Professional autonomy in nursing : An integrative review

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REVIEW ARTICLE

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Professional autonomy in nursing: An integrative review

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Abstract

Aim: To summarize knowledge of professional autonomy in nursing.

Background: Professional autonomy is associated with experienced meaningfulness of the work. This refers to participation in decision-making and the ability to influence working practices.

Evaluation: In an integrative review, relevant studies were retrieved from four databases. Quality was systematically evaluated using critical appraisal tools. PRISMA guidelines were followed. Inductive content analysis was used to analyse current knowledge of the focal subject.

Key issues: The search identified 27 relevant studies published between 2000 and 2019. Elements describing nurses' professional autonomy were independence in decision-making and ability to utilize one's own competence. Themes relating to nurses' professional autonomy were shared leadership, professional skills, inter- and intra-professional collaboration and healthy work environment.

Conclusion: Understanding the multidimensional nature of professional autonomy is essential to create attractive work environments. It is important to enable nurses to participate in decision-making and develop nursing through shared leadership to enhance the recruitment and retention of a skilled workforce.

Implications for Nursing Management: The findings have anticipated utility for supporting nursing practice and nurse leaders' understanding of approaches to foster nurses' professional autonomy.

KEYWORDS
integrative review, nurse, professional autonomy

1 | INTRODUCTION

There are substantial nursing shortages globally, which are predicted to grow. The World Health Organization (WHO) estimates that nine million additional nurses and midwives will be needed by 2030 (WHO, 2020). Thus, it is essential to recruit more nurses and retain them in the profession to create a sustainable workforce. Various factors can promote their recruitment and retention, including monetary rewards and diverse intangible rewards related to working conditions and relations. The latter are known to include factors that enhance professional autonomy (Both-Nwabuwe et al., 2020; Watkins et al., 2016).

2 | BACKGROUND

The meaning of nursing autonomy is multidimensional, as diverse elements have been recognized, and it has been arguably confounded with various similar concepts, like independence, self-governance and accountability (Keenan, 1999; Kramer et al., 2006). Two widely recognized categories of nursing autonomy are clinical and professional autonomy. According to Oshodi et al. (2019), the clinical autonomy of staff nurses who provide direct patient care refers to their ability to act beyond standard practice and make decisions regarding individual patients' care.

Professional autonomy, the focus of this review, may be applied to either the profession or individual nurses. It has been treated as participation in decision-making regarding care of individual patients and, more broadly, development of care processes to improve nursing quality and patient safety (Varjus et al., 2011). Other elements that have been recognized include the ability to influence working practices and conditions (Watkins et al., 2016). It is reportedly associated with meaningfulness of work, which is promoted by autonomy in performing and scheduling work, clinical decision-making and the freedom to perform nursing work according to nurses' own judgement (Both-Nwabuwe et al., 2020). Nurses are reportedly more satisfied with their work, occupationally committed and psychologically empowered when they can prioritize, schedule and pace tasks (AllahBakhshian et al., 2017; Giles et al., 2017). Thus, it can also lead to better quality of work (Boamah et al., 2018) and impressive nursing outcomes (AllahBakhshian et al., 2017; Burke & Flanagan, 2018).

3 | AIM

The aim of the study was to summarize knowledge of professional autonomy in nursing. The following research questions were specifically addressed:

1. What are the elements of nurses' professional autonomy?
2. What factors are related to nurses' professional autonomy?

4 | METHODS

4.1 | Design

Integrative review methodology was applied in efforts to obtain a comprehensive description of current knowledge and robust foundations for future knowledge generation (Whittemore & Knafl, 2005). This enables inclusion of representations of focal phenomena by authors who applied different methods. The approach involved steps based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and a four-phase flow diagram (Moher et al., 2009).

4.2 | Search strategy

An initial limited search of CINAHL, PubMed, Scopus and PsycINFO databases was undertaken to identify studies on the focal topic in July 2019. Search strategies and terms were selected in consultation with an information specialist. The structure of the research question and search strategy followed PICo (Population–Phenomena of Interest–Context). The following combinations of relevant terms, formed using the Boolean terms AND and OR, were applied in searches of all the databases: (nurse OR "nursing staff") AND ("professional autonomy" OR "clinical autonomy") AND ("decision mak*" OR "making decisions") AND (nursing OR "patient care" OR "professional role") (File S1).

