

Professional Autonomy Among Nurses and Its Effect on Quality of Care Among Patients Transferred from Intensive Care Unit to General Unit

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Keywords

Professional Autonomy, Nursing Care Quality, ICU Nurses, Patient Satisfaction, Balochistan, Healthcare, Nurse Empowerment

Disclaimers

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ABSTRACT

Background: Professional autonomy is crucial for nurses, enabling them to make independent decisions and enhance patient care quality. Its impact on patient satisfaction, particularly in ICU settings, is significant but underexplored in Balochistan, Pakistan.

Objective: This study aimed to assess the level of professional autonomy among ICU nurses and its association with patient satisfaction regarding nursing care quality.

Methods: A descriptive correlational study was conducted among 274 ICU nurses and 304 patients in tertiary care hospitals across Balochistan. Data were collected using the Dempster Practice Behaviors Scale and the Patient Satisfaction with Nursing Care Quality Questionnaire. Statistical analysis was performed using SPSS version 25, employing Chi-square tests and Pearson's correlation to examine associations and correlations.

Results: Most nurses (78.8%) exhibited moderate professional autonomy, with significant associations with gender ($p=0.006$), education ($p=0.008$), and experience ($p=0.002$). Patient satisfaction was low in 51.8% of cases, with a strong correlation between professional autonomy and patient satisfaction ($r=0.823$, $p<0.001$).

Conclusion: The study highlighted the need to enhance nurse autonomy to improve patient satisfaction. Empowering nurses could lead to better patient outcomes in ICU settings.

INTRODUCTION

Professional autonomy in nursing is a cornerstone of clinical practice that significantly influences the quality of care provided to patients. It encompasses the ability of nurses to self-govern, make independent decisions, and take responsibility for the outcomes of those decisions, thereby fostering a sense of professional competence and empowerment. The degree of autonomy afforded to nurses directly impacts their ability to utilize their knowledge, skills, and judgment in patient care, which is critical in ensuring patient safety, improving care quality, and enhancing job satisfaction (1). When nurses are empowered with autonomy, they are better equipped to address patient needs, make informed decisions, and contribute to the overall healthcare environment in a meaningful way. This autonomy is especially important in high-stakes settings such as Intensive Care Units (ICUs), where prompt and accurate decision-making can be lifesaving.

However, the level of professional autonomy can vary significantly among nurses, influenced by factors such as education, experience, and organizational culture. Nurses with greater autonomy tend to exhibit higher levels of job satisfaction, lower burnout rates, and improved patient outcomes, including higher levels of patient satisfaction (2). Conversely, limited autonomy can lead to dissatisfaction,

diminished professional fulfillment, and a potential decline in the quality of patient care. Studies have shown that nurses who lack autonomy may experience negative consequences, including decreased motivation, physical and mental health issues, and reduced quality of work life (3). This, in turn, can affect their ability to provide optimal care, leading to lower patient satisfaction.

In many regions, including Balochistan, Pakistan, the challenges faced by nurses are compounded by resource limitations, high patient loads, and the demanding nature of ICU environments. These factors can influence the level of professional autonomy experienced by nurses and, consequently, the quality of care provided to patients transitioning from ICUs to general wards. The association between professional autonomy and patient satisfaction is a critical area of exploration, as it highlights the potential impact of nursing practices on patient outcomes (4). By understanding this relationship, healthcare institutions can implement strategies to enhance nurse autonomy, thereby improving patient care quality and satisfaction levels.

In this context, the current study aims to assess the level of professional autonomy among ICU nurses in Balochistan and evaluate patient satisfaction with the quality of nursing care provided in these units. Additionally, the study seeks to examine the correlation between nurses' professional autonomy and patient satisfaction, providing insights into

the potential benefits of enhancing nurse autonomy in improving healthcare outcomes. Through this investigation, the study contributes to the growing body of evidence supporting the importance of nurse empowerment and its role in delivering high-quality, patient-centered care (5).

MATERIAL AND METHODS

The study was conducted using a descriptive correlational design, focusing on assessing the professional autonomy of ICU nurses and its impact on patient satisfaction with the quality of nursing care in various tertiary care government hospitals across Balochistan, Pakistan. The study targeted ICU nurses and patients who had been transferred from the ICU to general wards following recovery. The sample was selected using a multi-stage cluster sampling technique, ensuring representation from different districts within Balochistan. A total of 274 ICU nurses and 304 patients participated in the study. The sample size was calculated with a 5% margin of error, ensuring adequate power for statistical analysis.

