Nurses' Autonomy: Comparative Study between American and Jordanian Registered Nurses

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Abstract

Objective: To compare between the autonomy of American registered nurses and the autonomy of Jordanian registered nurses regarding patient care decision and unit operation decisions.

Materials and Methods: A comparative design using a survey method was used in this study employing a convenience sampling technique. Data were collected from 264 American registered nurses and 250 Jordanian registered nurses who were working in a teaching hospital in both countries. The Autonomy Scale of Blegen and her colleagues [23] was used to measure nurses' autonomy.

Results: Over all, both American and Jordanian nurses had autonomy over patient care decisions more than that over unit operation decisions (Mean= 3.75 for American nurses versus 3.50 for Jordanian nurses). The majority of differences in patient care decisions were advantageous for American nurses. However, the majority of differences in unit operation decisions were advantageous for Jordanian nurses (Mean=3.40 for Jordanian nurses versus 2.54 for American nurses).

Conclusions: Nurses' autonomy is centered on patient decision-making, which reflects client advocacy. Differences in nurses' autonomy are related to differences in healthcare systems. In general, nurses' autonomy is important to enhance the quality of nursing care, patients' outcomes, and the survival of healthcare organizations.

Keywords: Autonomy, Nurses, American, Jordanian.

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Background

Autonomy is an essential milestone of any work environment. It is defined as making unconstrained decisions and being able to act on those decisions. [1,2]

Researchers reported that autonomy is categorized as an essential component of magnetic work environments; these environments are important for the quality of patient care and nurses' job satisfaction.

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Many nurses feel that the rules and regulations of hospitals and healthcare organizations influence their autonomy, especially in light of the dramatically changing healthcare environments. [3-5] Numerous policies and procedures set by the hospitals' administrators, who are usually physicians, limit nurses' autonomy. [1,2] Although, work autonomy is important for professional identity, [3,5] little is known about the attributes of nurses' autonomy. [6] Also, autonomy is not clearly identified and operationalized in nurses' professional lives. [7]

Purpose and Significance

This study is one of few international studies that explored the concept of nurses' autonomy. [3-14] Also, this study is the first study that explored explicitly the concept of nurses' autonomy in Jordan. Although, Mrayyan [15] compared the autonomy of American nurses with the autonomy of an overall group called "nurses from other countries" and also studied the autonomy among American nurses. [16] The current study is the only study that compared the concept of interest between nurses of the Unites States and nurses of Jordan in their countries. Thus, this research aims at answering the two research questions: 1) what are the differences between American registered nurses and Jordanian registered nurses in patient care decisions?, and 2) what are the differences between American registered nurses and Jordanian registered nurses in unit operation decisions? The results of this research could be used to design an interventional study that aim at developing leadership actions to promote and maintain nurses' autonomy, which in turn provide them with satisfaction, good well-being, and psychological stability at work.

Literature Review

Autonomy is viewed as a positive concept for nurses. [3,5,8,11]The review of literature showed numerous studies that reported that nurses were desired better working conditions that promote their job satisfaction and supportive autonomous work environments that enhance their autonomy. [9,12,13,17,18]

The concept of autonomy is understood very broadly in the nursing literature, and there is no consensus on a global definition. [8,19] Nurses' autonomy also has varied definitions such as the ability of nurses to carry out their work activities without supervision. Nurses' autonomy as viewed by those who believe in Magnet hospitals is the freedom to act on what nurses know, to make independent clinical decisions that exceed standard nursing practice, in the best interest of the patients. [1,2,20,21]

Autonomy has essential components: authority; accountability; good base of knowledge; and good communication between nurses and members of healthcare team. [10] Autonomy is commonly associated with the nurses' ability to make decisions and to enhance professional knowledge base. [22] According to Wilkinson, [22] an autonomous nurse is one who practice within a self-regulating professional environment; make decisions based on professional judgment, and who is able to act on these decisions within his/her own spheres of practice. Autonomy can also be defined in the terms of authority and accountability for patients' care and unit operations. [23] In the current study, the term "nurses' autonomy" was defined as "the freedom of nurses to decide about patients' care and unit operation decisions". [23]

Internationally, nursing is striving to be a profession. [14,24] This will not happen until nurses achieve their autonomy. Nursing profession is facing a variety of challenges including nursing shortage, decline in the enrolments of students into the nursing programs, [3,24] and changes in health systems as downsizing and restructuring.

