Nursing students' perceptions of autonomy: A qualitative study

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ABSTRACT

Purpose: The aim of this study was to explore nursing students' perceptions of autonomy.

Material and Methods: 11 participants were interviewed twice at the beginning and the end of a Diploma/BSc Nursing course designed for graduates coming to study nursing. Interpretative Phenomenological Analysis was used for data collection and analysis.

Results: Three major themes were indentified and are discussed in context of the existing literature.

The respondents tended to focus on their transition from student to becoming professional nurse.

Conclusion: Educators must aim to provide a safe learning environment which is satisfying, promotes autonomous functioning and encourages self governance and personal development for students, as only then will nursing become truly autonomous profession.

Key words: autonomy, nursing education, nurses' job satisfaction

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INTRODUCTION

The aim of this paper is to report on findings from a qualitative part of a mixed methods study which examined nursing students' perception of autonomy. There are very few studies which explore the concept of autonomy among nursing students, although there is no dearth of material on the concept among qualified nursing professionals. The concept of autonomy is important in nursing education because educational programmes in the UK are designed to produce autonomous practitioners. It is therefore relevant to consider whether nurse education achieves this aim and if so, what the implications are for nursing practice. A number of studies highlight the importance of autonomy in the context of nursing and much of the data suggests that increased autonomy is linked to increased job satisfaction for nurses [1,2,3]. Many definitions have been put forward with regard to the role of autonomy within nursing. Erenstein and McCaffrey [2] define autonomy as the possession of independence to make decisions and the ability to take initiatives in nursing practice. Mailloux [3] points to the general view that autonomy is perceived as acting independently, without one's actions being controlled by others. Much of the literature demonstrates that autonomy is linked to independent decision-making and that it has an influence on job satisfaction. Dworkin [4] argues that autonomy is about self-governance and being responsible for ones actions. Furthermore, autonomy can be enhanced through empowerment [5] and according to Wilkinson [6] autonomous nursing practice is essential to the delivery of complete nursing care. Turner at el [7] point to a useful definition specified by The Australian Nursing and Midwifery Council, which states that autonomy is 'having a sense of one's own identity and an ability to act independently and to exert control over one's environment, including a sense of task master, internal locus of control and self efficacy'.

Autonomy as a concept features frequently in psychological and nursing literature. For a long time the nursing profession has desired an autonomous workforce and [5] states that the way to increase student autonomy is through empowerment in professional education. Dworkin [4] concludes that all definitions see autonomy as a desirable attribute and tend to contain the word 'self' as in 'self-rule' or 'self-determination'. Other writers [8,9] concur with this view and believe that autonomous individuals are able to devise and carry out their own plans, while being governed by their own values. On the other hand [10] believes that the need for autonomy is a personality characteristic which contributes to differences between individuals and affects how much autonomy people have. McParland et al. [11] analysed the use of the concept of autonomy in nursing literature and

proposed that autonomy can be defined on two levels: personal and social. On a personal level, autonomy is defined as having independent thought and control over one's choices. On a social level autonomy is defined as being an individual's intended action which is influenced by constraints and 'external' factors.

For the purposes of this paper a distinction is made between personal and professional autonomy. In psychological terms, personal autonomy can be seen as a demonstration of independence and self-governance whereby individuals see their actions as voluntary and self-directed [12]. Professional autonomy, however, indicates that an individual has the right to make independent decisions without being constantly supervised [13]. Several authors have discussed the concept of autonomy in relation to qualified nurses [14,15,16,17] and have linked autonomy with decision-making while others report on the link between a lack of professional autonomy, job dissatisfaction and a high turnover of staff [18,19]. Schulzenhofer and Musser [20] identified major characteristics of professional autonomy and found significant associations with nurse education, practice setting, clinical speciality, functional role and membership of professional organisations.

This study adopted a qualitative approach. Data was collected during two semi-structured interviews with 11 participants. The first interview was conducted with students at the beginning of the course, and the second interview took place towards the end of the nurse education programme. Semi-structured interviews allowed for the exploration of particular topics without the use of set questions and a rigid approach. The interview schedule was designed to explore interviewee's perceptions and interpretations of autonomy and related concepts while also allowing for structure within the interview process. The interviews were conducted in a private office and were recorded. They were transcribed verbatim and participants were given copies of their transcripts for comments and verification.

