Control Over Nursing Practice in Saudi Arabia:

Nurses' Perspective

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Abstract

Background-Control over nursing practice is participatory process through which nurses have input and engage in decision making about practice policies and issues, as well as personnel issues affecting nurses. It is influenced by various internal and external factors. Staff nurses describe Control Over Nursing Practice (CONP) as a professional nursing function made up of a variety of activities and outcomes. CONP has been identified as an important work environment attribute to ensure patient safety and has been more strongly predictive of nurses' perceptions of the effectiveness of patient care than empowerment. Patients are more satisfied thru their nursing care when nurses have control over their practice.

Aim-The aim of this study was to explore the perception of nurses for their level of control over nursing Practice .

Methods-A cross-sectional descriptive research design was used for this study. Quota sampling technique was used to recruit nurses working in one of the biggest MOH hospitals in Saudi Arabia. Participants were asked to complete the Control over Nursing Practice (CONP) Scale.

Results- A total of 465 nurses (364 staff nurses and 101 nurse managers) perceived their control over nursing practice (CONP) moderately (5.27±1.10). The majority of nurses (79%) expressed that it is highly important to have a CONP, and (78%) they like to have CONP in their work setting. 46.9% of the participants selected charge nurses/head nurses as the most influential group related to their CONP.

Conclusion- This study concludes that the control over nursing practice is an important function that the nurses are expected to do in their clinical practice, however, most of the nurses participated in this study consider that CONP is importance and they like to have control over their practice, unfortunately, they are not practicing it feasibly in their work setting.

Keywords- *Autonomy, control over nursing practice, empowerment, First-line Nurse Manager, Saudi Arabia, Staff Nurse.*

I. Introduction

Nursing is an autonomous profession. It has its unique educational programs and generates its unique body of research supports nursing excellence in clinical care, teaching, and administration. Evidence-based nursing literature supports the evolution of the profession. Officially, nurses are obliged to act in patients' best interest and speaking out when care is below expected standards [4]. Nurses are an essential part of the healthcare team working interdependently similar to other healthcare team members. Without nurses, healthcare systems cannot function effectively. Nurses deliver the vital care that protects patient life and improves their health outcomes [4].

Historically, physicians were held liable for nursing care. As nurses have gained authority, autonomy, and accountability, they have assumed responsibility, accountability, and liability for their own practice [5]. Consequently, they need the power to be able to influence patients, physicians, and other healthcare professionals, as well as influencing each other [6]. Professional nurses need autonomy and control over their practice. They want to apply their nursing knowledge and skills without interfering from nurse managers, physicians, or any other persons from other disciplines.

Control over Nursing Practice (CONP) is a participatory process through which nurses have input and engage in decision-making about the context of practice and unit operations related to nursing practice. CONP has been associated with a number of positive outcomes related to nurse satisfaction, nurse status, the effectiveness and quality of patient outcomes. [7].

CONP differs than autonomy, where autonomy is the ability to work according to one's knowledge and judgment, providing nursing care within the complete scope of practice as defined by current professional and organizational rules [8]. Nurses in Magnet facilities have explained their culture as supporting the autonomous practice, expecting and encouraging them to utilize their nursing expertise to deliver the best in patient care [1]. Also, they expressed that the organization supported their nursing events and clinical judgment. While CONP, on the other hand is the ability of nurses to shape departmental and organizational policies, procedures and practices related to nursing care [8]. Moreover, Kramer, Schmalenberg & Maguire referred CONP to a participatory process allowed by a visible, planned, viable structure through which nurses have effort and involve in decision-making about practice policies and concerns, as well as nursing personnel issues [9].

Nurses' control over practice is essential to nursing care quality and fosters teamwork at the point of care delivery [10-

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12]. In this context, nurses with high levels of CONP have the responsibility and opportunity to deliver ideas and participate in decision making related to their practice, policies and personnel concerns affecting the setting of the care they provide [19]. Adding, acute care hospitals in which nurses report high levels of CONP have been associated with improved nurse satisfaction and improved patient outcomes [7]. Control over nursing practice involves control over the existing rules or structure governing the situation. Positive outcomes of CONP are nurse satisfaction, the effectiveness of patient care, and continuous improvement of the quality of patient care [2, 13-15].

Moreover, another research has reported that a positive work environment, including higher levels of CONP, is not associated with increased nursing costs [13].

Organizationally, a creative thinker nurse executive who trusts and values nursing staff are necessary for creating the circumstances for high levels of CONP. A chief nurse executive, who becomes a supporter for a strong, powerful nursing presence in the organization, needs to be open, communicative and supports the participative management to lead the nurses to be autonomous in their clinical practice and more control over their practice [16-17].

