
RELATIONSHIP BETWEEN PROFESSIONAL AUTONOMY AND JOB SATISFACTION AMONG STAFF NURSES

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ABSTRACT

Background: With the increase emphasis on high quality of health care and professional development, work autonomy continues to be an essential aspect of the work environment for nurses' satisfaction and recognition. **Aim:** The present study aimed to assess the relationship between professional autonomy and job satisfaction among staff nurses. **Material and methods:** A descriptive correlational study was used with a sample of (240) staff nurses. The data were collected by using two tools; professional autonomy scale and job satisfaction questionnaire. **Results:** The results revealed that 43.0% of nurses had low autonomy level followed by 34.2% had high autonomy. Also, it was observed that 56.0% of nurses were satisfied. **Conclusion:** It was concluded that there was a highly statistically significant positive correlation between the professional autonomy level and job satisfaction level among staff nurses. **Recommendation:** So, the findings pointed for upgrading nurses' clinical decision making through educational programs and more advanced strategies in clinical areas to enhance job satisfaction and professional autonomy.

Keywords: Professional autonomy, Job satisfaction, Staff nurse.

INTRODUCTION

The rapid progress with an ongoing liberalization and globalization in all areas lead to necessary changes in health care settings, including hospital organizations to increase the efficiency of hospital services and health care development. One of those needed changes is to enhance nurses' professional autonomy and job satisfaction (*Lee & Yang, 2015*).

Autonomy is defined as the freedom to make independent decisions on behaves of patients, but in their interests (*ALHamdan, Bawadi & Maryan, 2013*). Moreover, autonomy is the capacity to think, decide and act on the basis of such though, and decisions freely and independently and without hindrance (*Chainakorn, 2009*).

Professional autonomy is “freedom for the professional to practice in accordance with his/her professional training (*Supametaporn, 2013*). In other words, it is “exercised over its own work, which is not subject to direction and evaluation by other health professionals” (*Kenny & Adamson, 2011*)

Job satisfaction can be defined as the perception that one’s job fulfills or allows the fulfillment of one’s important job values, providing and to the degree that those values are congruent with one’s needs (*Jian, 2015*). Job satisfaction is the feelings and emotions an employee perceives based on work experience. This can encompass both extrinsic facets which refer to the material characteristics of the job and intrinsic factors, which are the immaterial aspects of the job (*Shipty, 2015*).

One of the most important sources of success of any organization is their employee job satisfaction, addressing the work job satisfaction, therefore, it plays a critical role in ensuring both the supply of a health workforce as well as the enhancement, effectiveness and motivation of that workforce (*Lambrou, Merkouris, Middleton & Papastavrou, 2014*). Moreover, professional nurse autonomy is viewed as power of nurses to independently decide and act based on their expertise and standards which represent the nurses’ worthiness and importance of the profession in society (*Supametaporn, 2013*).

Significant of the study:

Recently the researchers found why nurses leave the nursing profession and factors that contribute to nurses' job satisfaction, especially in the current growing global nursing shortage. High autonomy and low organizational constraint contributed significantly to the nurse's job acceptance, satisfaction and high quality of patient care (*Szecsényi, Goetz, Campbell, Broge, Reuschenbach & Wensing, 2011*). Therefore, the present study aimed to determine the relationship between professional autonomy and staff nurse job satisfaction in Port Said general hospital.

AIM OF THE STUDY:

This study aims to assess the relationship between professional autonomy and job satisfaction among staff nurses.

Research question

1. What is the staff nurses' professional autonomy level?
2. What is the staff nurses' job satisfaction level?
3. Is there a relationship between professional autonomy and job satisfaction level among staff nurses?

SUBJECTS AND METHODS:-**Research Design:**

A descriptive correlational research design was used for this study.

Study Setting

This study was conducted in Port-Said general hospital, which affiliated with the ministry of health at Port-Said city.

Study Subjects:

The subject of this study included all staff nurses who were working in the study setting. With total number (240) staff nurses.