Participants

The sample consisted of eleven students, seven women and five men from the cohort of graduates undertaking the nursing course. They were on two and half year, shortened, Nursing Diploma/BSc course specifically designed for graduates entering nursing. The participants were identified from a group of 170 students who had completed a questionnaire survey in part one of the study. Purposive sampling was used because the main emphasis of the research was to explore the possible reasons for the findings rather than generalise from the findings. The rationale for the choice of graduates for the longitudinal study was

that they had previously been socialised into higher education. Therefore any changes in their perceptions of autonomy or control could more realistically be attributed to socialisation into nursing rather than socialisation into higher education or maturing with time spent on the course. Data was analysed using phenomenological approach, namely an interpretative phenol-menological analysis (IPA) [20]. This approach offers a structured and direct approach to practising phenomenology, the aim of which is 'to explore in detail the participant's view of the topic under investigation' [21]. Semi-structured inter-viewing works well with the IPA approach [20] because it allows the researcher to explore areas of interest which may emerge. A thematic analysis was applied to each interview transcript whereby recurring themes concerning the concept of autonomy were explored. These themes were analysed further allowing for comparison between the first and second sets of interviews.

Ethical considerations

Ethical guidelines were adhered to throughout**.** Permission for data collection was obtained from the Sub-Dean before the study began. Copies of the research proposal, interview schedule, and participant information sheet and consent forms were submitted to the Professor of Nursing in her capacity as head of the Faculty Ethics committee. The researcher is a member of the British Psychological Society (BPS) and the BPS code of conduct for carrying research with human subjects was adhered to. All participants were provided with full and clear information about the study and were assured of confidentiality and voluntary participation.

RESULTS

Following thorough analysis of all transcripts, three major themes emerged, they were:
1.Preparation of students for clinical practice;
2.Ambivalence or feelings of uncertainty;
3.Autonomy and professional practice.

Preparation of students for clinical practice

One of the elements of this study was to explore the views of nursing students as they make the transition from students to practitioners. This theme considers the external factors which have an influence on this move into professional practice, in this case, nurse education programmes. The role of nursing education in terms of its influence on nursing autonomy has been much commented on in recent years. Increased empowerment of nursing students as a result of autonomous learning and new

knowledge has been recognised in the nursing literature previously [23,24].

However, the following comments from students point to feelings of a lack of control and autonomy over the nursing course. The female student quoted below feels that students do not have much control over the course but she justifies this to herself in that later she will have more control which will make nursing more interesting. There is an implication here that at present things are not interesting.

'The way the course is going, we don't exactly have much control over that, it's all done for you, but afterwards I think you have a lot of control because with nursing, there's a lot you can make look more interesting than it is'.

Another (male) student perceives himself to be controlled by the lecturers in the faculty. This is evident in his response to the question which enquires whether he perceives control over any aspects of the course. He focuses on assignments and responds as quoted below.

'I don't really feel like I am in control. Most of us feel that we are at the mercy of the lecturers'.

The statement conjures up an image of entrapped, passive, helpless students who are dependent on the compassion and leniency of the tutors, and implies a relationship which is not conducive to independent learning and functioning. The student quoted above feels unable to express himself on the course and perceives that he had more autonomy on his degree course, particularly in relation to assignments;

'...I find myself being told exactly what to write and I don't, I didn't particularly like that so much, because it was, a very subjective thing. If it was, say, a social policy essay which was what my degree was in, I would have sort of assumed that I had a fair bit of knowledge myself and be directive mysel.'.

This respondent's experience reflects the pedagogical approach to teaching in nursing, which is teacher centered and where students are taught what they must learn in order to pass assignments [23]. Pedagogical approach ignores students' previous knowledge and leads to obvious frustra-tion for adult learners in nursing as the above example illustrates.

Another female student expresses resentment about the lack of control on the course and within nursing. She perceives both as constraining her freedom, as is shown in the two statements below.

'I am not critical of the way we are not being given control, I mean I don't know much about nursing stuff to want absolute control on this course at the moment, but I do want control of my life and sort of feed that in, somehow.'

'Well, I mean, of course I think I would much prefer if there was more freedom within nursing'…. Well, my perspective on it is that nursing also needs to be about people exploring themselves a bit more and helping patients.'

Mailloux [3], in her review of the U.S.system, points to a need for a policy shift in terms of how nurse education programmes can help foster greater autonomy among student nurses, better preparing them for the transition into clinical practice. Mailloux [3], argues that the current U.S. education system does not encourage autonomous learning among its nursing students. She believes that educators should foster an environment which encourages autonomous decision making in students, and that programmes can help to empower nursing students by personalising courses rather than promoting standardisation.

