Nurse Manager' Actions Conductive to Staff Nurses' Autonomy and Its Relation to their Quality of Nursing Work Life

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Abstract: Nurse's managers who committed to actions that promote their staff autonomy helping them to participate in decisions related to their nursing care activities and providing them with chance to manipulate their right of autonomy. The autonomous nurses are expected to posses higher job satisfaction this in turn leads to good quality of work life. Aim of the study: The study aimed to measure nurse manager' actions conducive to staff nurses' autonomy as experienced by staff nurses and its relation to their quality of nursing work life in critical units at teaching and university hospitals. Design: A descriptive correlation design was used. Subjects: A convinces sample of 122 nurses was recruited from two hospitals (65 from teaching hospital and 57 from university hospital). Setting: The study was conducted at two hospitals in Menofia governorate: teaching and university hospital. Tool: Two tools were used in this study: (1): Nurse Manager's Actions Scale, (2): The Quality of Nursing Work Life Scale. Results: The highest percentage of the study sample (68.9%) felt that the nurse managers do many actions that encourage their autonomy. The results revealed that the staff nurses in the study sample reported a low quality of nursing work life overall and there was a positive correlation between nurse manager' actions promoting autonomy and staff nurses' quality of nursing work life but not significant. Conclusion: From the study findings, it can be concluded that nurse manager's actions have a vital role in promoting staff nurses' autonomy, and these actions were positively correlated with their quality of work life. Recommendation: Staff nurses and their managers need to engage in dialogue to determine which manager' actions are likely to enhance staff nurse autonomy and in-service education programs should do for nurse managers to learn how to apply actions that conductive to autonomy.

Keywords: Nurse managers' actions, Nurses autonomy, and Quality of nursing work life.

I.   INTRODUCTION

There is well-documented evidence globally that nursing unit managers have an important role in coordinating patient care activities and in ensuring nurses' autonomy and quality care in hospital wards. The nursing unit manager is taking charge of the management of nursing care to patients; all nursing staff within the unit; and the resources associated with health care delivery in the unit.[1] Nurse Managers' functions and roles are continuously changing because of today's turbulent healthcare environment. This changing system needs more managerial and leadership skills and imposes more demand on promoting nurses' autonomy. Autonomy will contribute positively to patients' outcomes as well as nurses and organizational outcomes.[2,3]

Nurse Manager' actions are defined as actions that nurse managers can use to promote their staff's autonomy.[4] Also, nurse managers' actions were defined as the actions by which individuals influence others to reach a common goal. Therefore, nurse managers have important roles in promoting nurses' autonomy.[5] In clinical setting, autonomy means acting independently without being restricted by bureaucratic rules of hospitals and receiving orders or permission from others. Autonomy is the degree to which one has the impression that those decisions are compatible with one's individual

norms and values.[6] Thus, nurse managers should have positive attitudes toward their nurses and they should have managerial and leadership skills to allow promote and maintain their nurses' autonomy.[7]

Autonomy is an important element of professional identity and a source of power in clinical practice.[8] Work climates, in which autonomy is supported, are characterized by managers, who have the ability to take employees' perspectives, encourage and support self-initiation, and provide greater choice.[9] Autonomous nurses are expected to possess higher career commitment, as a result of higher job satisfaction and job performance, in addition to higher quality of patient care.[10&3] Autonomy was one of nine components used to measure quality of work life of employees in private technical institutions [11]. Autonomy is very important dimension in quality of nursing work life.[12] Today, quality of work life has become an important issue and many studies have been published on this topic from different organizations.[13]

Quality of Work Life is defined as the level to which people who are working in the organization yield both personal and work satisfaction by achieving the goals of the organization.[11] Nursing work life quality is a comprehensive structure to describe characteristics of a positive environment to ensure high job satisfaction nurses and improved sense of well-being for nurses as well as improved results for both patients and health care personnel.[14] High quality of work life is fundamental for organizations to attain high performance and growth in profitability and to continue to attract and keep employees. In contrast, dissatisfaction with quality of work life is a problem, which affects almost all workers regardless of position or status.[15&16]