A work environment that adopts a cooperative management style decides that autonomy is important to the professionalism and satisfaction of charge nurses; work environments that emphasize the decentralized organizational structure facilitates control over nursing practice by the charge nurses [18].

Magnet hospitals in the US are popular with nurses since they are characterized by high levels of management support, positive nurse-doctor and nurse-manager relationships, professional responsibility and autonomy [30]. Most nurses succeed in these settings as workplace empowerment structures enhance nurses' autonomy, control, power, and opportunity [19]. On the other hand, a powerless nurse is an ineffective nurse. Powerless nurses have more job strain compare to empowered nurses. Powerless nurses are ineffective nurses. They are less satisfied with their jobs and more liable to exhaustion and depersonalization [6]. Accordingly, Power is necessary for nurses to be able to influence an individual or group.

In most of the Saudi hospitals, nurses are considered as a powerless follower; who follow the doctors' and nurses managers' decisions without any participation or discussion, and poorly experiencing for autonomy, empowerment and/or control over their nursing practice in their work setting. Thus, they seemed working with hopeless, unsatisfied manner, which in turn, affect the quality of their care given to the patients.

Since control over nursing practice is not previously investigated among Saudi hospital nursing task force, this study target is to explore nurses' perception to control over their practice. The result of this study will add evidence-based practice related to control over nursing practice, develop a new set of policies helping the nurses to be empowered, more control over their practice which leading to patients satisfaction as well as safety & quality of patient care. Moreover, it can benefit nurses, nurse managers, health care providers, the health team, administration, as well as the institution. Kramer & Schmalenberg settle that control over nursing practice has been mostly researched throughout the nursing literature, the lack of a common definition of this concept remains. However, no comprehensive model has been created nor comprehensive analysis been conducted related to approaches for increasing CONP [1].

II. PURPOSE OF THE STUDY

The aim of this study is to assess the perception of nurses for their Control over nursing Practice.

To fulfill this aim, the following questions will be answered:

A. What is nurses' perception of their level of control over their practice in the selected setting?

B. What is the influence of selected nurses' characteristics on their perception for the level of control over their practice?

III. METHODOLOGY

A. Study design:

Cross-sectional descriptive correlation design was used in this study

B. Setting:

The study was conducted in one of the major Saudi MOH hospitals in the capital of Saudi Arabia, Riyadh City. It is a 1200-beds accredited hospital which provides tertiary services and includes many affiliated specialized medical centers. Moreover, it includes representative number of various categories of nursing personnel, thus the decision was to select this setting to get a feasible sample for the study.

C. Population:

The population for this study included all bedside nurses and first-line nurse managers working in the selected setting.
Sampling: Proportional Quota sampling technique was used

D. Sample Size:

From the accessible population, all nurse managers (n=140), and a Quota sample of the staff nurses (n=1134) had been considered for data collection. The sample size was calculated using the G*power 3.0 program. The number of subjects needed to achieve an effect size of 0.3 (medium), a level of significance (α) of .05, and a test power (1- β) of 0.95 was 550. Since the inclusion of participants was not random (convenience instead), the sample was further increased by 10% to account for contingencies such as non-response and/or potential drop-outs, bringing the final sample size to 600 nurses and 140 nurse managers.

E. Tool:

A self-reported questionnaire adopted and used for collecting data for this study. The questionnaire comprises two main parts:
First Part: Selected Characteristics: a set of selected characteristics contained seven items, subject's age, gender, highest educational level, certification, current job position, current work unit/area, and years of experience

Second part: "Control over Nursing Practice (CONP) Scale" [20] was adopted for assessing nurses' perception of the level of Control over their nursing practice. The aim of this scale is to measure perceived control over direct professional care given within an organized nursing service. In this instrument, CONP is defined as the "perceived freedom to evaluate and modify nursing practices, to make autonomous decisions related to a patient's care, and to influence the work environment and staffing at the unit level of analysis" [20]. This scale was previously assessed for its validity and reliability ($\propto$ = 0.85 – 0.95) [21]. It is comprised of 23 items that are rated using a 7-point Likert-type scale ranging from (1) no control to (7) complete control, the score 1-3 consider the low perception to have control over nursing practice, score from 3-5 is moderate perception, and score 5-7 consider high perception to have control over nursing practice. Adding to this, three related closed-ended questions were added to the scale; two questions addressing importance and likeness to have control over nursing practice on the unit with scale from 1-10; the score from1-4 is low important, score 4-7 is moderately important, and 7-10 is high important, while the third question is choosing the most influential group on CONP. In this study the Cronbach's Alpha was calculated for nurse managers group is ($\propto$ = 0.956), while for staff nurses group ($\propto$ = 0.966); the total reliability and validity of this study for the two groups is ($\propto$ = 0.965).