This need for educators to help prepare students in this way is illustrated by the following quote from a student:

'I don't think we know enough or we are confident enough to be autonomous and I know that we are not, it's sort of drummed into us that we observe and so I don't think we can be (autonomous).'

This comment suggests that newly qualified students are discouraged from being too autonomous early on in their careers. One of the challenges of nurse education today, is the need to deliver programmes that foster autonomy given the increasingly heterogeneous nature of the student nursing population [3]. Findings from Mrayyan's [1] study suggest that education enhances autonomy. She argues that courses at undergraduate and graduate levels should offer nursing students training in leadership, communication, conflict resolution and decision-making. Nurse educators have a role, therefore in preparing nurses to work autonomously in the practice environment.

Ambivalence or feelings of uncertainty

Findings under this theme indicate that many of the students nearing the end of their course were mindful of the fact that once they qualified, they would be required to take on new responsibilities such as managing wards. Anxieties about qualifying and having to take on new responsibilities are a salient issue for final year students and have been well documented [25,26]. Macleod et al. [26] found that it was not uncommon for students nearing the end of their course to be apprehensive about taking on responsibility and making their own clinical decisions whilst also seeking to be able to act autonomously. The authors reported that the students in their study felt particularly ill prepared for management of the ward. The following quote reflects their findings:

'If I personally didn't feel in control in some areas and if people were telling   me   I was, I would hate that. I don't want to know that is my decision. I kind   of like not having that responsibility.' [Female, final year student]

Another student describes these feelings of ambivalence.   Although   she   welcomes   the opportunity for more autonomy, she is also nervous about doing so.

'Sometimes at this stage, yes I do worry about, oh dear if you manage to qualify then you're going to actually have to go out there and be accountable for anything that happens. It's quite unnerving but on the other hand I think you do feel better for it; I mean, when you're given responsibility on placements it is a form of accountability' [Female, final year student]

It is debateable whether such feelings are essentially a personal issue, based on personality type   or   are   more   reflective   of   a   structural consideration. Kramer [27] argues that ambiguity and uncertainty for nurses and physicians 'go with the territory'. The perceptions about roles of nurses and other healthcare professions are revisited in later statements from the students.

Autonomy and professional practice

The   following   findings   indicate   the importance of autonomy to nursing students in terms of what they desire and expect from their professional careers as health professionals. Several respondents made direct reference to the link between autonomy and job satisfaction in the nursing sector. This link is well documented in the literature as [27:41] points out 'Clinical autonomy is positively and empirically linked to nurse job satisfaction'

On the whole, participants view autonomy as a positive element of their work and link it to professional pride and the extent to which they enjoy their roles. They seem confident with the view that a newly qualified nurse needs to be autonomous, for personal satisfaction, patient care and for the good of nursing as a profession. The following quote illustrates this:

…' It makes me really aware of my responsibilities. I have a personal pride in seeing myself and having the responsibility to practise at a very high level'…. [Male final year student]

These views are reflected in findings by Zangaro and Soeken [28] in their meta analysis of studies of job satisfaction among nurses, where they found a positive correlation between increased autonomy and job satisfaction.

Another respondent, a first year male student, holds strong views about the importance of autonomy in his role as a nurse, emphasizing his own training and comparing his role to that of other health professionals**.**

'I didn't come to do this course to be some sort of lackey to some doctor in some hospital somewhere. I came to do this course to be autonomous, and regarded as a professional in my own right, pursuing a direction which was different to, maybe, what a doctor would do.'

This student's views reflect ideas about the power imbalance between health professionals and have been noted in a number of studies previously. Mrayyan [1] points to the fact that 'nurses' lack of autonomy has been related to hospital rules and physician's traditional mode of supervision and control'. This is true as historically medical decisions were given a higher priority than nursing decisions. Turner [7] in his article concerning the work of nurse practitioners in the Australian context, argues from a critical social theory approach that 'discourses of health are directed by those who use power to impose and enforce constraints over directions in which health as a social practice can move'. Laschinger [29] on the other hand, points to the importance of collaboration between nurses and physicians, in helping to empower nurses and improve patient care. Respondents in this study tended to focus on their roles as professionally trained individuals and reflected on their work with patients. A female final year student, quoted below, believes that she is exercising control, autonomy and professional accountability when working with patients and is satisfied that she is providing the best possible care. She personalises the care she gives to patients by thinking of them as if they were related to her. By doing this she displays the process of connection and involvement with her patients, an aspect of emotional labour identified by Smith [30]. She appears very committed to nursing as a profession and intends to put her training into practice on the ward.