Changes have been driven by an ideology of efficiency, focus on competition, reduction in benefits and a focus on cost containment. [25]

These changes are challenging nurses' autonomy. In the United States, autonomy, control, and nurse-physician relations have been identified as linked to staff retention, levels of staff burnout and needle stick injury, and patients' outcomes. [3,5,9,26, 27]

Autonomy has positive consequences. Autonomous nurses will have more control over work environments, good relations with physicians and other healthcare members, and will have high job satisfaction, less job stressors, and in turn improvement in patients' outcomes. [3,6,18,21,28]

Methods

Sample and Settings: In the United States, data were collected during the summer of 2002 over a 1-week period, while data were collected in Jordan during the summer of 2005 over a 3-week period. Using convenience sampling technique, a total of 264 American nurses (out of 300; 88% response rate) versus a total of 250 Jordanian nurses (out of 420; 60% response rate) completed the questionnaire. In both countries, nurses were employed in a large teaching hospital. At each hospital, the number of nurses was identified through the Nursing Office. In both countries, the eligibility criteria required that the nurse had worked in a hospital for at least one year.

Data Collection and Ethical Considerations: Prior to data collection, in both studies, the approvals to collect data from the administrators of participating hospitals as well as the IRB (at the United States) and Scientific Research Board (at Jordan) of the university at which the researchers are currently working were obtained. All nurses working in the selected two teaching hospitals were invited to participate in the study. Before the actual data collection, all questionnaires were coded before being sent to the nurses. Participation in the study was voluntary, on the invitation letter; a statement was written as follows "completing and returning the questionnaire indicates your consent to participate in the study." Anonymity of the participants and the confidentiality of their information were assured.

Research Instrument: For the purpose of the current research, autonomy was defined as the freedom of staff nurses to decide about patient care and unit operations. [23]

The Autonomy Scale for Blegen and her colleagues [23] was used to measure the concept of nurses' autonomy. The questionnaire is a self-reported tool consisting of 42 items; twenty-one items were related to patient care decisions and the other twenty-one items were related to unit operations decisions. Decisions related to patient care were: define patient care provision; enhance staff collaboration; encourage staff nurses to handle patient and physician complaints; and allow nurses to decide on diagnosis and discharge- related issues. Decisions related to unit operations were: encourage staff nurses' arrangement of their work; foster staff nurse planning to deliver high quality care; encourage staff nurses to develop and revise patient care procedures; and allow staff nurses to manage unit resources. The Blegen et al.'s Autonomy Scale is a Likert-type scale with responses ranging from 1 to 5 as follows: 1= nurses have no authority and accountability; 2= nurses assume authority and accountability when asked; 3= nurses share authority and accountability with others; 4= nurses consult with others and participate in-group decisions; 5= nurses have full independent authority and accountability.

The Blegen et al.'s Autonomy Scale was reported to have acceptable psychometric measures. In the original study, a Cronbach's alpha for the patient care decisions subscale was .78 and for the unit operation subscale .92. Content validity of the entire scale was determined through the expert panel and found to be satisfactory. [23] In the current study, Cronbach's alpha reliability of the Autonomy Scale was .94 for the 42 items. Part two of the questionnaire addressed the following demographic variables: gender, marital status, age, education, years of experience in nursing, shift worked, and time commitment.

Statistical Analysis: Data were analyzed at alpha .05 using the Statistical Package for the Social Sciences (SPSS, Version 11.5). [29] Various data analysis procedures were used including means and standard deviations, and t-tests. [30] An average score for each subscale was established by adding the scores on all items in the subscales and then dividing by the total number of items in that subscale. T-tests were used to compare between

the recruited American nurses and Jordanian nurses in regard to patient care decisions and unit operation decisions.