F. Method of Data Collection

After obtaining the official written approval to conduct the study was taken from the administration and research/ethical committee in selected setting. The validity of the tool was then established, and a pilot study was conducted in order to assure the reliability and consistency of the questionnaire. After the pilot study and its feedback, the self-administered questionnaire was distributed to the subjects who are meeting the inclusion criteria during their on-duty shifts in the selected setting, 600 questionnaires were distributed to the staff nurses and 140 questionnaires distributed to the nurse managers.

G. Ethical Considerations:

Participants were informed that participation was voluntary, and they have the right not to answer any question(s) or withdraw from the study at any stage without any penalty. There were no apparent risks or benefits for the participants in this study. The researcher maintained the anonymity of participants in the study by removing all names and identifiable.

IV. Result

A. Response Rate

From all questionnaires distributed (n = 740), 663 sheets had returned, with a response rate of 89.6%. From these returned sheets, 198 had been excluded for either incompletion and/or invalid responses. The final number of survey sheets had been used for analysis and result acquisition was 364 from nurses and 101 from nurse managers, with a total of 465 sheets.

B. Selected characteristics of the participants

About 40% of the participants aged between 20 - 40 yrs. The majority were females (94%), thus, we assumed that the perception of control was mainly from female participants. Moreover, the majorities of the participants were Bachelor degree graduates (66%), and did not have a specialized certification (70.5%). The total number of staff nurses who participated in this study were 360 (77.4%) were the first line nurses managers were presenting only (22.58%) of the participants. About one third of participant were working either in the general ward (39%) or the critical area (32%). About half of the participants (46%) had 5 to 10 years of experience; while 32% of them had 10 to 20 years of experience, however, only 8.6% had more than 20 years' experience.

Nurses' perception of control over nursing practice:

Table (1): Nurses' perception for control over nursing practice (n=465)

No.	Control Over Nursing Practice Scale	Mean ±S.D	Rank
1	Consult with others when solving complex care problems.	5.22±1.33	**13**
2	Modify or adapt patient care procedures and protocols.	5.22±1.49	**14**
3	**Provide holistically, patient-centered care.**	**5.86±1.39**	**1**
4	Plan strategies to meet our own developmental needs.	5.37±1.36	**10**
5	Practice clinical skills to the best of my ability.	5.78±1.3	**2**
6	Analyze problems critically.	5.65±1.29	**3**
7	**Help decide who is hired to work here.**	**4.35±2.07**	**23**
8	Plan care for other members of the health care team.	5.37±1.37	**11**
9	Act on my own decisions related to caregiving.	5.13±1.43	**17**
10	Coordinate care between patients and health care services outside the hospital.	4.5±1.87	**22**
11	Negotiate my time off duty.	4.88±1.61	**21**
12	Exert the authority needed to fulfill my job responsibilities.	5.14±1.45	**16**
13	Ask for assistance from other staff members when needed.	5.6±1.32	**5**
14	Evaluate current nursing policies and procedures.	5.09±1.62	**18**
15	Evaluate the outcomes of nursing care.	5.45±1.36	**9**
16	Influence standards of nursing practice in this hospital.	5.26±1.50	**12**
17	Implement our nursing care in an efficient manner.	5.61±1.36	**4**
18	Be creative in the delivery of nursing care.	5.58±1.35	**6**
19	Influence staffing patterns on the unit where I work.	5.16±1.56	**15**
20	Introduce nursing practices and procedures.	5.09±1.59	**19**
21	Identify problems in the delivery of nursing care.	5.51±1.31	**8**
22	Adjust nursing care plans to meet my patients' changing needs.	5.55±1.32	**7**
23	Utilize research findings to improve nursing practice	5.06±1.55	**20**
Total		**5.27±1.10**	

The findings revealed that participants were moderately perceived their CONP (5.27±1.10). This was apparent in their high perception for holistic patient-centered care provision (statement "Provide holistically, patient-centered care" (5.86±1.39)), while, deciding to hire new-comers was the least function they perceived to be controlled by nurses themselves ("Help decide who is hired to work here" recorded the least mean perception (4.35±2.07)) see Table (1)