4.3 | Inclusion and exclusion criteria

Inclusion criteria were empirical studies with quantitative or qualitative designs, in English, and published in peer-reviewed journals with an available abstract between January 2000 and July 2019. Studies meeting these criteria were excluded if they focused on other types of health care professionals or nursing students, explored patients' autonomy, concerned practice in medical establishments other than hospitals, concerned nurses' practice and roles in prescribing medicines or explored nurses' empowerment without connection to autonomy.

4.4 | Search outcome

In the first phase of the review, searches of the four databases identified 1,065 potentially relevant studies. After removing duplicates, 582 remained. In the second phase, titles and abstracts were screened. In this step, 498 studies were excluded because they did not meet the inclusion criteria or were not available. Additional studies were also identified through scrutiny of references in retained articles, seven identified articles were closely examined, and two of them were selected. In total, 91 studies were promoted to the third phase, which involved full-text assessment and resulted in exclusion of a further 64 studies. Finally, 27 studies remained and were included in the quality appraisal (Figure 1).

4.5 | Quality appraisal

A team of four independent reviewers was assembled, and each of retained studies was critically appraised in three phases by two reviewers. Following the PRISMA guidelines and more specifically, the JBI checklists for analytical cross-sectional studies and qualitative research (Joanna Briggs Institute, 2017) were used for critical appraisal of 20 and seven of the studies, respectively. All differences in quality assessment were clarified to reach a decision on the quality of each study. Missing data were accepted and assessed as 'unclear', so there
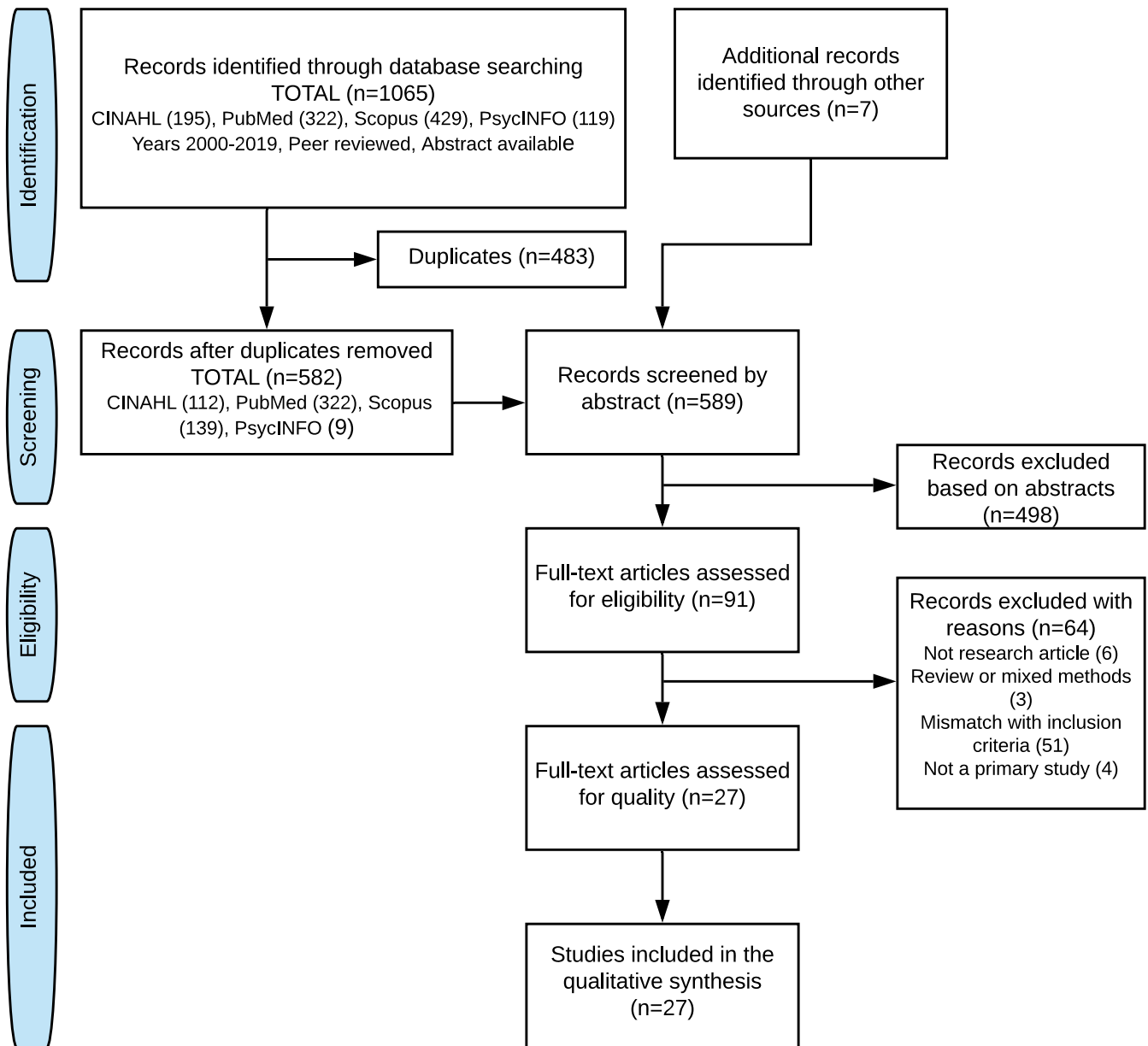
FIGURE 1 Flow chart of the study screening process, based on PRISMA guidelines (Moher et al., 2009).

