

Unit Nurse Managers' Role for Empowering Staff Nurses Job Autonomy

¹Naglaa Moustafa Ali EL Housary, ²Prof. Dr. Fouada Mohamed Shabaan,
³Dr. Maha Eid Shokier

¹B.S.Cs of Nursing - Tanta University

²Prof. of Nursing Services Administration, Faculty of Nursing - Tanta University

³Lecturer of Nursing Services Administration, Faculty of Nursing - Tanta University

Abstract: Nurse managers play pivotal role for empowering staff nurses through providing support, encouragement and rewarding their staff that will result in job autonomy which is considered an important part for nurses satisfaction and retention. **Aim:** This study was conducted to identify the unit nurse managers' role for empowering staff nurses' job autonomy. **Method:** Setting: intensive care units at Tanta Main University Hospital. **Subjects:** consisted of all nurses (160) and head nurses (26) worked in the previous setting. **Tools:** Data were collected using two tools: 1- Nurse manager role for empowering staff nurses job autonomy scale, tool 2- Nursing staff job autonomy scale. **Results:** More than half of head nurses had moderate role level for empowering staff nurses job autonomy. Actually about half of nurses reported moderate level of job autonomy. There was significant correlation between nurses total scores of job empowerment and both organizational relationship and self autonomy. **Conclusion:** Nurse managers at Tanta Main University Hospital were at moderate role level for empowering staff nurses' job autonomy and actually staff nurses were at moderate level of job autonomy. **Recommendation:** nurse managers should foster nurses autonomy by enabling them to practice clinical decision making and actively supporting nursing decisions and nursing accountability.

Keywords: nurse managers, staff nurses, autonomy, empowerment, organizational relationship.

1. INTRODUCTION

Nurse managers can greatly influence the success of health care organizations because of their management role. Nurse managers roles and functions are continuously changing because of today's turbulent health care environment. Such changes requires more managerial and leadership skills and imposes more demand on nurse managers to promote nurse's empowerment and autonomy ^(1,2).

Unit nurse manager is a graduate nurse who has line management position with twenty four hour accountability for a designated patient care services which may include operational responsibility for patient care delivery, fiscal and quality outcome ⁽³⁾. She has Bachelor's degree in nursing performs research to remain up to date on current knowledge on nursing care practice , manipulates data bases and computerized information system that aid in patient care and keeps contact with all levels of persons to plan and coordinate unit management activities for patient care ^(4,5).

The role of unit nurse manager has rapidly evolved into position with greater authority and responsibility. They are accountable to upper level administration for implementation of philosophy, goals, mission, vision, and standards of the hospital organization at the unit- level. These pivotal individuals are responsible for overseeing units of personnel handling the daily operations of a unit or services line ^(6,7).

Nurse managers are responsible to a nurse executive and manage one or more defined areas of nursing service. Nurse manager advocates for and allocates available resources to promote efficient, effective, safe and compassionate nursing

care based on current standards of practice. They promote shared decisions- making and professional autonomy by providing input- their own and that of their staff into executive level activities and vic vesa⁽⁸⁾. As well as they act as teacher or coach whose functions are enabling for staff nurses to move effectively through their unit, and be able to mobilize information, support, and resources necessary for getting job done.

Staff nurse power and access to opportunities to learn and grow are affected by the empowering structural determinants. Including degree of formal and informal power of staff nurses has in the organization. Formal power evolves from having a defined job that affords flexibility, visibility and centrality to organizational purpose and goals⁽⁹⁾. While informal power is determined by the extent of nurses network and alliance with nurse manager, sponsors, peers and subordinates within their unit. Peer alliance means the collaborative and supportive relationship between colleagues. Alliance with subordinates are important when supportive team is required to carry out unit mission⁽¹⁰⁾.

Empowerment is the interpersonal process of providing the proper information, support, resources and environment to build, and develop and increase the ability and effectiveness of individuals to set and achieve organizational goals. In health organizational setting, empowerment is creating and sustaining a work environment that facilitates the staff choice to invest in and own personal actions and behaviors resulting in positive contributions to the organization mission. Nurse's staff job autonomy or control over work may be seriously limited by unequal power relationships- with nurse managers and failing of nurse manager to empower them⁽¹¹⁾.

Job autonomy is the capacity to think, decide and act on the basis of such thought and decision freely and independently and without hindrance. Autonomy involves the right of the nurse to take independent action based up on his/her unique values and desires. Additionally it involves the right of self determination and freedom. Autonomy does not mean the nurse will have total control but the job autonomous nurse is free to choose when control should be abdicated or retained. Professional nurse job autonomy is the belief in the centrality of the client when making responsible discretionary decisions. It reflects advocacy for the client^(12,13).

Empowerment and autonomy in the intensive care units as important where patient care is complex and need trust relationship between nurse managers and staff nurses that encourage them to talk about their ideas and concerns. Consequently increase their involvement in clinical decision- making, help them to use skills such as problem solving and critical thinking for providing efficient care⁽¹⁴⁾.

Nurses who perceived themselves to be empowered are more likely to enhance client care through more effective work practice. Thus providing the sources of job- related empowerment and autonomy, work methods and outcome could be improved. To achieve excellence in nursing requires empowered staff nurses in order to be effective in their roles, and to be more job autonomous⁽¹⁵⁾.

Aim of The Study

Identify the unit nurse managers' role for empowering staff nurses' job autonomy.

Research question

What is the unit nurse managers' role for empowering staff nurses' job autonomy?

2. MATERIALS AND METHOD

Study Design

A descriptive cross sectional study design was done in the present research.

Setting

The present study was conducted in all intensive care units (ICUs) at Tanta Main University Hospital.

Subjects

The subjects of the present study consisted of all (160) staff nurses and all (26) head nurses worked in previous setting were included in the study.

Tools

To fulfill the purpose of this study two tools were used to collect the needed data.

International Journal of Novel Research in Healthcare and Nursing

Vol. 7, Issue 1, pp: (187-201), Month: January - April 2020, Available at: www.noveltyjournals.com

Tool 1: Nurse Manager Role for Empowering Staff Nurses' Job Autonomy Scale

It was developed by Mrayyan(2003)⁽¹⁶⁾ and modified by the researcher after review of current related literature. This tool was designed to assess nurse manager role for empowering staff nurses' job autonomy, and consisted of two parts:

Part one

Socio demographic data of nurse managers including age, sex, marital status, educational level, years of experience, number of attendance program and unitetc.