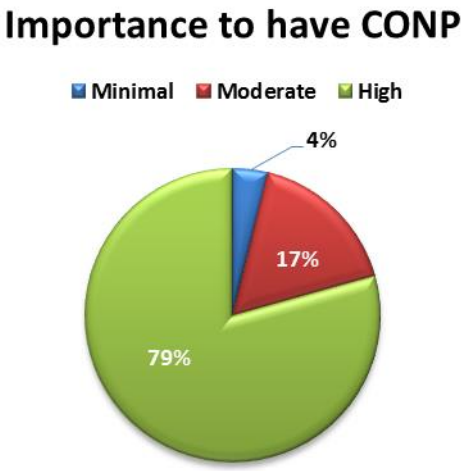

Figure 1: Nurses' perception of importance to have control over nursing practice (n = 465)

On the other hand, the findings illustrate that about two thirds of the participants expressed that it is highly important for them to have a CONP (79%), (Figure 1), and expressed their likeness to have control over their practice (78%) (Figure 2). In relation to the most influential group in determining nurses' CONP, it was found that about half of the participant (46.9%) selected charge nurses/head nurses group as the most influential group, and physicians were the least influential group (4%) (Figure 3).

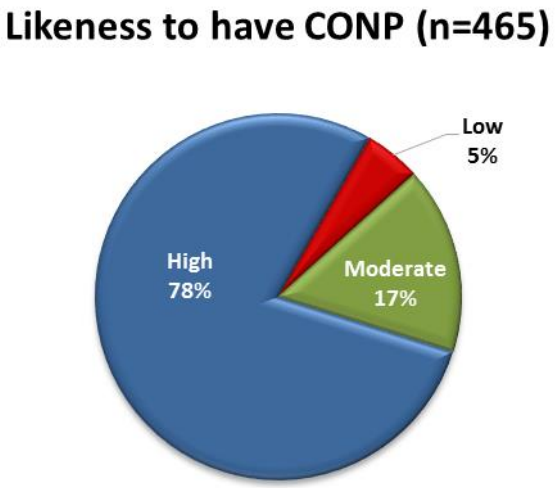

Figure 2: Likeness to have control over practice (N = 465).

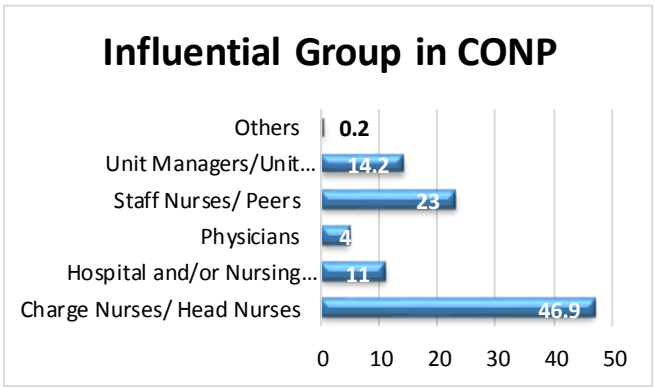

Figure 3: Most influential group in determining nurses' CONP (N = 465)

In general, nurses' perception for the overall profile of CONP ranged between moderate and high, (76.82±14.31). The participants expressed their likeness (77.57%±18.42), and the importance of their control over nursing practice (77.48±17.42) more than their perception for it as a function (75.41±15.71). shown in Table 2

Table 2: the overall Profile of nurses' perception for CONP (N = 465)

CONP	Mean %	S.D
Perception for CONP	75.41	15.71
Importance to have CONP	77.48	17.42
Likeness to have CONP	77.57	18.42
Overall CONP	**76.82**	**14.31**

C. Association between Nurses' characteristics and CONP

The findings indicated that there was no statistically significant association between participants' age, gender education level, certification, Unit/Area work setting, years of experiences from one side and their perception for CONP from other side. However, the results revealed a significant association between the job position and CONP. The first-line nurse managers were found to have significantly highly perceiving CONP and value its importance as compared to staff nurses (P value of 0.00). Table 3

Table 3: Association between nurses position and CONP (N = 465)

CONP	Position (X±SD)		Test (Independent T-test)	*P value
	1st line Mgr. (n=105)	Staff nurses (n=360)		
CONP	5.63±1.01	5.17±1.10	3.85	0.00*
Importance	8.28±1.55	7.59±1.76	3.57	0.00*
Likeness	7.98±1.73	7.69±1.87	1.41	0.15