was no contact with the original researchers. Each study was scored using a quality appraisal tool with answer option 'yes' assigned one point and options 'no' or 'unclear' assigned zero points. Based on this scoring, studies were classified as follows: excellent (>75.1%), some limitations (50.1%–75%) and several limitations (≤50%). All the studies were included in a qualitative synthesis (Files S2 and S3).

4.6 | Data extraction

To extract essential data and results relevant to the research questions and establish the generalizability of results (Munn & Aromataris, 2014), the reviewers entered a brief summary of the

purpose of each study, its design, participants and context, data collection method and outcome into an Excel spreadsheet (Table 1).

4.7 | Data synthesis

Selected studies were subjected to inductive content analysis, based on the research questions and aim of the review. The data-organising process included open coding and creation of themes. Similar contents were classified as sub-themes and then synthesized into main themes (Elo & Kyngäs, 2008). This provided a systematic approach to assess current knowledge and understanding of nurses' professional autonomy (Figure 2).

TABLE 1 Purpose, design, participants and context, data collection method and outcome of each of the 27 studies included in the review

Study	Purpose	Design	Participants and study context	Data collection methods	Outcome	Quality (JBI)
Abdolmaleki et al. (2019) Iran	To explore the relationship between professional independence and moral distress in nurses working in emergency departments.	Descriptive correlation study Cross-sectional survey	173 nurses in the emergency departments in five educational public hospitals	Questionnaire Professional Nursing Autonomy Scale PNAS (Schutzenhofer et al)	The level of professional autonomy among emergency departments' nurses was low and moral distress moderate. A negative relationship was found between professional independence and frequency of moral distress. Professional autonomy was related to frequency and intensity of moral distress and age-predicted moral distress.	Excellent
Attree (2005) United Kingdom	To investigate nurses' perceptions of standards of nursing practice and present their perceptions of their governance, especially lack of control over factors that affect everyday practice standards	Grounded theory	142 nurses in the medical, surgical and elderly wards of three acute hospitals	Semi-structured focus group interviews	Nurses were dissatisfied with their governance over factors that they believed influence nursing practice standards. Perceived lack of control over matters affecting practice standards generated occupational dissatisfaction, demoralization and frustration.	Excellent
Berti et al. (2008) Brazil	To describe newly graduated nurses' perceptions of their professional autonomy and perceptions of the decision-making process in caregiving	Grounded theory	15 newly graduated nurses from different sectors of a public state hospital	Focal group interviews	Two main phenomena emerged from the results: perceptions of the fragility of nurse and patient autonomy and movement towards the strengthening of nurses' and patients' autonomy	Excellent
Budge et al. (2003) New Zealand	To explore the New Zealand nursing situation and determine whether aspects of the work environment are associated with health status.	Cross-sectional survey	225 nurses in one general hospital	Questionnaire: Nursing Work Index-Revised NWI-R (Aiken & Patrician)	The New Zealand hospital environment was characterized by less autonomy and control but better nurse–physician relations than in US hospitals. More positive ratings of three workplace attributes were associated with better health status of the nurses. The results indicated that nurses' relations with physicians, administrators and other departments mediate associations between autonomy, control and health status	Several limitations
Cajulis and Fitzpatrick (2007) USA	To describe and determine the level of autonomy of nurses providing care to an adult patient population in acute care settings.	Cross-sectional survey	54 nurses in different specialty areas in a large metropolitan hospital	Questionnaire: The Dempster Practice Behaviours Scale	The overall mean autonomy score of this study indicates a high level of autonomy of the nurses. 41% of participants reportedly had very high levels of autonomy, 31.5% extremely high levels and 19% moderate levels. Demographic variables of age, experience, educational level, basic nursing preparation, certification and specialty had no significant relationship with autonomy scores	Excellent