Various foretellers have identified in many studies that affect the quality of work life among nurses. The main predictors that have direct influence the quality of work life as reported by a systematic review was health and well-being, job security, job satisfaction, competence development work life balance, participatory decision making, effective communication with employees including management-worker communications, adequate and fair salary, safe and healthy work environment, balance between work and house/private life, control over workload, nursing leadership, absence of autonomy, accurate job performance feedback, positive communication, team functioning, organizational climate and culture and chances for progression.[17]

Significant of the study:

Nurses' autonomy is one of the major responsibilities of nurse managers. As, Nurse managers spend the majority of their work time among nurses, they should promote sufficient time and efforts to enhance their nursing staff's autonomy and provide them with specific mean for assessing to which degree nurse manger' actions promote their autonomy. As, autonomous nurses are expected to posses higher job satisfaction which in turn leads to good quality of work life. Unless nurses perceive that they practice in an autonomous work environment, they will not be able to act professionally. Autonomy contributes to visible nursing practice. Hence, the current study will be conducted to measure nurse managers' actions conducive to staff nurses' autonomy and its relation to their quality of nursing work life.

Aim of the study:

The study aimed to measure nurse manager' actions conducive to staff nurses' autonomy as experienced by staff nurses and its relation to their quality of nursing work life in critical units at teaching and university hospitals.

Research questions:

1. What are actions used by nurse managers to promote their staff nurses' autonomy as experienced by staff nurses?
2. What is the level of quality of nursing work life among staff nurses in the critical units at both teaching and university hospitals?
3. Is there effect of personal characteristics of the study sample on their quality of nursing work life?
4. What is the type of the relationship between nurse managers' actions that promote autonomy as experienced by staff nurses and staff nurses' quality of nursing work life?

II. MATERIAL AND METHODS

Research Design:

Descriptive correctional research design was used to conduct the present study.

Research setting:

The study was conducted at critical units (neonatal intensive care – adult intensive care – burn – haemodialysis and emergency) at teaching and university hospitals, Menofiya governorate, Egypt. The first hospital affiliated to Health Ministry. While, the second hospital affiliated to High Education Ministry.

Subjects:

A convince sample of 122 nurses was recruited from the above mentioned units to conduct this study from the studied hospitals (65 from teaching hospital and 57 from university hospital) and have at least two years of experience working in the current units and accepted to participate in this study.

Tools for data collection:

Data were collected using two different tools:

TOOL I: **Nurse Manager's Actions Scale.**

It was developed and validated by[18]. The authors developed **Nurse Manager's Actions Scale** based on [19&20] studies. It was developed to assess actions that done by nurse managers to promote their staff nurses' autonomy. It consists of two parts:

Part 1: Includes seven questions about personal characteristic of the study sample as age, nursing education level, marital status, hospital, unit in which nurses are working, career experience, and current unit experience.

Part 2: Nurse Manager's Actions are actions that nurse managers use to promote their staff nurses' autonomy. It consisted of 11 items as: delegate to nurses 24-hour responsibility about their unit decisions; help nurses to develop to meet their own learning needs; encourage nurses to participate in research projects and to use research; support nurses to resolve conflicts with physicians, patients and colleagues; encourage nurses to communicate openly with all members of the healthcare team; consult nurses while establishing standards of care; encourage leadership among nurses; stimulate nurses' intellectual discussions about work; support staff nurses' autonomous decision-making; encourage staff nurses to self-schedule; and involve staff nurses in planning the capital expenditures.

Scoring system: items were measured on five point Likert scale in which action does not do was assigned a score of (1), action seldom done was assigned a score of (2), action sometimes done was assigned a score of (3), action usually done was assigned a score of (4), action always done was assigned a score of (5). Total score was 55. The score (≥ 33) indicates manager do actions that encourage staff nurses' autonomy.