TOOL FOR DATA COLLECTION:

Data for this study was collected by using two tools:

FIRST TOOL (Professional Autonomy Scale): (*Appendix I*)

This tool was used for the purpose of assessing the nurses' professional autonomy level. It is divided into two parts.

The First Part: (Personal and Job Characteristics Data Sheet)

This part was developed by the researcher, and aimed at collecting data about demographic and job characteristics as the respondent's age, educational qualifications, sex, and years of experience, working units, social status and attendance of related training courses.

The Second Part: professional autonomy scale (nursing activity scale)(NAS)

This tool encompasses **professional autonomy scale**, which developed by *Schutzenhofer & Musser (1994)* and adapted by *Jorgenson (2011)*. It aims to measure professional autonomy level of staff nurses. It consists of thirty items such as: develop a career plan for myself, voice opposition to any medical order and initiate nursing research to investigate a recurrent clinical problem.

Scoring System:

Professional autonomy items were scored 1, 2, 3 and 4 for the response (strongly disagree, disagree, agree and strongly agree).

The professional autonomy score was considered:

- Low if the score was less than 40.
- Moderate if the score was from 40 to 80.
- High if the score was more than 80.

SECOND TOOL: (Job Satisfaction Questionnaire Sheet) (*Appendix II*)

This tool was developed by *Abd EI-Azeem (1998)* based on Herzberg two- factor theory and was adopted from *Anany (2006)*. It was used to assess the staff nurses'

level of job satisfaction; it consists of 87 statements covering two factors: the hygiene factors and motivator factors:

The hygiene factor consisted of 5 main headings namely:

- 1- Salary and benefits: this contains 12 statements, e.g., enough salary, childcare service.
- 2- Hospital policy and administration: includes 12 statements, e.g., work policy is clear for me.
- 3- Working conditions: This consisted of 14 statements, e.g., flexible schedule, determined work hours.
- 4- Interpersonal relationship: include 8 statements, e.g., good relations with other employees.
- 5- Supervision: composed of 7 statements, e.g., support from superiors.

The motivator factor is the second one, which contained four main headings namely:

- 1- Achievement: these were 8 items, e.g., feedback from supervisors.
- 2- Recognition: This included 6 items, e.g., prestige at work of 8 items.
- 3- Responsibility: consisted of 8 items, e.g., share at work problem solving.
- 4- Advancement: contained 12 items, e.g., in-service training program.

Scoring System:

Nurses response were measured on 3 points Likert scale scored 2, 1 and 0 for (yes, sometimes, and no) respectively. For each area, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score. The satisfaction level was considered to be satisfied if the percent score was 60% or more, and dissatisfied if less than 60% (*Anany, 2006*).

(II) OPERATIONAL DESIGN

The operational design consists of the preparatory phase, pilot study, validity and reliability, and fieldwork.

1. The Preparatory Phase

It includes reviewing of literature, different studies and theoretical knowledge of various aspects of the study using text books, articles, internet, periodical journals and thesis.

Pilot study:

The pilot study carried out for 2 weeks on 10% of the total sample represent (24 nurses) who were selected randomly before data collection to test the applicability, feasibility and clarity of the tools and to test the sequence of questions to maintain consistency. Also, served to estimate the time needed to complete the tool, according to pilot study results, necessary modifications were be done, and this members of pilot study were included in the main study.

Content Validity:

The tool was submitted to a panel of five experts from nursing administration and psychiatric nursing from the Faculty of Nursing in Port Said, and accordingly the necessary modifications were done based on their opinions to test their validity.

Reliability:

Reliability of the tools was checked by testing for its internal consistency using a Cronbach Alpha reliability test. Reliability was found 0.78.