Duffield et al. (2009) Australia	To assess aspects of the work environment related to nurses' job satisfaction, satisfaction with nursing and intention to leave in public sector hospitals in New South Wales, Australia, and the importance of the nursing unit manager's role	Cross-sectional survey	Nurses in 80 medical and surgical units	Questionnaire: Nursing Work Index-Revised NWI-R (Aiken & Patrician)	Nurses who were intending to remain in their job were more likely to be satisfied, older, have dependents, experiencing good leadership and to have allied health support on the ward. Most nurses reported being satisfied with their profession and a lower proportion reported satisfaction with their current position. Work environment factors (including autonomy, control over practice and nursing leadership) were significant predictors of job satisfaction	Several limitations

(Continues)

TABLE 1 (Continued)

Study	Purpose	Design	Participants and study context	Data collection methods	Outcome	Quality (JBI)
Farrell et al. (2017) United Kingdom	To examine nurses' roles within nurse-led chemotherapy clinics	Ethnographic study	13 nurses in four cancer units in different geographical areas of the UK	Non-participant observation and semi-structured interviews	There were great disparities between nurse-led chemotherapy clinics even if there were similarities in clinical skills training and prescribing. Disparities included the number of patients seen within each clinic, operational aspects, nurses' autonomy, scope of practice and clinical decision-making abilities. The differences highlighted four levels based on nurses' autonomy and scope of clinical practice. This was strongly influenced by medical consultants	Excellent
Foley et al. (2002) USA	To describe nurses' characteristics and their work environment at two military hospitals, identifying factors important for job satisfaction such as autonomy, control over practice and nurse–physician relationships and assessing nursing expertise	Descriptive design Cross-sectional survey	185 nurses in eight units of two military hospitals	Questionnaire: Nursing Work Index-Revised NWI-R (Aiken & Patrician)	Autonomy, control over practice and nurse–physician relationship scores were above midpoint for all respondents, indicating positive work environments in both of the hospitals studied. Scores from the clinical expertise instrument were clearly above midpoint, indicating a desirable level of clinical expertise	Excellent
Garon et al. (2009) USA	To describe the nurses' perspective and experience of change in the care delivery model and skill mix in an intermediate care unit	Descriptive qualitative design	11 nurses in an intermediate care unit in a large non-profit community hospital	Semi-structured focus groups interviews	The results highlighted two main themes: autonomy and control; and interdependence. The nurses emphasized increased satisfaction with the care delivery model. Results confirmed that autonomy, control, connection with the patient, peer and interdisciplinary support and respect are important for staff nurses	Some limitations
Georgiou et al. (2017) Cyprus	To explore nurse–physician collaboration and potential associations with nurses' autonomy and pertinent nurses' characteristics in adult intensive care unit in Cyprus	Descriptive correlational study	163 nurses in five intensive care unit in four public hospitals	Questionnaire: Autonomy Scale VAS (Varjus et al.)	Collaboration and satisfaction about care decisions scale (CSACD) scores implied low levels of collaboration and satisfaction with care decisions. Scores were significantly lower for male participants. CSACD scores correlated positively with experience, professional satisfaction and autonomy scores	Excellent
Iliopoulou and While (2010) Greece	To describe Greek critical care nurses' views on professional autonomy and its relationship with job satisfaction and other work-related variables, such as personal and work-related characteristics, role conflict and role ambiguity	Cross-sectional survey	431 nurses in 23 public hospitals in Athens, Greece	Questionnaire: Professional Nursing Autonomy Scale PNAS (Schutzenhofer et al.)	Nurses reported acting moderately autonomously. Higher levels of autonomy were reported by female nurses and older nurses. Appointment level, type of critical care unit and registration with a professional organisation were independently associated with autonomy. Positive moderate associations were found between autonomy and job satisfaction, role conflict and role ambiguity. There was no relationship between job satisfaction and role conflict and role ambiguity	Excellent