Part two

Nurse Managers Role Performance for Empowering Staff Nurses' Job Autonomy scale contains twenty five items about nurse managers' role to empower staff nurses' job autonomy.

Scoring system

Subjects responses were measured on a 3 points (3-1) Likert Scale ranging from (3) =always done, (2) =sometimes done and (1) = rarely done.

The levels of performance was determined as follow:

- High level of performance >75% (63-75)
- Moderate level of performance 60-75 (55-62)
- Low level of performance < 60% (25-54)

Tool II: Nursing Staff Job Autonomy Scale

It was developed by researcher guided by Laschinger and Wilk (2002)⁽¹⁷⁾ Denis (2002)⁽¹⁸⁾ and current related literature to assess autonomy of staff nurses. The tool included two parts:

Part one

Socio demographic data of staff nurses as age, sex, level of education, years of experience, number of attendance program and unit....etc.

Part two

This part included (44) statements to assess autonomy of staff nurses which included 3subscales as follows:-

a- Job Empowerment subscale

This subscale it included 15 statements on staff nurses' perception of formal power within the work environment and it was divided as follows:-

- **Recognition** include (5) statement (1-5).
- **Participating on problem solving** (5) statement (6-10).
- **Creating opportunities for staff nurses** (5) statement (11-15).

Scoring system

Subjects responses were measured on a 5 points Likert Scale ranging from (5) = strongly agree, (4) = agree, (3) = neutral, (2) = disagree, (1) = strongly disagree.

Levels of job empowerment:

- High job empowerment >75% (61-75)
- Moderate job empowerment 60 -75% (52-60)
- Low job empowerment < 60 (15-51)

International Journal of Novel Research in Healthcare and Nursing

Vol. 7, Issue 1, pp: (187-201), Month: January - April 2020, Available at: www.noveltyjournals.com

b-Organizational relationship subscale

It included 9 statements on Political alliance and it was divided as follows:-

- Collaboration with patient care** (3) statement (16-18).
- Sponsor support** (3) statement (19-21).
- Peers networking and subordinates** (3) statement (22-24).

Scoring system

Subjects responses were measured on a 3 points Likert Scale ranging from (3) =to high extent, (2) =to moderate extent, (1) =to low extent.

High score represent a strong network of alliance in the organization and high informal power.

Levels of network of alliance:

- Strong network >75% (22-27)
- Moderate network 60-75% (20-22)
- Weak network <60% (9-19)

C-Self autonomy Subscale

It included 20 statements on staff nurses job autonomy and it was divided into two items

- Self autonomy of patient care** (10) statement (25-34).
- Self autonomy of unit operation** (10) statement (35-44).

Scoring system

Subjects responses were measured on a 5 points Likert Scale ranging from (5) =strongly agree, (4) = agree, (3) = neutral, (2) = disagree, (1) = strongly disagree.

Levels of autonomy was determined as follow:

- High autonomy >75% (81-100)
- Fair autonomy 60-70% (68-80)
- Poor autonomy <60% (20-67)

Method

- 1- Official permission to conduct the study was obtained from the Director of Tanta Main University Hospital.
- 2- Ethical consideration: Nurses' informed consent for participation was obtained after exploration of the nature and the purpose of the study. Confidentiality of the information was obtained from them and the right to withdrawal was reserved.
- 3- After reviewing of related literature and different studies, the study tools were developed and translated into Arabic language by the researcher.
- 4- The tools of the study was reviewed with the supervisors, and then submitted to jury of (6) experts in the field of the nursing administration and psychiatric nursing for testing the face and content validity.

The experts responses were reported in four points rating scale ranging from (4-1) 4= strongly relevant, 3= relevant, 2= little relevant, 1= not relevant. Necessary modifications were done including clarification omission of certain items and adding others and simplifying work related words. The result of face validity=97.15%.

- 5- A pilot study was carried out on 19 nursing staff (10%) of sample to test the tool for its clarity, applicability, feasibility and necessary modifications were done based on the results. Subjects of pilot study (10%) were excluded from the nurses sample.

6- The researcher was met with pilot respondents at their settings and distribute the questionnaire. The subjects recorded their answers in the presence of the researcher. The time needed to complete the questionnaire items were 10-15 minutes.

7- To assess reliability, the study tools were given to the same nurses of the pilot study again two weeks later (Test-retest). Internal consistency reliability (Cronbach's Alpha) for the study tools=(0.985)

8- Data collection phase: the data were collected from Tanta Main University Hospitals by the researcher. The researcher met head nurses and nurse's respondents in small groups during their work shifts morning, afternoon to distribute the questionnaires. They recorded their answer in the presence of the researcher to ascertain all questions were answered.

9- The data were collected over the period of three months started from 22 October 2015 to 22 January 2016.

Statistical analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 16, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison between two groups and more was done using Chi-square test (χ^2). Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance⁽¹⁹⁾.

3. RESULTS

Table (1) represents total subjects, head nurses and staff nurses socio demographic data. The table shows age, sex, level of education, years of experience and unit. Subjects 63.8% aged (20-<30), 29.6% aged (30-<40) and 2.7% aged (50- 55) years with mean age 30.42 ± 7.96 . Subjects 95.7% were female married. More than half of subjects had baccalaureate of nursing and (1-<10) years of experience, with mean experience 9.42 ± 8.11 years. Subjects 32.8% were working in cardiology department. There was statistical significant difference between head nurses and nurses in age, level of education years of experience, No of attendance program at ($P=0.0001$).

Table (2) illustrates levels and mean scores of head nurses total perception about nurse manager role performance for empowering staff nurse's job autonomy. The table revealed that more than half (53.8%) of head nurses showed moderate level for empowering staff nurses job autonomy. While (30.8%) of head nurses showed high level and few (15.4%) showed low level of performance.

Table (3) shows levels of head nurses' role performance for empowering staff nurses job autonomy. All head nurses showed high level for following of unit occupational health and safety measures. Head nurses (96.2%-76.9%) showed high level for items of, permit nurses to make autonomous decision, make new nurses oriented about their job, supervise nurses' performance, ensure nurses oriented to unit policies and procedures, make up for nurses complaints and accept useful suggestion from nurses and provide guidance and support to staff.