TOOL II: **The Quality of Nursing Work Life Scale (QNWL).**

It was developed and validated by [14]. To measure the quality of nursing work life among registered nurses. It consists of 42 items divided into four subscales namely: Work life-Home life (7 items), Work Design (10 items), Work context (20 items), Work World (5items).

Scoring system: The response of each items measured on five point Likert scale with 1 indicating 'strongly disagree', 2 'disagree', 3 'uncertain, 4 'agree', and 5 'strongly agree'. Therefore, the maximum possible score was (210). This score was also converted to a percentage and thus the total possible percentage score was 100%. Staff nurses have high quality of nursing work life if the percentage score was ($\geq$60%). while percentage score (<60%) indicates low quality of nursing work life.

Validity and reliability of the tools:

Tools were tested for reliability using the Cronbach's alpha coefficient to measure the internal consistency of items of each tool. The overall Cronbach's alpha of the nurse managers' actions scale was .94 and turned to be ($\alpha = 0.91$) for the Quality of Nursing Work Life Scale. Therefore, the two tools were reliable. A bilingual group of five Experts was selected to test the content and face validity of the tool. The panel included three experts from nursing administration department. The panel examined the following criteria: Relevant to the purpose of the study, clear and simple wording of research questions, tool is easy to be understood, comprehensive questions, Appropriate length of the tool and of each question, appropriate ordering of questions, Unbiased, and no redundancy in questions. Necessary modifications and

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deleting of some questions were done to reach the final valid version of the tool. The tool was considered valid from the experts' perspective.

Pilot Study:

A pilot study for the tools was conducted on (10%) of the subject that were not included in the study. From the findings of the pilot study, no changes occurred in the tools.

Field Work:

An official approval letter was submitted to the Dean of the Nursing College to collect data before any attempt to collect data. Additionally, a written approval letters were submitted to the director of Teaching and University Hospital to collect data from the pre-mentioned department. The letter contained the title and aim of the study. The data collection was carried out over two months from November to December 2016. The data were collected in the morning shift, three days a week and recollected either on the same day or on the next day.

Informed consent:

In order to protect subjects' rights, the researchers ensure of voluntary participation; informed consent was obtained after brief explanation of the purpose of the study, time of conducting the study, potential benefits of the study and how data will be collected. The respondents have a right to withdraw from the study at any point of time and refusal to participate will not involve any form of penalty.

Analysis of the Results:

The data were collected and tabulated into the personal computer. Statistical analysis was done using SPSS/V 20. Quantitative data were expressed as Mean & Standard Deviation (X±SD). Qualitative data were expressed as number and percentage. Pearson's correlation test was used to measure relationship between nurse manager actions that promote nurses' autonomy and staff nurses' quality of nursing work life.

III. RESULTS

Table (1): Personal Characteristics Of The Studied Sample (n=122):

Variable	No.	%
Nurses' age:		
18-29 years	50	41.0
30-39 years	50	41.0
40-49 years	20	16.4
≥ 50 years	2	1.6
Nursing Educational level:		
Diploma	63	51.6
Associate Degree	21	17.2
Bachelor Degree	38	31.2
Hospital:		
University Hospital	57	46.7
Teaching Hospital	65	53.3
Career Experience:		
Less than 5 yrs	29	23.8
5-10 yrs	48	39.3
≥ 10 yrs	45	36.9
Unit Experience:		
Less than 5 yrs	30	24.6
≥ 5 yrs	92	75.4