$P \leq 0.05$

V. DISCUSSION

This study showed that most of the nurses have moderate perception toward CONP. This finding is consistent with Kieft et al., they conducted a qualitative study that showed nurses are

not always in charge and cannot every time make their own decisions about nursing issues [22]. However, the majority of the nurses in this study had a strong perception related to the importance to have control over nursing practice. This result is supported by Kramer, & Schmalenberg, they recommended that since control over nursing practice has become an important entity in the professional nurse role, a clear definition could benefit the charge nurses when communicating the professional role of nursing within and outside the nursing community [1]. Additionally, Kieft et al. reported that if nurses were more involved in the development of nursing policies, it would have a positive influence on patient care [22]. The current study also showed that the nurses strongly perceived likeness to have CONP in their work, the majority of nurses reported high perception toward CONP. These findings were in contrast to a study conducted by Hinno, & Partanen, which showed that nurse, had a low perception of their autonomy and control over their practice [23]. In the same line, another study reported that majority of the nurses (53%), felt that they were not in control of their own practice. It was also evident that nurses sometimes (32%) participate in policy decisions for the hospital [24]. The nurses in the current study reported that the first line nursing managers are the most influential group towards nurse's control over their practice. This result goes in parallel with similar findings reported in many previous studies [25, 26, 15] which showed that, nurse managers, in particular, were instrumental in producing the conditions for autonomy and CONP a manager should ask the opinion of nurses; therefore, in their opinion, regular contact is important [22]. With respect to demographic characteristics, the result of this study showed no significant association between CONP and nurses' characteristics except the job position; there was a significant difference between staff nurses and first-line nurse managers in their perception toward CONP, that the first-line nurse managers group perceived higher level to CONP and importance to have CONP comparing to staff nurse group. This result could be attributed to the fact that the nature of duties and responsibilities of first-line nurse managers differ than staff nurses, that they are responsible for managing patient care that provided by health care providers in their units, managing staff in relation to their utilization, supervision, their performance evaluation, and development as well as managing nursing unit itself. Thus, they need the power to be able to influence patients, physicians, and other healthcare providers, and through CONP, they gained authority, autonomy, and accountability, assumed responsibility for their decisions regarding accomplishment of their roles. [5, 6] In relation to staff nurses perception toward CONP, Weston, concluded in his study that the nurses' perceptions of nurse manager supportiveness were instrumental in influencing the amount of CONP at the unit level [7]. On the other hand, there was no significant difference between these two groups in relation to likeness to have CONP. This result could be due to the fact that nursing work environments with higher levels of Nurses participation in decision making and control over working conditions have been associated with increased Nurses' satisfaction and performance. Specifically, work environments where nurses report high levels of control over nursing practice have been associated with a number of positive outcomes including lower staff turnover rates, less nurse burnout, and lower patient mortality rates [27, 28]. However, this result contradicted with Hinno, & Partanen findings, they found a remarkable level of lower perceptions of autonomy, control over practice and organizational support among nurses who have been in the profession for 11–15 years [23]. In the same concern, Yurek looked into the evaluation of control over nursing practice and the design of nurses' work and found that nurses who work in different settings might not need the same level of decisional participation in all dimensions of nursing practice. In critical care, the nurses may need less decisional participation, regardless of the importance of CONP as necessary for a professional workplace. [29]

VI. Limitation and Recommendation

Overall generalizability of the current study findings was limited due to the study being limited to one setting, study's sample was convenient. So, the researcher cannot generalize the findings .The study finding was not demonstrated the direct impact on the relationship between CONP and patient outcomes. The study's design precludes researcher ability to attribute strong causal effects and the use of self-report measures raises concerns about common method variance. However, the results should be replicated using a longitudinal design and additional objective measures of work outcomes.

The findings of this study need to be measured first at the hospital, then at the national level, later they could be used for benchmarking at heights to the international setting. Magnet Hospital standards could be a practical intervention to improve staff to have control of their practice. Nursing needs to focus on the positive outcome of CONP that encourages nurses to be confident, competent, empowered, and satisfied, as contrasting to negative outcomes like burnout, job stress, and emotional exhaustion that obstruct the achievement of positive organization outcomes.

VII. Conclusion

The aim of this study was to explore the nurses' perception to control over nursing practice. The study concluded that most of the participants were perceived control over nursing practice moderate to high. They value its importance and like it. However, their age, gender education level, certification, Unit/Area work setting, years of experiences had no impact on their perception. Moreover, nurse managers were highly percoeving CONP as compared to the staff nurses since the nature of their function in their positions value the magnitude of autonomy and independency of nursing taskforce!

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