Majority(92.3%-69.2%) of head nurses showed moderate level for items of, instruct nurses to develop plans for educational needs, delegate to nurses 24-hours responsibility, facilitate nurses' participation on development program, stimulates nurses' for intellectual discussion for constructive issues and encourage nurses to use problem solving. While head nurses (80.8%, 76.9%, and 65.4%) showed low level for items of, involve staff nurses in planning disposable budgetary, consults nurses while application standard of care and recommend clever nurses for rewards respectively.

Figure (1) shows levels of nurses' job autonomy main attributes include job empowerment, organizational relationship and self autonomy. Below half of nurses showed low level of organizational relationship, and more than quarter of nurses showed low level of job empowerment and self autonomy. More than one third of nurses showed moderate job empowerment, organizational relationship and self autonomy. Considerable percent of nurses showed high level of job empowerment, organizational relationship and self autonomy.

Table (4) difference between levels of nurses job autonomy main attribute. The table shows nurses had high job autonomy had significantly higher percent of self autonomy (34.4%) ($P=0.004$), which nurses had low job autonomy had significantly higher percent of organizational relationship (43.8%) at ($P= 0.003$), shows there was significant relationship between nurses total job autonomy and job autonomy attributes (job empowerment, organizational relationship and self autonomy) at ($P=0.003$).

Figure (2) illustrates levels of nurses job empowerment main items, revealed that most of nurses showed moderate level recognition, participation in problem solving and creating opportunities for nurses main items of job empowerment. Few percent of nurses showed either high or low level of job empowerment main items.

Figure (3) shows levels of nurse's organizational relationship items, revealed that the majority of nurses showed low level for peers networking organizational relationship. While about third of them showed low level of sponsors supports and collaboration with patient. More than one third of nurses showed moderate level of collaboration with patient and sponsors support organizational relationship. Few of nurses showed high level sponsors supports, collaboration with patient and peers networking of organizational relationship.

Figure (4) denotes levels of nurses self autonomy items. More than one third of nurses showed moderate level of self autonomy for patient care and unit operation. While one third of nurses showed high level self autonomy of patient care and of unit operation. Below third of nurses showed low level self autonomy of unit operation. Few of nurses showed low level self autonomy of patient care.

Table (5) represents correlation between total scores of nurses job autonomy. Table shows that, there was significant positive correlation between job empowerment scores and that of both organizational relationship and autonomy (P=0.0001) for both. Also, there was significant positive correlation between organizational relationship scores and that of self autonomy scores (P=0.0001).

Figure (5) shows Correlation between nurses total score of job empowerment with organizational relationship and with self autonomy. There is statistical significant correlation between nurses total scores of job empowerment and both organizational relationship and self autonomy attributes.

Table (1): Total head nurses and staff nurses socio demographic data (n=186).

| Variables | Total (n=186) | | Head nurses (n=26) | | Nurses (n=160) | | χ^2 | P |
|-------------------------------------|------------------|------|-----------------------|------|-------------------|------|----------|---------|
| | n | % | n | % | n | % | | |
| Age (years): | | | | | | | 57.651 | 0.0001* |
| 20-<30 | 102 | 63.8 | 0 | 0 | 102 | 63.8 | | |
| 30-<40 | 55 | 29.6 | 11 | 42.3 | 44 | 27.5 | | |
| 40-<50 | 24 | 12.9 | 14 | 53.8 | 10 | 6.3 | | |
| 50-55 | 5 | 2.7 | 1 | 3.8 | 4 | 2.5 | | |
| Range | 20-55 | | 34-55 | | 20-54 | | | |
| Mean±SD | 30.42±7.96 | | 40.50±5.06 | | 28.79±7.10 | | | |
| t-test | | | | | 8.076 | | | |
| P | | | | | 0.0001* | | | |
| Sex: | | | | | | | 1.358 | 0.244 |
| Males | 8 | 4.3 | 0 | 0 | 8 | 5.0 | | |
| Females | 178 | 95.7 | 26 | 100 | 152 | 95.0 | | |
| Marital status: | | | | | | | 3.237 | 0.196 |
| Single | 38 | 20.4 | 2 | 7.7 | 36 | 22.5 | | |
| Married | 147 | 79.0 | 24 | 92.3 | 123 | 76.9 | | |
| Divorced | 1 | 0.5 | 0 | 0 | 1 | 0.6 | | |
| Level of education: | | | | | | | 27.141 | 0.0001* |
| Bachelor | 98 | 52.7 | 26 | 100 | 72 | 45.0 | | |
| Diplom | 28 | 15.1 | 0 | 0 | 28 | 17.5 | | |
| Health technical institute | 59 | 31.7 | 0 | 0 | 59 | 36.9 | | |
| Master degree | 1 | 0.5 | 0 | 0 | 1 | 0.6 | | |
| Years of experience (years): | | | | | | | 41.850 | 0.0001* |
| 1-<10 | 104 | 55.9 | 0 | 0 | 104 | 65.0 | | |
| 10-<20 | 54 | 29.0 | 18 | 69.2 | 36 | 22.5 | | |
| 20-<30 | 24 | 12.9 | 8 | 30.8 | 16 | 10.0 | | |
| 30-35 | 4 | 2.2 | 0 | 0 | 4 | 2.5 | | |

| Range Mean±SD t-test P | 1-35 | | 12-26 | | 1-35 | | | |
|-----------------------------------|------------------|------|------------|------|-----------|------|--------|---------|
| | 9.42±8.11 | | 17.54±3.78 | | 8.10±7.86 | | | |
| | 6.000 0.0001* | | | | | | | |
| No. of attendance program: | | | | | | | | |
| No attendance | 52 | 28.0 | 1 | 3.8 | 51 | 31.9 | 92.424 | 0.0001* |
| 1-3 | 103 | 55.4 | 4 | 15.4 | 99 | 61.9 | | |
| 4-6 | 25 | 13.4 | 16 | 61.5 | 9 | 5.6 | | |
| 7-8 | 3 | 1.6 | 2 | 7.7 | 1 | 0.6 | | |
| 15-20 | 3 | 1.6 | 3 | 11.5 | 0 | 0 | | |
| ICUs: | | | | | | | | |
| Cardiology ICU | 61 | 32.8 | 8 | 30.8 | 53 | 33.1 | 2.395 | 0.664 |
| Medical ICU | 41 | 22.0 | 4 | 15.4 | 37 | 23.1 | | |
| Neonate ICU | 28 | 15.1 | 3 | 11.5 | 25 | 15.6 | | |
| Neurology ICU | 26 | 14.0 | 5 | 19.2 | 21 | 13.1 | | |
| Pediatric ICU | 30 | 16.1 | 6 | 23.1 | 24 | 15.0 | | |