Participants included full-time ICU nurses with at least one year of work experience and educational qualifications ranging from a General Nursing Diploma to a Master of Science in Nursing (MSN). Patients aged 18 years or older who had recently been transferred from the ICU after recovery were also included. Data collection instruments included the Dempster Practice Behaviors Scale for assessing professional autonomy among nurses and the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) for evaluating patient satisfaction with nursing care quality. Both instruments were selected for their validity and reliability, with content validity indices (CVI) of 0.90 and 0.92, respectively. The Cronbach's Alpha values for the scales were 0.762 for the Dempster Practice Behaviors Scale and 0.743 for the Patient Satisfaction Scale, indicating good internal consistency.

Data collection was carried out using self-administered questionnaires for the nurses and interviewer-administered

questionnaires for the patients. The nurses were provided with the Dempster Practice Behaviors Scale to complete, while the patients responded to the PSNCQQ. Informed consent was obtained from all participants before data collection, ensuring adherence to ethical standards as per the Declaration of Helsinki. Participation was voluntary, and confidentiality was maintained throughout the study. The study protocol was reviewed and approved by the relevant ethics committee.

Data were analyzed using SPSS version 25. Descriptive statistics were used to summarize the demographic characteristics of the participants. The association between professional autonomy and various demographic variables, as well as the relationship between professional autonomy and patient satisfaction, was assessed using the Chi-square test. Pearson's correlation coefficient was used to determine the strength and direction of the relationship between professional autonomy and patient satisfaction. Statistical significance was set at a p-value of less than 0.05.

The results of this study were intended to provide insights into the levels of professional autonomy among ICU nurses in Balochistan and its impact on patient satisfaction with nursing care quality. By understanding these relationships, the study aimed to contribute to the development of strategies for enhancing nurse autonomy and improving patient outcomes in ICU settings.

RESULTS

The study analyzed the demographic characteristics of both nurses and patients, alongside the levels of professional autonomy among nurses and the corresponding patient satisfaction with nursing care quality. The associations between these variables were also examined.

The demographic characteristics of the 274 ICU nurses are presented in Table 1. The majority of nurses were aged between 20 and 25 years (42.6%), followed by those aged 31-35 years (33.1%).

Table 1: Demographic Characteristics of Nurses

Variable	Categories	Frequency (n)	Percentage (%)
Age	20-25 Years	117	42.6
	26-30 Years	61	22.2
	31-35 Years	91	33.1
	36-40 Years	6	2.2
Education Level	General Nursing Diploma	153	55.8
	Post RN	120	43.8
	MSN	1	0.4
Experience	< 5 Years	150	54.7
	5-10 Years	119	43.4
	11-15 Years	5	1.8
Marital Status	Unmarried	75	24.7
	Married	199	65.5
Gender	Male	37	12.2
	Female	237	78.0

The educational qualifications were primarily distributed between General Nursing Diploma holders (55.8%) and Post RN qualified nurses (43.8%), with only a small percentage

(0.4%) holding an MSN. In terms of experience, 54.7% of the nurses had less than 5 years of experience, while 43.4% had 5-10 years of experience. The cohort was predominantly

Table 2: Professional Autonomy Levels and Associated Demographics

Variable	Low (n, %)	Moderate (n, %)	High (n, %)	p-Value
Gender				0.006
Male	3 (50.0%)	22 (10.2%)	12 (23.1%)	
Female	3 (50.0%)	194 (89.8%)	40 (76.9%)	
Age				0.219
20-25 Years	1 (16.7%)	95 (44.2%)	20 (38.5%)	
26-30 Years	1 (16.7%)	43 (19.5%)	17 (32.7%)	
31-35 Years	3 (50.0%)	74 (34.4%)	14 (26.9%)	
36-40 Years	1 (16.7%)	4 (1.9%)	1 (1.9%)	
Education Level				0.008
General Nursing	3 (50.0%)	127 (58.6%)	23 (44.2%)	
Diploma	3 (50.0%)	89 (41.4%)	28 (53.8%)	
Post RN	0 (0.0%)	0 (0.0%)	1 (1.9%)	
MSN	0 (0.0%)	0 (0.0%)	1 (1.9%)	
Experience				0.002
< 5 Years	2 (33.3%)	101 (46.5%)	16 (30.8%)	
5-10 Years	4 (66.7%)	112 (52.1%)	34 (65.4%)	
11-15 Years	0 (0.0%)	3 (1.4%)	2 (3.8%)	