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The table (1) presents personal characteristic data of the study sample. As illustrated in the table, more than half of study sample were from teaching hospital and had diploma degree, and less than half of them had experience ranging from 5-10 years.
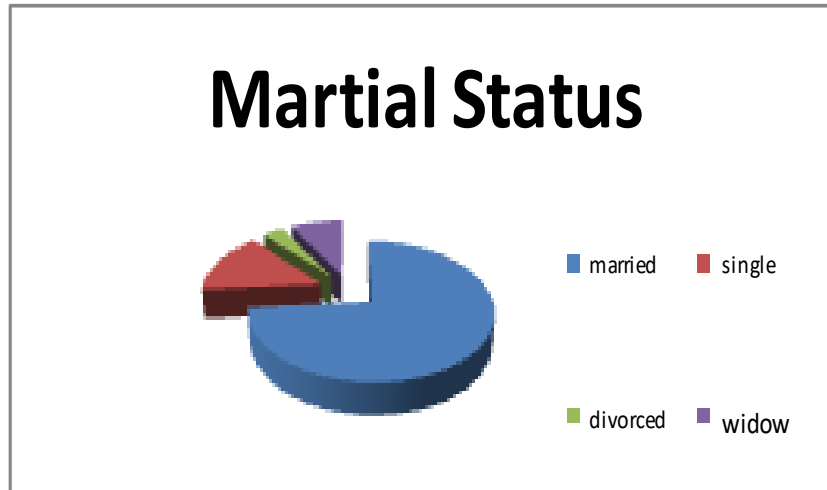

Figure (1): Distribution Of Studied Sample According To Their Marital Status (n=122).

Figure (1) Distribution of studied sample according to their marital status. As indicated from the figure, the majority of the studied sample (73.8%) was married.
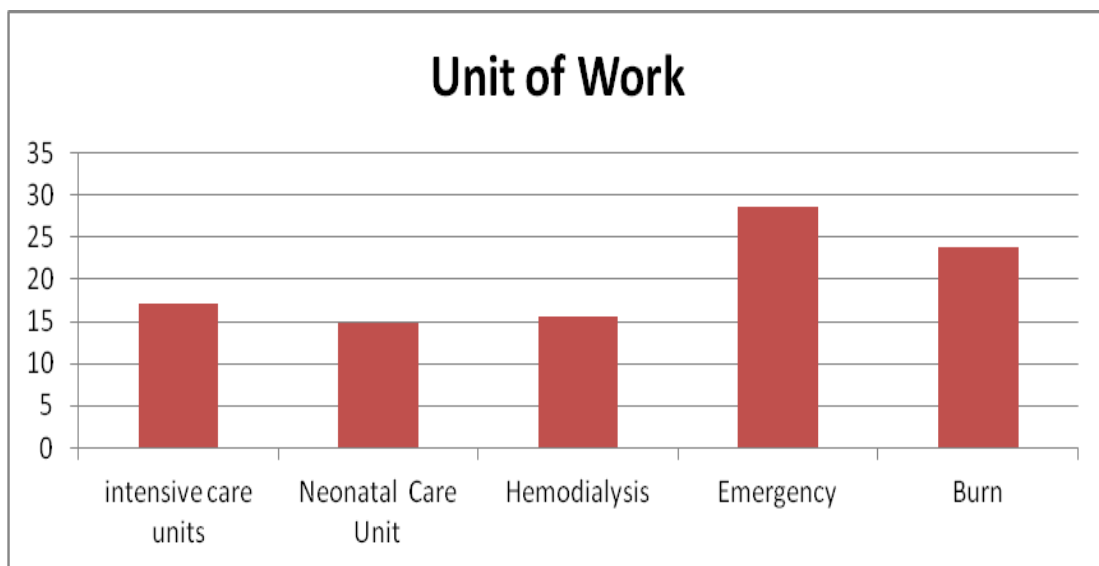

Figure (2): Distribution Of Studied Sample According To Their Working Units (n=122).

Figure (2): Distribution of studied sample according to their working units. It was clear from the figure that the high percentage of staff nurses were working in emergency units and lowest percentage was from neonatal intensive care unit.

Table (2): Nurse Managers' Actions Conductive To Staff Nurses' Autonomy As Experienced By Staff Nurses (n=122).

Nurse Manager Action	No.	%	Mean ± SD
Manager discourage nurses autonomy (< 33)	38	31.1	33.8 ± 5.3
Manager encourage nurses autonomy (≥ 33)	84	68.9	

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Table (2) shows nurse managers' actions that promote staff nurses' autonomy as experience by staff nurses. It revealed that the majority of the study sample (68.9%) reported that nurse managers' do actions encouraging staff nurses autonomy, while about one third of the study sample (31.1%) reported that managers' actions discourage nurses' autonomy.