*Significant (P<0.05)

Table (2) Levels and mean scores of head nurses' total perception about nurse role performance for empowering staff nurse's job autonomy (n=26)

| Levels of total perception | Score range | Head nurses (n=26) | |
|----------------------------|-------------|--------------------|------|
| | | n | % |
| Low | (25-54) | 4 | 15.4 |
| Moderate | (55-62) | 14 | 53.8 |
| High | (63-75) | 8 | 30.8 |
| Range | | 49 -71 | |
| Mean | | 59.65±5.55 | |

Table (3): Levels of head nurses' role performance for empowering staff nurse's job autonomy (n=26)

| Items for empowering staff nurse's job autonomy | Low | | Moderate | | High | |
|--|-----|------|----------|------|------|------|
| | n | % | n | % | n | % |
| -Encourages nurses to communicate openly with members of care team. | 0 | 0 | 9 | 34.6 | 17 | 65.4 |
| -Supports nurses to resolve conflicts. | 0 | 0 | 9 | 34.6 | 17 | 65.4 |
| -Encourage leadership spirit among nurses. | 3 | 11.5 | 9 | 34.6 | 14 | 53.8 |
| -Permit nurses to make autonomous decision. | 0 | 0 | 1 | 3.8 | 25 | 96.2 |
| -Consults nurses while establishing standards of care. | 20 | 76.9 | 6 | 23.1 | 0 | 0 |
| -Induce nurses to self-time-schedule. | 2 | 7.7 | 12 | 46.2 | 12 | 46.2 |
| -Delegate to nurses 24-hours responsibility. | 0 | 0 | 20 | 76.9 | 6 | 23.1 |
| -Instruct nurses to develop plans for educational needs. | 1 | 3.8 | 24 | 92.3 | 1 | 3.8 |
| -Stimulates nurses' for intellectual discussion for constructive issues. | 5 | 19.2 | 19 | 73.1 | 2 | 7.7 |
| -Encourage nurses to use problem solving. | 5 | 19.2 | 18 | 69.2 | 3 | 11.5 |
| -Involve staff nurses in planning disposable budgetary. | 21 | 80.8 | 5 | 19.2 | 0 | 0 |

| | | | | | | |
|---|----|------|----|------|----|------|
| -Distribute workloads to nurses equitably. | 0 | 0 | 7 | 26.9 | 19 | 73.1 |
| -Put a plan for nurses professional development | 2 | 7.7 | 7 | 26.9 | 17 | 65.4 |
| -Conduct regular meeting with nurses. | 3 | 11.5 | 14 | 53.8 | 9 | 34.6 |
| -Make new nurses oriented about their job. | 0 | 0 | 1 | 3.8 | 25 | 96.2 |
| -Ensure nurses oriented to unit policies and procedures. | 1 | 3.8 | 3 | 11.5 | 22 | 84.6 |
| -Recommend clever nurses for rewards. | 17 | 65.4 | 8 | 30.8 | 1 | 3.8 |
| -Make up for nurse's complaints. | 0 | 0 | 4 | 15.4 | 22 | 84.6 |
| -Accept useful suggestions from nurses. | 0 | 0 | 6 | 23.1 | 20 | 76.9 |
| -Follow unit occupational health and safety measures. | 0 | 0 | 0 | 0 | 26 | 100 |
| -Supervise nurses' performance. | 0 | 0 | 2 | 7.7 | 24 | 92.3 |
| -Provide guidance and support to staff. | 0 | 0 | 6 | 23.1 | 20 | 76.9 |
| -Provide nurses immediately feedback on performance. | 0 | 0 | 10 | 38.5 | 16 | 61.5 |
| -Create a positive unit atmosphere & high morale. | 1 | 3.8 | 13 | 50.0 | 12 | 46.2 |
| -Facilitate nurses' participation on development program. | 2 | 7.7 | 20 | 76.9 | 4 | 15.4 |

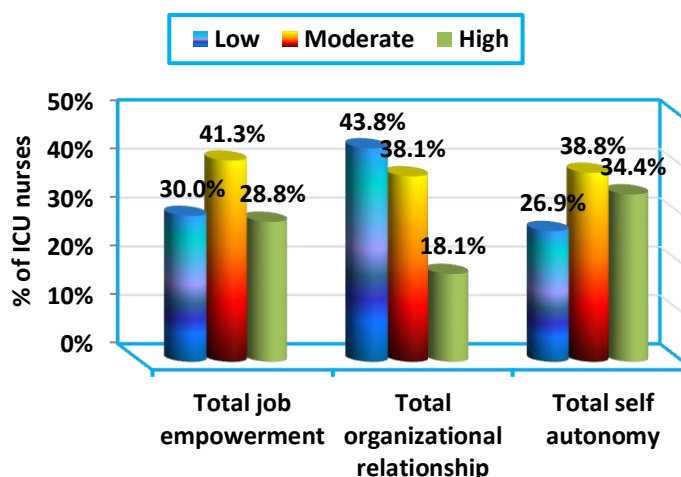


Figure (1): Levels of nurses' job autonomy main attributes (job empowerment, organizational relationship and self autonomy)

Table (4): Difference between levels of nurses job autonomy main attributes (n=160).