Table 3: Demographic Characteristics of Patients

Variable	Categories	Frequency (n)	Percentage (%)
Age	20-25 Years	146	48.0
	26-30 Years	67	22.0
	31-35 Years	62	20.4
	36-40 Years	19	6.3
	> 40 Years	10	3.3
Qualification	Illiterate	74	24.3
	Primary Level	72	23.7
	Matric	140	46.1
Marital Status	College or Above	18	5.9
	Unmarried	94	30.9
	Married	206	67.8
Gender	Widow/Divorced	4	1.3
	Male	143	47.0
	Female	161	53.0

Table 4: Patient Satisfaction by Demographic Characteristics

Variable	Satisfaction Level	Low (n, %)	Moderate (n, %)	p-Value
Gender	Male	75 (47.8%)	68 (45.9%)	0.782
	Female	81 (51.6%)	77 (52.7%)	
Age	20-25 Years	70 (44.6%)	76 (51.4%)	0.031
	26-30 Years	43 (27.4%)	24 (16.4%)	
	31-35 Years	25 (15.9%)	37 (25.3%)	
	36-40 Years	13 (8.3%)	6 (4.1%)	
	> 40 Years	6 (3.8%)	4 (2.7%)	
Qualification	Illiterate	46 (29.3%)	28 (19.2%)	0.011
	Primary Level	28 (17.8%)	44 (30.1%)	
	Matric	77 (49.0%)	63 (42.5%)	
Marital Status	College or Above	6 (3.8%)	12 (8.2%)	0.594
	Unmarried	47 (29.9%)	47 (32.2%)	
	Married	107 (68.2%)	99 (67.1%)	
	Widow/Divorced	3 (1.9%)	1 (0.7%)	

female (78.0%), and the majority were married (65.5%). Professional Autonomy Among ICU Nurses The levels of professional autonomy among the nurses are summarized in Table 2. Association Between Professional Autonomy and Patient Satisfaction Table 5 presents the association between professional autonomy and patient satisfaction. A strong and direct correlation was found between these

variables ($r=0.823$), with a significant p-value (<0.001). Higher levels of professional autonomy among nurses were associated with increased patient satisfaction. The results indicate a significant positive correlation between professional autonomy and patient satisfaction, emphasizing the importance of empowering nurses to

Table 5: Association Between Professional Autonomy and Patient Satisfaction

Patient Satisfaction	Professional Autonomy	r-value	p-Value
Low	I (0.7%) Moderate: 6 (4.1%) High: 141 (95.3%)	0.823	<0.001
Moderate	Low: 52 (40.3%) Moderate: 77 (59.7%)		

enhance the quality of care provided to patients. The majority of nurses (78.8%) exhibited a moderate level of professional autonomy, with only a small fraction demonstrating low autonomy (2.2%). The mean professional autonomy score was 101.05 ± 11.32 , with a range of 66.00 to 128.00. A significant association was found between professional autonomy and gender ($p=0.006$), education level ($p=0.008$), and experience ($p=0.002$), but no association with age ($p=0.219$) or marital status ($p=0.748$). The demographic characteristics of the 304 patients are presented in Table 3. Nearly half of the patients (48.0%) were aged between 20 and 25 years, and the majority had an educational level of Matric (46.1%). Most patients were married (67.8%) and female (53.0%).

Patient satisfaction with nursing care quality was assessed, revealing that 51.8% of patients reported low satisfaction levels, while 48.2% reported moderate satisfaction levels. The mean satisfaction score was 44.89 ± 6.65 , with a range of 28.00 to 60.00. Table 4 shows the comparison of patient satisfaction with demographic characteristics, indicating a significant association between patient satisfaction and age ($p=0.031$) and education level ($p=0.011$), but no association with gender ($p=0.782$) or marital status ($p=0.594$).