Field of work:

- After obtaining necessary permissions from the hospital to carry out the study, the researcher met the medical director and matron to explain the aim and process of the study to gain their support and cooperation. Then, the nurses were met individually, and invited to participate and obtained their consent to be recruited in the study after explaining the nature of the study and the procedure of data collection. Confidentiality and anonymity of their responses were ensured. The researcher distributed the data collection forms with instruction about how to fill it.
- The filled forms were collected in time and revised to check their completeness to avoid any missing data. Each sheet took about 20-30 minutes to be answered.
- The data were collected two days/week during the morning shifts. The days are Sunday and Thursday and work was done between 9:30am to 1:30pm. The researcher was present all the time to clarify any ambiguities and any questions. The field work lasted for 6 months throughout the period from March 2015 to August 2015

(III) ADMINISTRATIVE DESIGN:

An official permit was taken from the dean of the faculty of Nursing in Port Said University to the nursing director of the previous mentioned hospital to ensure

their cooperation and permission. Written approval was obtained to conduct the study after explaining the purpose and objectives of the study.

Ethical Consideration:

The aim of this study was explained to the nurse director, the study permission to participate was taken. The nurses were included in the study are assured about confidentiality of the information gathered and it was used only for the purpose of the study and the nurses who was included in the study it was informed about their rights to refuse or to withdraw at any time.

(IV) STATISTICAL DESIGN:

Statistical analysis:

The raw data were coded and transformed into coding sheet. The results were checked. Then, the data were entered into SPSS system files (SPSS package version 20.0) using a personal computer. Output drafts were checked against the revised code data for typing and spelling mistakes. Finally, analysis and interpretation of data were conducted.

RESULT:-

Table (1): reveals personal and job characteristics of the studied nurses. As the table show, 240 nurses were participated in this study, the highest percentage 42.5% of them were in the age group 20-30 years old, with the mean of 36.97 ± 11.4 years. The majority of them (96.3%, 82.5%, respectively) were female and married. As regard to qualification, the highest percentage of them (71.7%) had a secondary nursing diploma, meanwhile the minority had a bachelor degree (8.3%).

Table (2): displays the professional autonomy levels as perceived by the studied nurses. The table reveals that 42.9% of nurses had low level of autonomy, followed by 34.2% had a high level of autonomy, meanwhile the lowest percent 22.9% of nurses had a moderate level of autonomy. Also the table revealed that there are statistically significant differences between them.

Table (3): displays the job satisfaction dimensions: (hygiene and motivator factors) as perceived by the studied nurses. As the table shows that the total mean of satisfaction regarding hygienic factors was (63.7 ± 14.0) . Also, it was noticed that, the highest

percentage was at interpersonal relationships (195). Otherwise, the total meaning of motivator factors was (36.9 ± 11.5) . whenever, the highest percentage was in recognition. In addition, the table reveals that the total mean of job satisfaction dimensions among nurses was (100.6 ± 23.8) .

Figure (1): clarifies the job satisfaction levels as perceived by the studied nurses. It was noticed that more than half of nurses were satisfied (56%), and the rest of them were unsatisfied (44%).

Table (4): clarifies the relation between the professional autonomy and personal characteristics among the studied nurses. As the table indicates, 74.4% staff nurses who had high professional autonomy had aged more than 50 years. Also, 35.1% of them were female. In relation to marital status, 40.0% of nurses with high autonomy were widowed, and 39.6% of them had no children. In addition, there is a significant difference between age and groups and having children with professional autonomy.

Table (5): indicates the relation between job satisfaction and job characteristics of the studied nurses. As the table shows, 68.9% staff nurses who are satisfied in the age group 41-<50 years. Also, 56.7 % of them were female. In relation to marital status, 61.1% of satisfied nurses were married, and 62.0% of them have children. Also, there is a significant relation between satisfaction level and age, marital status and having children.

Table (6): clarifies the relation between job satisfaction levels and professional autonomy levels among staff nurses. As the table indicates, the highest percent of satisfied nurses (30.0%) had high level of professional autonomy with statistically significant difference between groups at $(p < 0.001)$.

Table (1): Personal and job characteristics of the studied nurses (n= 240).