| Levels of nurses job autonomy | Job autonomy main attributes (n=160) | | | | | | χ^2 | P |
|-------------------------------|--------------------------------------|------|-----------------------------|------|---------------|------|----------|--------|
| | Job empowerment | | Organizational relationship | | Self autonomy | | | |
| | n | % | n | % | n | % | | |
| High | 46 | 28.8 | 29 | 18.1 | 55 | 34.4 | 11.010 | 0.004* |
| Moderate | 66 | 41.3 | 61 | 38.1 | 62 | 38.8 | 0.370 | 0.833 |
| Low | 48 | 30.0 | 70 | 43.8 | 43 | 26.9 | 11.430 | 0.003* |
| χ^2 P | 15.958 0.003* | | | | | | | |

*Significant (P<0.05)

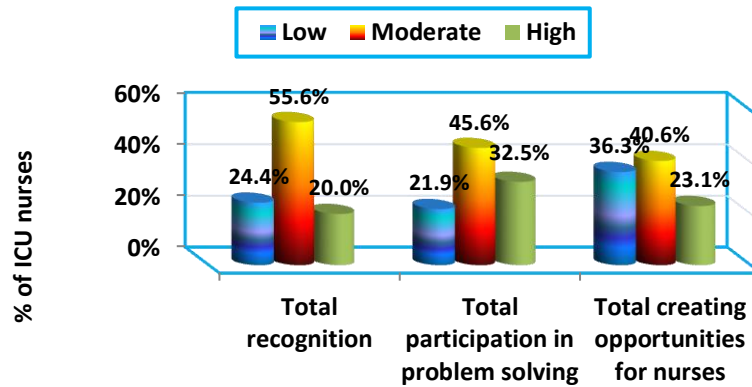


Figure (2): Levels of nurses' job empowerment main items.

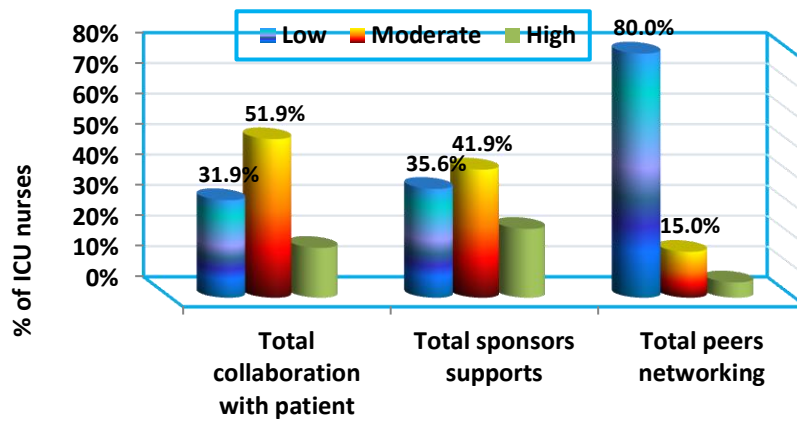


Figure (3): Levels of nurses organizational relationship items (n=160).

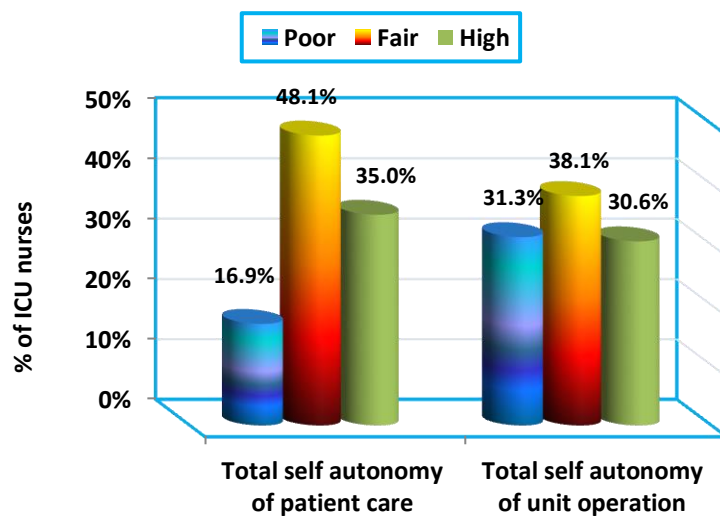


Figure (4): Levels of nurses self autonomy items (n=160).

Table (5): Correlation between total scores of nurses job autonomy main attributes(n=160).

| Nurses job autonomy attributes | Job empowerment scores | | Organizational relationship scores | | Self autonomy scores | |
|------------------------------------|------------------------|---------|------------------------------------|---------|----------------------|---|
| | r | P | r | P | r | P |
| Job empowerment scores | - | | - | - | - | |
| Organizational relationship scores | 0.557 | 0.0001* | - | - | - | |
| Self autonomy scores | 0.715 | 0.0001* | 0.553 | 0.0001* | | |

*Significant (P<0.05)

r=Correlation Coefficient

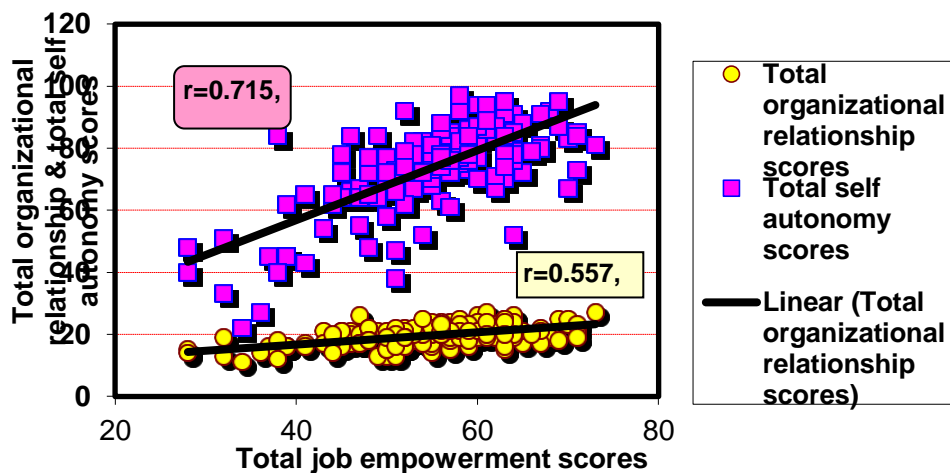


Figure (5): Correlation between nurses' total scores of job empowerment with organizational relationship and with self autonomy attributes.