Findings: Out of possible 420 Jordanian nurses, 250 questionnaires were obtained (response rate= 60%). The majority of nurses were female (90.8%), married (78.5%), with an average age of 45 years. The majority of them hold a baccalaureate degree (47.8%). Nurses had 10 years or more of experience in nursing constituted a percentage of (75.4%), (52.3%) worked the day shift, and (85.6%) were employed on full-time basis.

Out of possible 300 American nurses, 264 questionnaires were obtained (response rate= 88%). Majority of the nurses were female (89.3%), married (64.1%), with an average age of 44.5 years. Majority of them hold a baccalaureate degree with a percentage of (47.9%), (77.5%) had 10 years or more of experience in nursing, (51.4%) worked the day shift, and (75.1%) worked full-time.

In general, both American nurses and Jordanian nurses had autonomy over patient care. In the majority of patient care decisions, American nurses were different as compared to Jordanian nurse; the majority of differences were advantageous for American nurses (Mean= 3.75 for American nurses versus 3.50 for Jordanian nurses). However, Jordanian nurses were significantly higher than American nurses in four patient care decisions: developing patient education material (p= .006); informing patients about the surgery risks (p=.000); ordering diagnostic tests (p= .000); and determining day of discharge (p= .000) (See Table 1).

Table (1): Comparisons of Patient Care Decisions Autonomy for American and Jordanian Nurses.

	American nurses N= 264		***Jordanian nurses N= 250***			
Patient Care Decisions	***M***	***S.D.***	***M***	***S.D.***	**** t-Test***	***Sig.***
1- Serve as patient advocate	*4.65*	*.830*	*3.73*	*1.23*	*6.42*	*.000*
2- Question physician orders	*4.46*	*.960*	*3.54*	*1.24*	*6.30*	*.000*
3- Teach about patient medication	*4.40*	*1.11*	*3.57*	*1.24*	*5.44*	*.000*
4- Consult with MD and other professionals	*4.36*	*1.04*	*3.64*	*1.13*	*5.18*	*.000*
5- Prevent skin breakdown	*4.37*	*1.03*	*3.79*	*1.14*	*4.21*	*.000*
6- Teach self care activities	*4.31*	*1.11*	*3.67*	*1.18*	*4.38*	*.000*
7- Discuss alternatives with physician	*4.29*	*1.09*	*3.30*	*1.24*	*6.58*	*.000*
8- Prevent patient falls	*4.28*	*1.04*	*4.02*	*1.02*	*1.98*	*.049*
9- Teach heath care promotion activities	*4.19*	*1.12*	*3.77*	*.98*	*3.24*	*.001*
10- Refuse to carry out physicians orders	*4.06*	*1.03*	*3.07*	*1.45*	*5.79*	*.000*
11- Decide time to administer care	*4.01*	*1.22*	*3.49*	*1.14*	*3.57*	*.000*
12- Plan care with patient	*3.92*	*1.18*	*3.63*	*1.30*	*2.28*	*.024*
13- Advance PRN orders	*3.77*	*1.42*	*3.54*	*1.17*	*1.46*	*.144*
14- Refer to other healthcare professionals	*3.68*	*1.29*	*3.39*	*1.09*	*1.99*	*.048*
15- Make decision for pain management	*3.69*	*1.22*	*3.68*	*.99*	*.074*	*.941*
16- Handle individual patients complaints	*3.50*	*1.12*	*3.65*	*1.23*	*-.972*	*.333*
17- Develop patient education material	*3.08*	*1.30*	*3.53*	*1.3*	*-2.77*	*.006*
18- Handle physician complaints	*3.11*	*1.30*	*3.18*	*1.28*	*-.433*	*.666*
19- Inform patient of surgery risks	*2.87*	*1.41*	*3.71*	*1.38*	*-4.88*	*.000*
20- Order diagnostic test	*2.03*	*1.30*	*2.74*	*1.38*	*-4.16*	*.000*
21- Determine day of discharge	*1.71*	*1.02*	*2.37*	*1.37*	*-4.14*	*.000*
Overall Mean of Autonomy	***3.75***		***3.50***			

****Equal variances are not assumed, independent t-test (2- tailed)***

In the majority of unit operation decisions, American nurses were different as compared to Jordanian nurse; the majority of differences were advantageous for Jordanian nurses (Mean=3.40 for Jordanian nurses versus 2.54 for American nurses). However, American nurses were significantly higher than Jordanian nurses in only serving on department committees (p= .008) (See Table 2).