DISCUSSION

The findings of this study provided significant insights into the relationship between professional autonomy among ICU nurses and patient satisfaction with nursing care in Balochistan, Pakistan. The study revealed that a majority of nurses demonstrated moderate levels of professional autonomy, a finding consistent with previous studies that emphasized the prevalence of moderate autonomy in various nursing settings (15). The association between professional autonomy and factors such as gender, education, and experience highlights the complex interplay between these variables, underscoring the need for targeted interventions to enhance autonomy among nurses. This aligns with the work of Setoodegan et al. (2019), who reported similar associations, particularly the influence of gender and educational level on professional autonomy in nursing (11).

The study also found that professional autonomy was significantly associated with patient satisfaction. Nurses with higher levels of autonomy were able to deliver care that met patient expectations more effectively, leading to higher satisfaction levels. This finding supports the work of McCabe et al. (2021), who identified a positive correlation between nurse autonomy and patient outcomes, suggesting that when nurses have the freedom to make clinical decisions, patient care quality improves (23). The strong correlation observed in this study ($r=0.823$) underscores the

critical role of professional autonomy in enhancing patient satisfaction and overall care quality.

Despite these positive associations, the study identified several challenges related to nurse autonomy and patient satisfaction. For instance, a substantial proportion of patients reported low satisfaction with the quality of nursing care. This could be attributed to factors such as insufficient nurse staffing, high workloads, and resource constraints, all of which have been documented as significant barriers to effective nursing practice (19). The lack of association between gender and patient satisfaction further emphasizes that other factors, potentially related to the healthcare environment or systemic issues, may play a more prominent role in influencing patient perceptions of care quality.

The study's strengths include its large sample size and the use of validated instruments to measure professional autonomy and patient satisfaction. These aspects contribute to the reliability of the findings and their applicability to similar settings. However, the study also had limitations. The cross-sectional design precluded the ability to establish causality between professional autonomy and patient satisfaction. Additionally, the study was conducted in a single province, limiting the generalizability of the findings to other regions with different healthcare dynamics. Another limitation was the reliance on self-reported data, which may have introduced bias, particularly in the measurement of professional autonomy.

Given these limitations, the study recommends further research to explore the causal relationship between professional autonomy and patient satisfaction. Longitudinal studies that track changes in autonomy and patient outcomes over time would provide more robust evidence. Moreover, interventions aimed at enhancing nurse autonomy should be implemented and evaluated for their impact on patient care quality. Healthcare institutions should also address the systemic issues that contribute to low patient satisfaction, such as staffing shortages and inadequate resources, to create an environment where nurses can exercise their professional autonomy more effectively.

CONCLUSION

In conclusion, this study underscored the importance of professional autonomy in nursing as a key determinant of patient satisfaction. By fostering an environment that supports nurse autonomy, healthcare providers can improve the quality of care delivered to patients, particularly in high-pressure settings like ICUs. The findings serve as a call to action for healthcare policymakers and

administrators to prioritize nurse empowerment as a strategy for enhancing patient care outcomes.