4. DISCUSSION

Autonomy for nurses practicing in hospitals emerged as an important issue in this decade chiefly because the nursing shortage in number and beginning research showed that organizational structure influenced patient outcomes. Nurses autonomy reduce nurses' turnover therefore, autonomous nurses are expected to have high career commitment as a result of high job satisfaction and job empowerment.

Results revealed that most of head nurses in present study were baccalaureate degree nurses had over 17 mean years of experience and they were female at middle age. Ideally head nurse is person who has successfully completed baccalaureate education or higher level. Yet those head nurses are required to be effective first line manager, unit coordinator and a critical link in managing successful hospital. Directly they are responsible for the actual production of nursing services and to keep the group headed in the right direction.

The present study revealed that more than ninety percent of head nurses showed either moderate or high level of empowering staff nurses' job autonomy. Most probably the efficient head nurses of those subject reported that they highly following unit occupational health and safety measures, permit nurses to make autonomous decision, make orient new nurses about their job, and supervise nurses' performance in spit of their too much responsibilities. While over half of head nurses subject were moderately instruct nurses to develop plans for educational needs and delegate to nurses 24-hours responsibility, stimulate nurses for intellectual discussion for constructive issues.

So, those over half of head nurses need to refresh their knowledge through attending educational program on role of head nurses for empowering nursing staff. In this context **Stewart et al., (2010)**⁽²⁰⁾ study about psychological empowerment and structural empowerment among nurse practitioners, concluded that nurse practitioners had high scored on perceptions of structural empowerment and psychological empowerment.

All head nurses in present study had high level for following unit occupational health and safety measures. This due to recently head nurses working at Tanta Main University Hospital routinely receive continuous training program about infection control, health and safety and quality care. As well they have regular check up from high administrative level for medical equipment. This result attributed to staff nurses work in safe and secure environment can result in increase productivity and decrease burnout.⁽²¹⁾

Present study head nurses had high level for permit nurses to make autonomous decision. Most probably their based on the mutual respect and cooperation between head nurses and staff nurses to work as a team, share knowledge and experience which will result in better outcome including lower nurses turnover rates, less nurses burnout and lower patient's mortality rate. On the contrary **Moustafa (2009)**⁽²²⁾ study about barriers facing clinical nurse specialist in decisional involvement, not support this study and found that a high percentage of nurse administrators only make decision about the need of nursing personnel in each unit.

Head nurses in present study had high level for orienting new nurses about their job, because they feel that the young new nurses are vulnerable to stress as they learn new professional role and they face life threatening crises situations in ICUs and high level decisional stress, they feel overwhelmed by the amount of patient care required and lack of time to complete the care. So those head nurses helped new nurses and oriented them about their job to be empowered to function autonomously, to increase their liberty and willingness to take on the responsibilities of being autonomous and making patient care decisions⁽²³⁾.

Head nurses in present study had moderate level for instructing nurses to develop plans for educational needs. Those head nurses must know the importance for giving opportunities to nurses and providing appropriate support, education and ensure growth and development for their staff. They should not only providing adequate resources and training but also the development and supportive work environment for nursing personnel.

More than seventy percent of head nurses in present study showed high level for distributing workloads to nurses equitably. Work load is the major stressor face the head nurses in the intensive care units because the wide number of critically ill patients who need specific care and intervention, with insufficient number of nurses had bad effect on the safe and quality patient care. So that those head nurses obligated to maintain adequate staffing in every shift to prevent negative impact on nurses heavy work load on patient requirement at the unit. Many studies⁽²⁴⁻²⁵⁾ supported this result and found that majority nurse unit managers were observed distribute workloads to staff in an efficient and equitable manner.

Considerable percent (15%) of head nurses in present study reported low level of empowering staff nurses for job autonomy. Really, those head nurses don't involve staff nurses in planning disposable budgetary, not consult nurses while establishing standards of care and not recommended clever nurses for rewards. Most probably those head nurses were those old aged one, or those newly married have many social responsibilities and not attend program for improving their empowering staff nurses role.

Head nurses in present study showed low level for involving staff nurses in planning the disposable budgetary item. Those head nurses required to give staff nurses greater budget responsibility in relation to the utilization of resources at units of services delivery and help them receives training in analyzing, constructing and managing budget. Result of present study is consistent with **Gad (2013)**⁽²⁴⁾ revealed that about eighty percent of unit nurse managers observed didn't involve staff nurses in planning of disposable budgetary.

Analysis of staff nurses data of the present study revealed that about half of nurses showed moderate level of total job autonomy. Most probably this result due to their moderate level of job empowerment, self autonomy and organizational relationship. This mean that nurses autonomy or control over work was seriously limited due to head nurses moderately empower them for job autonomy and their low or moderate level of self autonomy for patient care and unit operation.

Those staff nurses in present study are young aged nurses most of them were technical nurses either have diploma or they were technical nurse institute graduation, they were married female have eight years of experience, most probably those type of nurses were newly married and have new type of family responsibilities. Specially those staff nurses need to be empowered by head nurses through understanding their needs for knowledge, needs to improve their capabilities and trusting them to maximize their work fulfillment⁽²⁶⁾.

Regarding to nurses job empowerment the finding of the present study revealed that most of nurses showed moderate level of job empowerment for job autonomy. Most probably this result due to that they had moderate level of perception regarding recognition, participation in problem solving and creating opportunities. This show that nurses were in a moderate job empowerment level and have need for more access to opportunities to increase knowledge and skills as well as increase competencies of nurses, give them recognition and rewards, provide possibilities for their growth and advancement in their position.

The finding of the present study revealed that nurses perceived creating opportunities as lowest scores than other job empowerment items. This result attributed due to lack of getting opportunities to participate in determining method and procedures used in unit, participation in setting of unit goals. ICUs nurses feel that their work was stressful, then providing them with empowering environment which give them recognition, participation in problem solving and opportunities, will help them to act professionally. At the same line, many studies^(27,28) found that low access to opportunity is the first important aspect of workplace empowerment. The majority of staff nurses reported haven't chance to gain new skills and knowledge, continuous education and development of staff nurses was very poor in hospitals and that no chance to advance to better job. On the contrary, **Mohamed (2010)**⁽²⁹⁾ revealed that access to opportunity was the second component of structural empowerment at Faculty of nursing Mansoura University, but at faculty of nursing, Ain Shams University the access to opportunities was the third component.