Table (3): Number And Percentage Of Nurse Managers' Actions Items As Experienced By Study Sample (n=122)

Items of nurse manager scale	Low		High	
	No.	%	No.	%
1. Delegates to nurses' 24-hour responsibility about their unit decisions	46	37.7	76	62.3
2. Helps nurses to develop their own plans to meet their learning needs	36	29.5	86	70.5
3. Encourages nurses to participate in research projects and to use research	87	71.3	35	28.7
4. Supports nurses to resolve conflicts with physicians, patients, and colleagues	39	32.0	83	68.0
5. Encourages nurses to communicate openly with all members of the health care team	5	4.1	117	95.9
6. Consults nurses while establishing standards of care	71	58.2	51	41.8
7. Encourages leadership among nurses	36	29.5	86	70.5
8. Stimulates nurses' intellectual discussions about work	15	12.3	107	87.7
9. Supports staff nurses' autonomous decision-making	6	4.9	116	95.1
10. Allows staff nurses to self-schedule	7	5.7	115	94.3
11. Involves staff nurses in planning the capital expenditures	42	34.4	80	65.6

Table (3) Clarifies that most of the studied staff nurses reported that all items of nurse managers' actions that promoting autonomy were done by nurse managers except consult nurses while establishing standards of care, and encourage nurses to participate in research projects and to use research (58.2% & 71.3%), respectively.

Table (4) Mean Of Total Scores Of Quality Of Nursing Work Scale And Its Subscales As Perceived By Study Sample (n=122)

Scale	Possible range	Actual range	Mean ± SD
Total QNWL	42-210	88-175	121.5±15.2
Work life/home life items (7)	7-35	14-27	18.6±3.2
Work design items (10)	10-50	19-43	29.9±4.4
Work context items (20)	20-100	36-48	59.8±10.6
Work world items (5)	5-25	7-22	13.2±3.2

Table (4) highlight on total score of quality of nursing work life scale and its subscales as perceived by staff nurses. As revealed from the table, The staff nurses in the study sample reported a low quality of nursing work life overall and all the across of four subscales (work life/home, work design, work context, and work world) with mean scores; 121.5±15.18, 18.6±3.16, 29.9±4.43, 59.7±10.64, 13.17±3.2; respectively.

Table (5): Comparison Of The Mean Scores Of Nurse Manager Action As Experienced By Staff Nurses At Both Teaching And University Hospital (n=122)

nurse manager actions as experienced by the study sample (n=122)	Teaching hospital (n=65)		University hospital (n=57)		t-test	p-value
	No.	%	No.	%		
Manager encourage nurses autonomy (≥ 33)	47	72.3	37	64.9		
Manager discourage nurses autonomy (< 33)	18	27.7	20	35.1		
Total	33.4± 4.8		34.2 ± 5.7		0.896	0.372

Table (5) displays a comparison of the mean scores of nurse manager' actions that promote autonomy as experienced by staff nurses at both teaching and university hospital. As shown in the table, there is no significant difference in the mean scores of the nurse manager action scale at both hospitals; teaching hospital (33.4± 4.8) and university hospital (34.2± 5.7); (p> 0.05).

Table (6): Correlation Between Nurse Manager' Actions That Promote Staff Nurses' Autonomy And Their Perception Level Of Quality Of Nursing Work Life (n=122).

	QNWL	
Nurse manager's actions conductive to autonomy	r	P

	0.3	0.47

Table (6) Shows the correlation between Staff Nurses' perception of nurse manager' actions that promote autonomy and their Perception level of quality of nursing work life. As shown in the table, there is a weak positive correlation between nurse manager' actions that promote autonomy and quality of nursing work life as perceived by staff nurses but not significant as indicated in the table (r=0.3, p>0.05).

Table (7): Correlation Between Personal Characteristics Of The Study Sample And Total Staff Nurses' Perception Of Quality Of Nursing Work Life (n=122).