(Continues)

TABLE 1 (Continued)

Study	Purpose	Design	Participants and study context	Data collection methods	Outcome	Quality (JBI)
Inoue et al. (2017) Japan	To examine how hospital patient-safety procedures affect nurses' job satisfaction, investigating the association between perceived autonomy and hospital patient-safety procedures and job satisfaction	Cross-sectional survey	537 nurses in 10 private hospitals in or near Tokyo or Osaka, Japan	Questionnaire: Own instrument (Inoue et al.)	Structural equation modelling revealed statistically significant associations between factors regarding hospital patient-safety procedures and nurses' self-perceived autonomy and job satisfaction. Nurses' perceived autonomy in the workplace enhanced their job satisfaction and positive perceptions of hospital patient-safety procedures promoted job satisfaction. Some styles of chief nurses' leadership regarding patient safety restricted nurses' independent and autonomous decision-making and actions, lowering job satisfaction	Some limitations
Karanikola et al. (2014) Cyprus	To investigate the level of moral distress and potential associations between moral distress indices and nurse–physician collaboration, autonomy, professional satisfaction, intention to resign and workload among Italian intensive care unit nurses	Cross-sectional survey	566 nurses in ICUs in Italy	Questionnaire: Autonomy Scale VAS (Varjus et al.)	There were two main findings. First, a moderate-to-high intensity of moral distress in Italian ICU nurses, despite a rather low frequency of morally distressing events. Second, an association between the hardness of moral distressing experiences and poor nurse–physician collaboration and dissatisfaction regarding care decisions	Excellent
Kerzman et al. (2015) Israel	To explore nurses' attitudes towards expanding nurses' authority and the relationships between these attitudes and job satisfaction aspects, professional characteristics and demographics	Cross-sectional survey	899 nurses in 89 internal medicine, surgery and geriatric departments in three major medical centres in Israel	Questionnaire (Shirom et al)	There were positive attitudes towards the expansion of nurses' authority and moderately positive attitudes towards interpretation of diagnostic tests in selected situations. Nurses' satisfaction from professional autonomy and work relations were the most strongly explanatory factors for their attitudes towards expansion of nurses' authority. Young nurses tended to be more positive regarding changes in nurses' professional authority	Excellent
Luiking et al. (2015) Netherlands	To explore changes in clinical autonomy and personal norms and values for planned change and emergent change implementation of an innovation, for example intensive insulin therapy	Prospective comparative study Cross-sectional survey	Two separate groups of nurses (n = 32 in team 1 and n = 47 in team 2) in one ICU	Questionnaire: Professional Nursing Autonomy Scale PNAS (Schutzenhofer et al.)	At starting point, the measurements did not differ. After implementation, clinical autonomy was increased in the emergent change team and decreased in the planned change team. There were decreased hierarchic scores and increased developmental and rational scores for the emergent change team. The hierarchical and group scores were increased in the planned change team. Learning as a team did not vary between the teams	Excellent
Maharmeh (2017) Jordan	To describe critical care nurses' experiences of autonomy in their clinical practice	Descriptive correlational design Cross-sectional survey	110 nurses in six ICUs in two hospitals in Jordan	Questionnaire: Autonomy Scale VAS (Varjus et al.)	Most of the critical care nurses had perceived autonomy in their decision-making and participation in decisions to take action in their clinical settings. ICU nurses could independently develop their own knowledge. The nurses' autonomy in action and acquired knowledge were influenced by a number of factors such as gender and working environment	Excellent