'I like to do what I've been taught if I think its right which again is exercising my control but I also think I'm acting in autonomy. I'm doing it for the patient I'm doing it for me and doing it for people coming after me'.

This student clearly considers her behaviour at work in the context of the future of the nursing profession as well as her day to day role. A similar point is made by another student who emphasises the importance of autonomy within the health profession, making the link between an individual's accountability and wider implications in terms of the future of the nursing sector.

'It's very important that nurses have autonomy because … they have to make a choice, whether they are going to follow in the footsteps of someone else or whether they are going to take charge...or just speaking out if they don't agree, or if something is wrong. Because otherwise we will blindly follow this path and we will never progress as a profession, as an academic profession.' [First year female student]

Laschinger [29] in his paper on workplace empowerment discusses how organizational social structures have an impact on staff autonomy. He argues for a greater focus on organizational structures which would explore how autonomy can be fostered. This would involve providing employees with 'access to information, support, resources, strong interpersonal relationships, and opportunities to learn and grow' and would empower nurses and promote greater autonomy. More specifically, nurses' value being able to practice as trained health professionals, and it is important therefore that work environments encourage and allow nurses to use their expertise and professional judgment.

Cajulis, [31] proposes that the type of environment has an effect on nurse's autonomy. Similarly, others [28] found that the type of facility had an impact on the relationship between autonomy and job satisfaction.

Zangaro and Soeken [28] point to the varying attitudes towards autonomy among different groups. They argue that younger, newly qualified nurses prefer an environment with more autonomy and less bureaucracy. This is supported by [29] who argues, that: 'Nurses' autonomy is constrained when roles are structured according to a rigid set of rules and regulations that hinders nurse's ability to act in a timely manner based on their expert judgments of the client's status'.

Other researchers [2] recommend that if administrators positively influenced work environments by promoting trust and empo-werment, the improved work environment would increase nurse retention and improve patient outcomes. Kramer, [27] however, argues that despite the often reported link between nurses' increased autonomy and positive patient outcomes, there is little evidence for such an assertion.

DISCUSSION

Findings indicate that autonomy and professional accountability were perceived as one and the same by many students. Autonomy was strongly linked with control and expressed in similar terms and all the students interviewed considered it important to have personal and professional autonomy.

The respondents in this study tended to focus on their transition from student to professional. This became evident as students were interviewed towards the end of their course, by which time they had already been on several placements and thus had a good idea of what was required of them in a clinical setting. Early on in their studies, interviewees were already tending to be reflective of their own personal changes as a result of

studying on the course and felt that they were 'taking things more seriously'. They also demonstrated reflexivity in terms of the expectations of nurses as professionals which demonstrates that after four months on the course the students were already socialised into nursing and recognised the requirements of professional behaviour.

In terms of student's definitions of autonomy, the widely held view was that autonomy involved taking responsibility for one's own actions. Several respondents felt that this involved making one's own decisions as a trained nurse albeit within a professional and ethical framework. Self management was seen by many respondents as an important feature of autonomy, with students arguing that, when qualified they should be able to organise their work and make their own decisions in a professional capacity without having to be closely supervised. One respondent defined autonomy as 'having independence', 'not having to answer to someone' and 'not being under super-vision all the time'.

CONCLUSIONS

This paper examined the meanings nursing students attached to the concepts of autonomy and professional accountability. Nursing has long aspired to become an autonomous profession with educators expecting students to become autonomous practitioners. It could therefore be argued that in order to improve professional standing, the nursing profession needs more autonomous individuals. The consequences of a lack of autonomy and low job satisfaction lead to 'nursing wastage', 'Nursing wastage results in increased turnover, decreased efficiency in clinical settings and higher costs, and it undermines high-quality patient care' Kramer [27]. Unless opportunities are provided for nurses educated currently to develop interpersonal power and autonomy, these nurses are unlikely to be agents of change in the future. Educators must aim to provide a safe learning environment which is satisfying, promotes autonomous functioning and encourages self governance and personal development for our students, as only then nursing will become truly autonomous profession.

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