VARIABLES	Total perception of quality of nursing work life	
	r	P
hospital	.179*	.048*
Age	-.009	.923
Nurses' educational level	.095	.296
Experience	-.005	.957
Marital status	-.032-	.723

* Correlation is significant at the 0.05 level (2-tailed).

The table (7) shows a correlation between personal characteristics of the study sample and total staff nurses' perception of quality of nursing work life. As indicated in the table, there is a significant positive correlation between hospital and overall staff nurses' quality of nursing work life. Similarity, There is no correlation between nurses' educational level, age, years of experience, and marital status and total staff nurses' quality of nursing work life

IV. DISCUSSION

Nurse Manager's actions that promote autonomy among nursing personnel are consequently affecting the quality of nursing work life. Additionally, it has the greatest effect on nurses' job satisfaction and job retention farther more organizational productivity. A number of studies highlight the importance of autonomy in the perspective of nursing and much of the data recommends that increased autonomy is linked to increased job satisfaction for nurses [21&22].

The aim of the present study was to investigate nurse managers' actions that conductive to nurses' autonomy and its relation to their quality of work life in critical units at teaching and university hospitals. Before discussing the results of the present study, the light should be directed to personal characteristics of the studied subjects. The present study was conducted at two hospitals namely Shebin El-Kom University Hospital and Shebin El-Kom Teaching Hospital. The highest percentage of the studied sample was located at Shebin El Kom Teaching Hospital (53.3%) and most of them were married (73.8%). The highest percentage of the studied subjects had age ranged from 18-39 years old, and worked in emergency units. Additionally, half of them were diploma nurses (51.6%), and had equal to five years or more experience in the studied units.

Regarding nurse managers' actions that promote nurses' autonomy, the present study finding revealed that the highest percentage of the study sample (68.9%) felt that the nurse managers do many actions that encourage their autonomy. The present finding was in the same line with [18], who stated that nurse managers should manipulate managerial actions that can promote nurses' autonomy; this concept has a positive impact for patients, nurses, and organizations. Additionally, Several researches ensured that nurse managers have important roles in supporting nurses' autonomy.[23&24] Additionally, [26] points to the fact that nurses' lack of autonomy has been related to hospital rules and managers traditional mode of supervision and control. This is true as historically managers' actions and the type of decisions making techniques were affect nurses' autonomy.

Nurse managers can initiate interventions at the unit level to promote nurses' autonomy, which will affect on job satisfaction and withholding as well as patients' satisfaction and the quality of nursing care.[28] In this respect, Actions done by nurse managers that inspire nurses' autonomy as reported by majority of the study subjects in the present study were "encourages nurses to communicate openly with all members of the health care team and supports their autonomous decision-making". This finding goes with the findings of the study conducted by [29], who found that nurse manager action ratings included effective communication, retention strategies, effective discipline and decision making received the highest scores. This supported by the fact that good communication (particularly with doctors), control over practice,

ability to make decisions at the bedside, and high functioning teamwork increase nurses' job satisfaction and decrease turnover. Additionally, increasing autonomy for nurses could improve the total healthcare system. [30]

As found in the current study the percentage to which nurse managers delegate to nurses' 24-hour responsibility about their unit decisions is somewhat high (62.3%). This finding may be rationale by the cause that all the study settings were critical units in which staff nurses completely responsible for their patients and took 8 hours shifts, so they should be responsible and accountable for the unit. This result was in the same line with [27], who stated that nursing students have faith in that they were exercising control, autonomy and professional accountability when working with patients and they were satisfied when they providing the best possible care. In contrast with the present study finding, the study conducted by [25], who revealed that nurses highly scored their nurse managers' action, while the unit operation autonomy was scored the lowest.

According to the present study findings, most of the studied staff nurses reported that all items of nurse managers' actions that promoting nurses' autonomy were done by nurse manager except consult nurses while establishing standards of care and encourage nurses to participate in research projects and to use research (58.2% & 71.3%), respectively. This result could be attributed to the cause that the majority of the nurses were diploma degree nurses who did not study nursing administration subject and didn't have enough knowledge and skills and didn't prepare enough to establish standards and these activities put only on the top administrators in the hospitals.

