher in decisional autonomy. Similarly, Ferguson-Paré²⁵ surveyed 85 full time registered nurses at a chronic/rehabilitation hospital located in the city of Toronto, Canada, and found that baccalaureate education contributed to high autonomy, whereas diploma education was associated with the low autonomy. However, one recent study rejected the relationship between basic nursing preparation (a baccalaureate degree) and nurse autonomy.²⁶ One important assumption for explaining the inconsistent findings of the relationship is that, it may rely on the instrument used in the study.

Several studies supported a positive relationship between level of education and professional nurse autonomy. Schutzenhofer and Musser²⁰ investigated 2,000 registered nurses in Idaho, Missouri, Florida, and

Maryland, and found that the highest level of nursing education (among diploma, ADN, BSN, and MSN) positively correlated with professional nurse autonomy. Papathanassoglou and associates²⁴ investigated factors related to practice autonomy of critical care nurses and reported higher education was a predictor of higher overall, advanced technical and decision-making autonomy. Similarly, a study supported a positive relationship between level of education and professional autonomy.¹⁸ However, one recent study reported higher educational level had no statistically significant relationship with autonomy of nurse.²⁶

Professional role: A variety kinds of professional roles in health care services have a strong influence on autonomy of nurse. Martin and associates¹⁸ reported a higher level of professional autonomy was associated with higher positions and higher levels of membership in professional organizations. Schutzenhofer and Musser²⁰ found the nurse managers had significantly higher professional nurse autonomy than staff nurses. Moreover, clinical nurse specialists or nurse practitioners had higher professional autonomy than the nurse managers or staff nurses. Similarly, Hobbs and Yam²⁷ studied a convenience sample of 204 registered nurses in a metropolitan area, noting that educators and head nurses had significantly higher scores on the perception of autonomy than did staff nurses.

Gender-stereotyped personality trait/ Androgyny: Sex role identity has been traditionally described as either masculine or feminine with diametrically opposed adjectives as the following examples. Adjectives traditionally associated with being female or feminine attributes are dependence, passivity, nonaggression, non competitiveness, inner orientation, interpersonal orientation, empathy, sensitivity, nurturance, subjectivity, intuitiveness, receptivity, inability to risk, emotional ability and supportiveness. The attributes associated with males or masculine are those adjectives in the opposite way such as independence, aggression, and leadership.²⁸

Although the field of nursing is so highly sex-typed that expressed interest in being a nurse is a female, the concepts of androgyny are adopted to understand the relationship between gender-stereotyped personality trait and professional nurse autonomy. Schutzenhofer and Musser²⁰ studied the

relationship between gender-stereotyped traits and professional nurse autonomy, and found that the existence of personality traits typically related to men increased the sense of autonomy of the nurse. Similarly, a study found that male gender was a predictor of decision-making autonomy.²⁴

Work-related factors

Practice setting/ employment setting: Practice setting in previous literature could be categorized as hospital-based, public health/or home health, psychiatric/mental health, medical-surgical, maternal-newborn and critical nurses. Two studies indicated that public health nurses had a significantly higher autonomy than the hospital-based nurses.^{20, 23}

Organization structure/ work environment: In a centralized structure, power and authority are concentrated in relatively few persons or positions; therefore a highly centralized structure limits the degree of autonomy and autonomy available to nurses. On the other hand, a higher decentralization affected a higher professional autonomy.²⁹ Nurses with higher teamwork score also exhibited higher levels of autonomy.² Increased workload was found to detract from registered nurse perception of autonomy.^{19, 25}

In addition, a number of researches conducted in Thailand illustrated that Thai nurses had a high level of professional autonomy.³⁰⁻³³ One study reported a moderate level of professional nurse autonomy.³⁴ The factors that significantly correlated with autonomy of Thai nurses included age, work experience, and empowerment.^{31, 35} Two studies found no significant relationship between both age and work experience and professional nurse autonomy.^{30, 33} There is a lack of studies relevant to examining the relationships between baccalaureate preparation, advanced nursing education, self-efficacy, professional role, and gender-stereotyped personality trait, and professional nurse autonomy in Thailand.

Conclusion

Professional nurse autonomy is viewed as power of nurses to independently decide and act based on their expertise and standards. Standards of nursing practice and any judgments are only made by nursing profession itself. The power will be strong if individual nurses practice full professional autonomy during providing his or her patient care. Individual quality of

nursing care will bring together to represent the worthiness and the importance of the profession in society. Furthermore, when nursing professions has a chance to join committee and board of health care system, they should share ideas, make decision and negotiation in health care system and policy related to their autonomy, thereby enhancing the development of the profession for many years to come.

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