The result of present study indicated that there is statistical significant correlation between nurses total scores of job empowerment with organizational relationship and with self autonomy attributes. Also **Taha (2012)**⁽³⁰⁾ found that workplace empowerment had high positive statistically significant relationship with both nurses control over their practice and job satisfaction.

In relation to nurses organizational relationship the finding of the present study indicated that most of nurses showed low and moderate level of nurses job autonomy for organizational relationship (Informal power). Most probably this result due to that they were at low level of peers networking and moderate collaboration with patient and sponsors support organizational relationship. They didn't receive help from co-workers during work or with direct personal they contact with, or their immediate supervisors or physicians in some units, these types of organizational relation might contribute to low self confidence, job dissatisfaction and low teamwork collaboration⁽³¹⁾.

The present study revealed that highest percent (80.0%) of nurses showed total weak network for peers networking and subordinates organizational relationship. This might be due to nurses didn't having physicians ask their opinion for care plan and didn't receive recognition by physician, which most probably has negative impact on both their morale and productivity. Indeed the complexity of care and activity in critical care units requires expert communication and coordination each shift in order to deliver effective, appropriate and safe care. On the other hand, **Abd Allah(2010)**⁽³²⁾ revealed that considerable percent of clinical nurse specialist agreed that poor relationship with physician were contributing to nursing shortage, the physician takes decision without clinical nurse specialist involvement and not working as a team.

In contrary **Mohamed (2007)**⁽³³⁾ study about the assessment of organizational performance in intensive care units at Alexandria University Hospitals, found that both physician and nurses in ICUs have general effective work relationships and personal accomplishment. Also the present study revealed that there is statistical significant correlation between total scores of organizational relationship and self autonomy. These findings may suggest that nurses who have developed strong alliance in the organization increase their capability and are thus afforded more autonomy.

Regarding Nurses Self autonomy results of present study revealed that the nurses self autonomy of patient care had highest mean followed by self autonomy of unit operation. It may be due to the Egyptian nurses had more autonomy in action base than in knowledge base. Unfortunately present study nurses indicated that lack of time and heavy workload

negatively affected their decision making, because they cannot comprehend different patients' requirements. Exactly as **Varjus et al., (2011)**⁽³⁴⁾ study about professional autonomy of nurses in Hospital setting, showed that majority of nurses reported more autonomy in relations to actions and decision making concerning patient care than regarding issue related to unit operations.

On the other hand, **Khamis(2002)**⁽³⁵⁾ study about the relationship of baccalaureate and diplom head nurses' perception of decision-making autonomy showed slightly more than half of baccalaureate and diplom head nurses had high levels of general perception for decision-making autonomy. On contrary **Dorgham and Al Mahmoud (2013)**⁽³⁶⁾ study about leadership styles and clinical decision making autonomy among critical care nurses, stated that nurses in Kingdom of Saudi Arabia had higher autonomy in knowledge base than action and had higher autonomy than Filipinas and Indian, due to different culture, and because the official language in Saudi Arabia is Arabic and the majority of supervisors are Saudi.

Also, **Ali (2011)**⁽³⁷⁾ study about nurses perception about the influence of nurse managers actions on their autonomy in practice , emphasized that nurse managers need to encourage autonomy of nurses by involving nurses in decision about patients health care and units work. In addition, **Marquis (2010)**⁽³⁸⁾ study about leadership role and management function theory and application, concluded that involvement of staff nurses in work decisions requires awareness with regulations that govern behavior, an atmosphere of mutual trust with manager. Yet autonomous nursing practice is build on a body of expert knowledge, allows for accountability and authority in decision making and reflects competence. Thus, head nurses who support the professional autonomy of nurses, support empowerment of this group.

5. CONCLUSION

Nurse manager at Tanta Main University Hospital were at moderate role level for empowering staff nurses' job autonomy and the staff nurses were at moderate level of job autonomy. To enhance their autonomy, nurse need to be involved in all decisions to promote job empowerment and increase organizational commitment. They also were in need for more opportunities to enhance their autonomy through encourage empowerment for staff nurses, rewarding, collegial relationship.

6. RECOMMENDATION

-Staff development program should be done for nurse managers to how integrate staff nurses in decision making and to deal effectively with new ideas to promote organizational climate and job empowerment of nurses.

-Develop criteria for the proper selection and training of head nurses about supervision and leadership.

- ICU head nurses should encourage decentralized decision making to raise nurses level of empowerment and improve their job autonomy.

- Head nurses at Tanta Main University Hospital should be receiving continuous training program about infection control, health and safety and quality care.

- **ICU head nurses need to consider the following:**

- Foster staff nurses' autonomy by enabling them to practice clinical decision making, first in safe environments, such as nursing rounds and then by implementing multi-professional teams.

-Actively support nursing decision and nursing accountability.

-Provide continuous in-service education and training to increase nurse' knowledge base and retaining staff nurses.

-Be attention to the nurses' needs for recognition, encouragement, appreciation and professional development.

-Nurses should be allowed to participate in decision making to empower them, as well as increasing their feeling of autonomy.

Researches

-Further research need to be conducted to determine more closely at what kind of decisions and actions at the patient care level and at unit level ICU nurse can practice autonomy decision making.

-Further research is needed to examine the barriers to decision making autonomy that nurses face in relation to unit operational decisions.