Many researchers concluded that nurse managers' practices have been shown to have a consequence on nurses' working environment and their performance, the quality of care delivered the use of research and on their continuing professional growth. [31, 32] In turn, these practices can affect nurses' motivations and can influence outcomes for patients, their relatives and hospital organizations. [33, 34]

In recent years, the Quality of Work Life has become an important tool in the struggle for best employees. Organizations are seeking the ways for increasing the quality of work life in order to retain the best employees and attract the most talented employees. A high quality of work life is an integral part of organizations to appeal and maintain employees [35]. Quality of nursing work life is a multidimensional paradigm which includes four dimensions work life-home life, work design, work context and work world. The evaluation of quality of nursing work life helps to understand those aspects of work or work place which the nurses and the organization are in position to modify so as to improve the quality of nursing work life [36].

When looking back to the other variable that the present study focused on which is the quality of work life among nursing personnel, the results revealed that the staff nurses in the study sample reported a low quality of nursing work life overall and all the across of four subscales (work life/home, work design, work context, and work world) at teaching and university hospital (53.8% & 78.9%), respectively. This results can be explained by the fact that nurses are the main human resources that spend a significant part of their time at the hospitals. They have to do regular work overnight, in emergency situations, with an extensive workload and stress which can negatively affect their performance and quality of working life.

These finding were going with the findings of the study conducted by [12] among 508 PHC nurses in Saudi Arabia that showed the nurses were dissatisfied with their work life. Amongst the four dimensions work context followed by work design gave the strong influence to turnover intention. Additionally, a study done in Malaysia by [37], among nurses in public hospitals was also consistent with similar findings. In contrast, the study was done by [38] to determine the quality of nursing work life among nurses working in selected government and private hospitals in Thiruvananthapuram. The study findings revealed that there was a moderate quality of nursing work life reported among nurses in government and private sector.

In the context of the relationship between the nurse manager's actions that promote nurses' autonomy and their quality of nursing work life, there was a weak positive correlation between nurse managers' actions that conductive to nurses' autonomy and their quality of nursing work life as perceived by staff nurses. This finding is supported by the fact that professional autonomy is a significant element for job satisfaction and increased quality of work life [39 & 40]. Lack of autonomy results in dissatisfaction, increased absenteeism and thereby increases the staff shortage [14].

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The results of the present study in the same line with [41], who stated that, nurse managers who heighten staff nurses' autonomy are likely to enhance their job satisfaction and decisions to keep in their jobs. These results were also in the same line with [42 cited in 43 and 44], who stated that nurse managers' actions have a energetic role in influencing staff nurses' autonomy, work environment and quality of working life, and in easing patient care. Moreover, [45], clarify that, autonomy, work aspect, management, personnel relations, salary and economic payments, job advancement are elements that have a great consequence on quality of work life.

Measures of quality of work life are: acceptable payment and welfares, job security, safe and health working condition, significant job and autonomy in the job. Measures of quality of work life include - (i) increased worker involvement, participation and power, (ii) Increased emphasis on employee skill improvement, (iii) Increased autonomy for action and decision making at worker level and (iv) Reduced status differences among levels in hierarchy [46 cited in 47].

V. CONCLUSION

In the light of the present study findings, it can be concluded that nurse manager's actions have a vital role in promoting staff nurses' autonomy, and these actions were positively correlated with their quality of work life.

VI. RECOMMENDATIONS

- Staff nurses and their managers need to engage in dialogue to determine which managers' actions are likely to enhance staff nurse autonomy.

- Discussion has to take place between nurses and nurse managers on strategies to increase the involvement of nurses in unit operation decisions and research activities.

- A participative management style on the part of the nurse manager can assist in promoting nurses' autonomy which in turn increases their quality of work life.

- Encouragement of professional development for nurses through attending workshops, and courses to enable them to be autonomous.

- In-service education programs should do for nurse managers to learn how to apply actions that conductive to autonomy.

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