Personal and job characteristics	N	%
Age		
20- ≤30	102	42.5
31-≤40	50	20.8
41-≤50	45	18.7
>50	43	18.0
Range	20.59	
Mean±SD	36.97±11.4	
Sex		
Female	231	96.3
Male	9	3.8
Marital Status		
Single	37	15.4
Married	198	82.5
Widow	5	2.1
Do you children		
Yes	187	77.9
No	53	22.1
Unit		
Dialysis	35	14.6
Emergency	30	12.5
Obstetrics	11	4.6
Pediatric	21	8.8
Medical	29	12.1
Surgical	23	9.6
Premature unit	37	15.4
Inter mediate care	23	9.6
Intensive care unit	21	8.8
Heart	10	4.2
Qualifications		
Nursing diploma	172	71.7
Technical Nursing Institute	46	19.2
Bachelor of Nursing	20	8.3
Attendance related training courses	2	0.8

Table (2): Professional autonomy levels as perceived by the studied nurses (n= 240).

Professional Autonomy	N	%
Low	103	42.9
Moderate	55	22.9
High	82	34.2

High significant <0.01 *

Table (3): Job satisfaction dimensions: (hygiene and motivator factors) as perceived by the studied nurses (n= 240).

Job Satisfaction dimensions	N	%	Range	Mean	±SD
Hygienic factors					
Salary and Benefits	108	45.0	3	22	9.3 ±4.4
Hospital Policy and Administration	143	59.6	2	24	17.6 ±5.4
Working conditions	143	59.6	6	26	13.2 ±3.8
Inter personal relationships	195	81.3	4	16	14.2 ±3.8
Supervision	136	56.6	2	14	9.3 ±2.8
Total	147	61.25	33	102	63.7 ±14.0
Motivator Factors					
Achievement	119	48.0	1	16	8.1 ±3.8
Recognition	145	60.4	2	12	7.3 ±2.2
Responsibility	138	57.5	0	16	9.1 ±3.1
Advancement	125	52.1	0	22	12.4 ±4.5
Total	131	54.6	12	68	36.9 ±11.5
Total dimensions	135	56.25	53	170	100.6 ±23.8



Figure (1): Job satisfaction levels as perceived by the studied nurses (n= 240).

Table (4): Relation between professional autonomy levels and personal characteristics of the studied nurses (n= 240).

Personal and job characteristics	Professional Autonomy								Chi-square	
	Low		Moderate		High		Total		X ²	P-value
	N	%	N	%	N	%	N	%		
Age										
20≤30	55	53.9	30	29.4	17	16.6	102	100.0	85.061	<0.001**
30≤40	29	58.0	10	20.0	11	22.0	50	100.0		
40≤50	13	28.9	10	22.2	22	48.8	45	100.0		
>50	6	14.0	5	11.6	32	74.4	43	100.0		
Sex										
Female	98	42.4	52	22.5	81	35.1	231	100.0	1.183	0.553
Male	5	55.6	3	33.3	1	11.1	9	100.0		
Marital Status										
Single	22	59.5	5	13.5	10	27.1	37	100.0	8.549	0.073
Married	81	40.9	47	23.7	70	35.4	198	100.0		
Widow	0	0.0	3	60.0	2	40.0	5	100.0		
Having children										
Yes	83	44.4	43	22.9	61	32.6	187	100.0	6.540	0.038*
No	20	37.7	12	22.6	21	39.6	53	100.0		

Table (5): Relation between job satisfaction levels and personal characteristics of the studied nurses (n= 240).

personal and job characteristics	Job satisfaction						Chi-square	
	Unsatisfied		Satisfied		Total		X ²	P-value
	N	%	N	%	N	%		
Age								
20-<30	57	55.9	45	44.1	102	100.0	11.889	0.008**
31-<40	16	32.0	34	68.0	50	100.0		
41-<50	14	31.1	31	68.9	45	100.0		
>50 or more	18	41.9	25	58.1	43	100.0		
Sex								
Female	100	43.3	131	56.7	231	100.0	0.530	0.467
Male	5	55.6	4	44.4	9	100.0		
Marital Status								
Single	26	70.3	11	29.7	37	100.0	12.504	0.002**
Married	77	38.9	121	61.1	198	100.0		
Widow	2	40.0	3	60.0	5	100.0		
Having children								
Yes	71	38.0	116	62.0	187	100.0	11.504	<0.001**
No	34	64.2	19	35.8	53	100.0		

Table (6): Relation between job satisfaction levels and professional autonomy levels among staff nurses (n=240).