Table (2): Comparisons of Unit Operation Decisions Autonomy for American and Jordanian Nurses.

	American nurses N= 264		***Jordanian nurses N= 250***			
Unit Operation Decisions	***M***	***S.D.***	***M***	***S.D.***	**** t-Test***	***Sig.***
1- Arrange for trading hours	*3.72*	*1.33*	*3.60*	*1.09*	*.851*	*.396*
2- Decide own break and lunch time	*3.63*	*1.29*	*3.41*	*1.32*	*1.30*	*.194*
3- Make patient assignments	*3.29*	*1.46*	*3.18*	*1.35*	*.631*	*.529*
4- Serve on department committees	*3.13*	*1.40*	*3.56*	*1.22*	*-2.67*	*.008*
5- Present unit in service	*3.06*	*1.46*	*3.56*	*1.11*	*-3.25*	*.001*
6- Determine delivery of care method	*2.99*	*1.44*	*3.33*	*1.23*	*-2.13*	*.035*
7- Implement new ideas	*2.96*	*1.34*	*3.63*	*1.21*	*-4.20*	*.000*
8- Schedule own hours	*2.67*	*1.45*	*3.73*	*1.21*	*-6.63*	*.000*
9- Develop unit goals	*2.59*	*1.15*	*3.45*	*1.14*	*-5.95*	*.000*
10- Develop and revise unit procedures	*2.52*	*1.14*	*3.48*	*1.22*	*-6.26*	*.000*
11- Develop and revise standards of care	*2.41*	*1.21*	*3.67*	*1.15*	*-8.39*	*.000*
12- Develop and revise unit policies	*2.41*	*1.15*	*3.34*	*1.23*	*-5.99*	*.000*
13- Initiate research activities	*2.35*	*1.34*	*3.29*	*1.24*	*-5.81*	*.000*
14- Determine quality assurance indicators	*2.25*	*1.25*	*3.51*	*1.15*	*-8.30*	*.000*
15- Choose new equipment and supplies	*2.27*	*1.11*	*3.27*	*1.30*	*-6.25*	*.000*
16- Determine staff meeting agendas	*2.12*	*1.19*	*3.58*	*1.08*	*-10.30*	*.000*
17- Develop peer review evaluation	*2.00*	*1.15*	*3.53*	*1.12*	*-10.61*	*.000*
18- Staff nurse job description	*2.04*	*1.21*	*3.40*	*1.26*	*-8.63*	*.000*
19- Interview and select new staff	*1.74*	*1.06*	*2.94*	*1.35*	*-7.31*	*.000*
20- Identify causes for unit budget variance	*1.59*	*1.03*	*2.97*	*1.15*	*-9.56*	*.000*
21- Plan yearly unit budget	*1.32*	*.81*	*2.84*	*1.16*	*-10.82*	*.000*
Overall Mean of Autonomy	***2.54***		***3.40***			

****Equal variances are not assumed, independent t-test (2- tailed)***

Discussion

Overall, nurses' autonomy over patient care decisions was higher than unit operation decisions. This finding is consistent with the results of other studies. [13,31,32] It can be concluded that nurses' autonomy is centered toward patient decision-making, which often reflects client advocacy. [5] It is important to consider that the varying levels of autonomy may be related to the differences in healthcare systems among countries, [3,12] which is shaped by healthcare systems rules and regulations as well as the profession itself. For example, it is widely known that Jordanian nurses are often heavily burdened by non-nursing tasks .[15]

Jordanian nurses seemed to be more autonomous in regard to ordering diagnostic tests (Mean=2.74, *p=.000)*; however, this is a non-nursing task. It seemed also that Jordanian nurses were more autonomous in informing patients about the surgery risks (Mean=3.71, *p=.000*) and determining day of discharge (Mean=2.37, *p=.000)*, actually these also are physician-related activities in the first place. However, none could argue that nurses have to have the major roles in determining patients' education criteria (Mean=3.53, *p=.006)*. It is important to mention that hospitals' policies in Jordan provide physicians with the authority to control patient care decisions over nurses. Yet, physicians are not available in hospitals' settings all the time, so nurses may have an authority over non-nursing

patient care decisions; this is a mandated rather than a privileged authority. To solve such an issue, precise job descriptions should be written for and practiced by all healthcare members.