International Journal of Novel Research in Healthcare and Nursing

Vol. 7, Issue 1, pp: (187-201), Month: January - April 2020, Available at: www.noveltyjournals.com

REFERENCES

- [1] Abdullah M.T. and Shaw J. Review of Experience of Hospital Autonomy in Pakistan. The international Journal of health planning and management 2007 ; 22 (1): 45-62.
- [2] American Hospital Association. AHA. Hospital Statistics. Health forum/ AHA Press. 2009.
- [3] American Nurse Credential Center. Application manual magnet Recognition Program. 2008.
- [4] Brintell M. Independence. A freedom framework will unit former foes. Health services Journal. 2007; 117.
- [5] Chi KK. Comparative study on head nurses perception to own role and staff nurses role expectation to their head nurses between University Hospital and General Hospital. 1990; 20 (3): 281-990.
- [6] Linda K. Chase. Nurse manager competencies. December (2010); Available at: <http://ir.ujwoa.edu/edu/etc>.
- [7] Finn C.P. Autonomy an important component of nurses; Job Satisfaction International Journal of Nursing Studies. 2001.
- [8] Hui C. Effect of leader empowering behaviors and following personal control. Unpublished doctoral dissertation. 1994; Indian university.
- [9] Kanter R.M. Men and women of the corporation. 2nd ed New York: Basic Books. 1993; P. 166-174.
- [10] Dutcher L.A and Adam. Work Environment perception of staff nurses and aids in home Health Agencies. Journal of nursing administration. 1994; 24 (10) 24-30.
- [11] Marquis B. L. and Huston C.J. leadership role management functions in Nursing. 6th edition. Lippincott Williams & Wilkins. 2009; 140-200.
- [12] Skelton R, and Parland J. Autonomy and clinical practice, Identifying Areas of concern. British Journal of Nursing 2000; 9 (8): 507.
- [13] White A. Clinical Decision Making among Fourth – year Nursing Students. Journal of Nursing Education 2003.
- [14] Wade G.H. A model of the attitudinal component of professional nurse autonomy. Journal of nursing education. 2004; 43 (3): 116-124.
- [15] Sabiston J A. Staff Nurse Work Empowerment and perceived Autonomy. Theory of structural Power in Organization. Journal of Nursing Administration. 1995.
- [16] Mrayyn M . Nurses Autonomy influence of Nurse Manager Actions. Journal of advanced Nursing.2003; 45 (3)326-336.
- [17] Laschinger H .and Wilk P. Impact of structural and Psychological Empowerment on Job Strain in Nursing Work setting: Expanding Kantar Model. Journal of Nursing Administration. 2002; 31(5)260-272.
- [18] Denis M. Military nurses' perception of autonomy. Un published Master degree. Faculty of Nursing. 2002.
- [19] Dawson B D and Trapp R G: Reading the medical literature : Basic & Clinical Biostatistics. Lange Medical Book/ McGraw – Hill. Medical Publication Division, New York. 3rd ed., Ch. 7-9, PP 161-218 and Ch. 2001; 13, 305-314.
- [20] Stewart J. McNulty R. Griffin M. and Fitzpatrick J. Psychological Empowerment and Structural Empowerment among Nurse Practitioners. Journal of the American Academy of Nurse Practitioners. 2010; 22 (1): 27–34
- [21] Yacoub E. Work Empowerment as Perceived by Nurses and Physicians Working at National Heart Institute. Unpublished Master Thesis. Faculty of Nursing. Ain Shams University. 2002.
- [22] Moustafa W. Barriers facing Clinical Specialist in Decisional Involvement. Unpublished Master Thesis. Faculty of Nursing. Tanta University. 2009;81.
- [23] Mohamed M. Decision making Performance Process Among Head nurses. Unpublished Master Thesis. Faculty of Nursing. Tanta University. 2014; 93.

International Journal of Novel Research in Healthcare and Nursing

 Vol. 7, Issue 1, pp: (187-201), Month: January - April 2020, Available at: www.noveltyjournals.com

- [24] Gad L. Study the Administrative Duties of Baccalaureate Graduate Unit Manager. Unpublished Master Thesis. Faculty of Nursing. Tanta University. 2013; 80,93.
- [25] Langan J. and Kao C. Exploring incentives for RNs to return to Practice. A partial Solution to the Nursing Shortage. Journal of Professional Nursing. 2007;22(1)13-20.
- [26] Millwards S. Barnett A and Jones A. Independence Health Care using a board to ward approach to achieve infection prevention standards. Journal of Infection Control Prevention 2010;11(5)166-171.
- [27] Ibrahim M. Abo EL Magd M. and Sayed H. Nurses Psychological Empowerment and Perceived Autonomy in University and Teaching hospitals at Menofia governrate /Egypt. 2014. Journal of Nursing Education and Practice. Volume 4, No 9. Published by Sciedu Press.
- [28] Mohamed N. Work Empowerment as perceived by Staff Nurses in Acute Health Care Hospitals. Applied Medical science. Misr University for Science and Technology. Vol.5, No.18, 2015;87.
- [29] Mohamed F. Empowerment and Job Satisfaction among Demonstrators and Assistant Lecturers at Nursing Faculties. Unpublished Master Thesis. Ain Shams University. 2010.
- [30] Taha N. Impact of Workplace Empowerment on Nurses' Control over Their Practice and Their Job Satisfaction at EL Manial University Hospital. Unpublished Doctoral Degree. Faculty of Nursing. Cairo university. 2012.
- [31] Nedd N. Empowerment Perception and Intent to Stay. Nursing Economics. 2009.
- [32] Abd Allah S. Study Clinical Nurses Specialist Shortage in Intensive Care Units. Unpublished Master Thesis. Faculty of Nursing. Tanta University. 2010; 119,121,123.
- [33] Mohamed S. Assessment of Organizational Performance in intensive Care Units at Alexandria University Hospital. Master Thesis. Alexandria university. 2007; 21-30.
- [34] Varjus L. Helena K. and Tarja S. Professional Autonomy of Nurses in Hospital Setting. A review of Literature Sirkka-Liisa Scand. Caring Sci. 2011; 25,201-207.
- [35] Khamais L. Study the Relationship of Baccalaureate and Diplom Head nurses' Perception of Decision Making Autonomy Unpublished Master Thesis. Ain Shams University. Faculty of Nursing. 2002; 86.
- [36] Dorgham S. and Al Mahmoud S. Leadership Styles and Clinical Decision Making Autonomy among Critical Care Nurses: A competitive Study. IOSR. Journal of Nursing and Health Science (IOSR-JNH S)e-ISSN:2320- 1940 vol, issue 4 May- June 2013; pp:71-83. Available at www.iosrjournals.org.
- [37] Ali N. Nurses Perception about Influence of Nurse Managers Action on Their Autonomy in Practice. Unpublished Master Thesis. Alexandria University. Faculty of Nursing. 2011; 48-50.
- [38] Marquis L. Leadership role and Management Function: theory and application 7thed: philedphia Lippicott. Lonaon. 2010; 166-170.