Job satisfaction	Professional Autonomy levels					
	Low		Moderate		High	
	N	%	N	%	N	%
Satisfied nurses	38	15.8	25	10.4	72	30.0
Unsatisfied nurses	65	27.8	30	12.5	10	4.2
Total	103	42.9	55	22.9	82	34.2

DISCUSSION:

In this context the present study findings regarding nurse's characteristics revealed that, the two fifth of nurses had low autonomy level (43.0%), this may be attributed to that nurses are working at a governmental hospital which have a lack of organizational support and the managers don't let them participate in decision making process. *Manias & Street (2001); Croft (2008)* clarified that nurse's autonomy restricted by medical dominance, their perceived lack of knowledge and the limited responsibility afforded to them. In this respect, *Baykara (2014)*, who evaluate the nurse's professional autonomy in turkey, and found that most nurses had low level of professional autonomy.

Meanwhile, *Yuxiu, Kunaviktikul, Thungjaroenkul, (2011)* reported that, the level of autonomy among nurses was moderate. In this respect, *Alanwer (2012)* conducted a study on factors associated with nurses' readiness for change at Alexandria Main University Hospital and found that nurses perceived moderate level of autonomy. This result parallels to *Hauck, Griffin, Fitzpartick (2011); Siddique (2011)* who found that nurses in their studies perceived themselves to work in environments that moderately supported their professional practice.

These results are in similarity with *Asegid, Belachew, & Yimam (2014)*, who found that, 55.0% of nurses were satisfied, while 45% of them were unsatisfied, with the work environment. This result supported by *Johns (2006)* who evaluate the impact of the work environment on outcome at magnet hospital and found that 41% of nurses were dissatisfied with their jobs.

These findings of the present study are in contradiction with those of *Sultana, Riaz, Mehmood & Khurshid (2011); El Dahshan & Hafez (2014)*, who observed that the minority of nurses were highly satisfied with their job and the majority of them were less satisfied with their jobs. In addition, *Selebi & Minnaar (2007); Lambrou, Kontodimopoulos, & Niakas (2010)* stated that the overall job satisfaction of all nurses with their jobs was at a very low level. A multi-country study on job satisfaction among different categories of health workers, including nurses found low job satisfaction and high intention to leave the workplace among South African nurses, with 41% actively seeking other jobs (*Blaauw et al., 2013*).

Meanwhile, interpersonal relationships and recognition dimensions have the highest satisfaction levels (81.3%&60.4%) respectively. These results are incongruent with **Abu Al Rub et al. (2009)** who found that the perceived level of social support from coworkers enhanced the level of perceived job satisfaction among Jordanian hospital nurses. Therefore, the creation of a friendly work environment as a critical aspect of the management process should be considered by nurse managers.

All nurses should be encouraged to work together as a team and share goals, in as much as team work, cohesiveness, and shared values have been identified as levers for good work by nurses (**Miller, 2006**). Also, **Hegney & McCarthy (2000)** emphasized that interpersonal relationship are the best predictors of nurses' satisfaction, which include; friendship, cooperation, and good relations.

As noticed by the present study findings, there was a highly statistically significant positive fair correlation between the professional autonomy level and job satisfaction level among staff nurses. This result could be explained in the light of the highest percent of satisfied nurses who had high professional autonomy level. In other words, the nurses who have the chance to make decision related to nursing care will be satisfied. This is the same viewpoint of **Laschinger, Finegan, Wilk & Shamian (2004)** who claimed that dissatisfaction with working conditions limited nurses autonomy and considered as the primary reason of nursing turnover. These results were parallel to **Papathanassoglou et al., (2012)** who found an association between autonomy and work satisfaction ($P = 0.001$). Also the current study, findings are in agreement with **Ponto (2011); Jin & Lee (2012)** who concluded that, there was a strong link between autonomy and job satisfaction.