Recommendations and Implications

Regardless to the country, promoting nurses' autonomy over their patients care and unit operations will produce positive outcomes for nurses and patients such as increased nurses' job satisfaction and patients' satisfaction, and in turn autonomy will result in positive outcomes for healthcare organizations. Nurses reported to have low autonomy about some aspects of patient care decisions. Jordanian nurses should be given more autonomy on patient care-related decisions, while American nurses should be given more autonomy over unit operations-related decisions. As these were the lowest means, both American and Jordanian nurses should be involved in the planning of the capital expenditures and managing budget-related issues.

Organizations could implement various interventions to enhance nurses' autonomy; however a comprehensive and a primary intention is implementing shared governance that aims at expanding nurses' roles and responsibilities. [18] Also, this could be achieved with a participative management style. [3,5] Further studies are needed to study in depth correlated of nurses' autonomy such as organizational characteristics and work environments. In summary, in both countries, nurses were more autonomous in patient care decisions than unit operation decisions. There were some significant differences in both countries in regard to patient care decisions more than unit operation decisions.

Limitations of the study

This study used a convenience sample which limits the generalization of the results. This study was conducted in teaching hospitals which make it difficult to be generalized to other types of hospitals such as governmental, private, or military hospitals. Another limitation of this study was that there was a long period between data collection from the American sample (2002) and Jordanian sample (2005). However, the concept of nursing autonomy is relatively stable for the last two decades. Further studies using random sampling from different types of hospitals may be required. Identifying the predicting variables for patient care decisions and unit operation decisions may be explored in future studies.

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استقلالية التمريض: دراسة مقارنة بين الممرضين والممرضات الأمريكان والأردنيين

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الملخص

الهدف: مقارنة الاستقلالية بين الممرضين والممرضات الأمريكان والممرضين والممرضات الأردنيين من حيث اتخاذ القرارات الخاصة برعاية المرضى والقرارات الخاصة بأمور القسم أو الوحدة.

الطريقة: استخدمت هذه الدراسة تصميم المقارنة باستخدام طريقة المسح حيث تم جمع البيانات من عينة قصدية تكونت من (264) ممرضاً وممرضة قانونية أمريكيين و(250) ممرضاً وممرضة قانونية أردنيين، يعملون في مستشفيات تعليمية في كلا البلدين، وتم جمع البيانات باستخدام أداة قياس "استقلالية التمريض" للمؤلف بلجن وزملائه.

النتائج: يتمتع كل من الممرضين والممرضات الأمريكيين والأردنيين بصورة عمومية باستقلالية بشأن رعاية المرضى أعلى من الاستقلالية بشان قرارات القسم أو الوحدة. غالبية الاختلافات المرتبطة برعاية المرضى كانت لصالح الممرضين والممرضات الأمريكان، وغالبية الاختلافات المرتبطة بقرارات القسم أو الوحدة كانت لصالح الممرضين والممرضات الأردنيين.

الخاتمة: تركزت استقلالية التمريض غالباً على صنع القرارات الخاصة بالمرضى والتي تنعكس عن دور التمريض في الدفاع عن المرضى وحقوقهم. إن الاختلافات في الاستقلالية بين الممرضين والممرضات الأمريكيين والأردنيين ترتبط بالاختلافات في النظام الصحي في البلدين. وبصورة عمومية، تعد استقلالية التمريض أمراً مهماً لتحسين نوعية الرعاية التمريضية وبقاء مؤسسات الرعاية الصحية.

الكلمات الدالة: الاستقلالية، التمريض، الممرضين، الأمريكان، الأردنيون.