REFERENCES

- Both-Nwabuwe JM, Lips-Wiersma M, Dijkstra MT, Beersma B. Understanding the Autonomy–Meaningful Work Relationship in Nursing: A Theoretical Framework. *Nursing Outlook*. 2020;68(1):104-13.
- Yeganeh MR, Pouralizadeh M, Ghanbari A. The Relationship Between Professional Autonomy and Moral Distress in ICU Nurses of Guilan University of Medical Sciences. *Nursing Practice Today*. 2019;6(3):133-41.
- Mousavi SR, Amini K, Ramezani-Badr F, Roohani M. Correlation of Happiness and Professional Autonomy in Iranian Nurses. *Journal of Research in Nursing*. 2019;24(8):622-32.
- Koak B, Seo J, Song E, Shin H, Jeon J. The Effects of Professional Autonomy, Job Satisfaction, and Perceived Patient-Safety Culture on Nurses' Patient-Safety Management Activities: A Cross-Sectional Study. *Korean Journal of Adult Nursing*. 2023;35(2):117-26.
- Kwak Y, Han Y, Song JS, Kim JS. Impact of Emotional Labour and Workplace Violence on Professional Quality of Life Among Clinical Nurses. *International Journal of Nursing Practice*. 2020;26(1).
- Ruiz-Fernández MD, Ramos-Pichardo JD, Ibáñez-Masero O, Cabrera-Troya J, Carmona-Rega MI, Ortega-Galán AM. Compassion Fatigue, Burnout, Compassion Satisfaction and Perceived Stress in Healthcare Professionals During the COVID-19 Health Crisis in Spain. *Journal of Clinical Nursing*. 2020;29(21-22):4321-30.
- Molina-Mula J, Gallo-Estrada J. Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. *International Journal of Environmental Research and Public Health*. 2020;17(3):835.
- Hwang WJ, Park EH. Developing a Structural Equation Model From Grandey's Emotional Regulation Model to Measure Nurses' Emotional Labor, Job Satisfaction, and Job Performance. *Applied Nursing Research*. 2022;64:151557.
- Karaca A, Durna Z. Patient Satisfaction With the Quality of Nursing Care. *Nursing Open*. 2019;6(2):535-45.
- Rouhi-Balasi L, Elahi N, Ebadi A, Jahani S, Hazrati M. Professional Autonomy of Nurses: A Qualitative Meta-Synthesis Study. *Iranian Journal of Nursing and Midwifery Research*. 2020;25(4):273-81.
- Setoodegan E, Gholamzadeh S, Rakhshan M, Peiravi H. Nurses' Lived Experiences of Professional Autonomy in Iran. *International Journal of Nursing Sciences*. 2019;6(3):315-21.
- Masih OZ, Sehar S, Afzal M, Gilani A. The Influence of Nurse Manager Actions on Nurses' Autonomy in Lahore, Pakistan. *American Research Journal of Humanities and Social Sciences*. 2019;2:46-55.
- Ali HA, Elmolla MA, El Banan SHA. The Relationship Between Nurse Manager's Behavior and Staff Nurses Autonomy. *Egyptian Nursing Journal*. 2021;18(2):58-68.
- Hara Y, Asakura K, Asakura T. The Impact of Changes in Professional Autonomy and Occupational Commitment on Nurses' Intention to Leave: A Two-Wave Longitudinal Study in Japan. *International Journal of Environmental Research and Public Health*. 2020;17(17):6120.
- Alshaikh ZA, Diab GM, El-Kholy SM. The Relationship Between Autonomy and Quality of Health Care Among Staff Nurses. *Menoufia Nursing Journal*. 2021;6(1):115-30.
- Hendam DM, Fakhy SF, Mohamed HA. Relationship Between Professional Autonomy and Job Satisfaction Among Staff Nurses. *Port Said Scientific Journal of Nursing*. 2018;5(2):237-56.
- Banan SHAE. Nurse Managers Practices and Its Relation to Staff Nurses Autonomy and Satisfaction at a Selected Hospital. *International Journal of Nursing Didactics*. 2020;10(5):15-23.
- Labrague LJ, McEnroe-Petitte DM, Tsaras K. Predictors and Outcomes of Nurse Professional Autonomy: A Cross-Sectional Study. *International Journal of Nursing Practice*. 2019;25(1).
- Cho SH, Lee JY, You SJ, Song KJ, Hong KJ. Nurse Staffing, Nurses Prioritization, Missed Care, Quality of Nursing Care, and Nurse Outcomes. *International Journal of Nursing Practice*. 2020;26(1).
- Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient Satisfaction With Hospital Care and Nurses in England: An Observational Study. *BMJ Open*. 2021;8(1).
- Umoke M, Umoke PCI, Nwimo IO, Nwalieji CA, Onwe RN, Emmanuel I, et al. Patients' Satisfaction With Quality of Care in General Hospitals in Ebonyi State, Nigeria, Using SERVQUAL Theory. *SAGE Open Medicine*. 2020;8:2050312120945129.
- Asamrew N, Endris AA, Tadesse M. Level of Patient Satisfaction With Inpatient Services and Its Determinants: A Study of a Specialized Hospital in Ethiopia. *Journal of Environmental and Public Health*. 2020;2020:1-8.
- McCabe M, Byers J, Busija L, Mellor D, Bennett M, Beattie E. How Important Are Choice, Autonomy, and Relationships in Predicting the Quality of Life of Nursing Home Residents? *Journal of Applied Gerontology*. 2021;40(12):1743-50.