The current study findings pointed out a statistically significant relation between autonomy level and personal & job characteristics in term of age, having children, years of experience in nursing field, and years of experience in the department. The current study findings are in agreement with **Motamed- Jahromi, Jalali, Eshghi, Zaher, & Dehghani (2015)** who noticed a relation between age, work experience, and level of autonomy.

Concerning the relationship between job satisfaction level and personal & job characteristics of staff nurses, the current study, findings revealed a statistical

significant correlation between the age, having children, years of experience and marital status. These findings are incongruent with *Laschinger (1996)*; *McDermott et al., (1996)*; *Abed El- All (1996)*, who reported a positive relation between nurse satisfaction and their age and years of experience in nursing.

CONCLUSION:

In the light of the main study findings, it was concluded that the 43.0% of nurses had a low level of professional autonomy, and more than half of nurses were satisfied (56.25%). There was a highly statistically significant positive correlation between the professional autonomy level and job satisfaction level among staff nurses.

The current study findings revealed a statistically significant relation between autonomy level and personal and job characteristics in terms of age, having children, years of experience in nursing field, and years of experience in the department.

Also, there was a statistically significant correlation between job satisfaction level and personal and the age, having children, years of experience and marital status.

RECOMMENDATIONS:

In education:

- In-service training and educational opportunities should be conducted which promote their educational levels and experiences, therefore it will enhance their self-confidence and also their professional autonomy.
- Upgrading nurses' clinical decision making through educational programs and more advanced strategies in clinical areas to enhance and professional autonomy.

In hospital management

- Fostering nurses' autonomy by enabling them to exercise clinical decision-making, first in safe environments, such as nursing rounds, and then by implementing multi-professional team.
- Actively supporting nursing decisions and nursing accountability by providing continuous in-service education to increase nurses' knowledge base.

- Promotion of head nurses' position should not depend on years of experience, or seniority but also on the leader's personal and professional characteristics e.g., knowledge and practice as well as the ability to be a leader.

In research:

- Further research should be conducted to determine more closely at what kind of decisions and actions that will support to maintain professional autonomy.
- Further research is needed to examine the barriers to decision-making autonomy that nurses face in relation to unit operational decisions.

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العلاقة بين الاستقلال المهني والرضا الوظيفي بين هيئة التمريض

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الخلاصة

مع زيادة الاهتمام بجودة الرعاية الصحية والتطوير المهني، يعتبر الاستقلال المهني واحدا من أهم العناصر التي تؤثر علي تحسين بيئة العمل و الرضا الوظيفي لدى هيئة التمريض. وقد هدفت الدراسة الحالية إلي تقييم العلاقة بين مستوي الاستقلال المهني ومستوي الرضا الوظيفي بين هيئة التمريض، وقد استخدمت دراسة وصفية ترابطية وكانت عينة البحث (240) ممرضة، تم جمع البيانات باستخدام أداتان وهما: استمارة قياس مستوي الاستقلال المهني و استمارة قياس مستوي الرضا الوظيفي، وتشير النتائج الي أن (0.43%) من الممرضات لديهم مستوي منخفض من الاستقلال المهني، يتبعهم (34.2%) لديهم مستوي مرتفع من الاستقلال المهني، وقد لوحظ أن 56% من الممرضات كان عندهم رضا وظيفي. و نستخلص من الدراسة أن هناك علاقة ايجابية ذات دلالة إحصائية بين مستوي الاستقلال المهني ومستوي الرضا الوظيفي بين هيئة التمريض. لذلك نوصي بضرورة تفعيل المشاركة في اتخاذ القرارات الخاصة بالممارسات المهنية من خلال تقديم برامج التدريب والتعليم المستمر واستخدام أساليب التواصل الحديثة في بيئة العمل مما يساعد علي تحسين الاستقلال المهني وبالتالي الرضا الوظيفي لدي هيئة التمريض.

الكلمات المرشدة: الاستقلال المهني، الرضا الوظيفي، هيئة التمريض.