(Continues)

TABLE 1 (Continued)

Study	Purpose	Design	Participants and study context	Data collection methods	Outcome	Quality (JBI)
Mrayyan (2004) Jordan	To explore nurse managers' role in enhancing hospital staff nurses' autonomy	Comparative descriptive survey Cross-sectional survey	317 nurses in the USA, Canada and the UK (from 23 nursing listservs)	Electronic Questionnaire (Blegen et al.)	Nurses perceived their autonomy to be at a moderate level and they had more autonomy in making decisions regarding patient care than making operational decisions at unit level. Nurses who had autonomy in patient care decision-making also had more in unit operation decision-making. Nurse managers' actions had a strong relationship with nurses' autonomy. Three important factors that decreased nurses' autonomy were autocratic management, doctors and workload	Excellent
Mrayyan (2005) Jordan	To examine American nurses' work autonomy and autonomy over patient care and unit operation decisions	Cross-sectional survey	300 nurses in the United States (from two clinical listservs)	Electronic Questionnaire (Blegen et al.)	Nurses perceived their autonomy to be at a moderate level and they had more autonomy in making patient care decisions than in operational decisions at unit level. Nurses' experience, education and time commitments influenced their work autonomy	Excellent
Papathanassoglou et al. (2005) Greece	To examine critical care nurses' perceived contribution to clinical decision-making, degree of autonomy in technical tasks and factors related to practice autonomy in in Greece. The study aimed to construct and validate a new instrument for assessing practice and clinical decision-making autonomy among ICU nurses	Exploratory descriptive correlational study Cross-sectional survey	803 nurses in 53 ICUs in 41 acute hospitals in Greece	Questionnaire: Own instrument (Papathanassoglou et al.)	The ICU nurses' autonomy scores were moderate. The highest autonomy was attributed to basic technical tasks. Male gender and higher education were predictors of higher autonomy overall and bachelor degree graduates scored higher in decisional autonomy. Experience in ICUs and type of ICU were important determinants of decisional autonomy	Excellent
Rafferty et al. (2001) United Kingdom	To explore the relationship between interdisciplinary teamwork and nurse autonomy, and its effects on patients and nurses, and nurse-assessed quality of care	Cross-sectional survey	5,006 nurses in surgical or medical settings in 32 hospitals in the UK	Questionnaire: Nursing Work Index-Revised NWI-R (Aiken & Patrician)	Professional autonomy was positively correlated with perceived quality of delivered care and job satisfaction. A weak but significant difference in perceived level of teamwork was detected between full-time and part-time nurses, but no significant differences related to type of contract, specialty of unit, shift length or job title. Nurses with higher teamwork scores were more likely planning to stay in their current job and had lower burnout scores. Strong associations were between teamwork and autonomy, nurse-assessed quality of care and its improvement over the last year.	Excellent
Shohani et al. (2018) Iran	To assess nurses' perspectives of their professional autonomy in Iran	Cross-sectional survey	150 nurses in three general hospitals	Questionnaire (Blegen et al.)	Most of the nurses reported that they had high levels of professional autonomy. There were significant relationships between the nurses' professional autonomy and their age, education and work experience	Some limitations

(Continues)

TABLE 1 (Continued)

Study	Purpose	Design	Participants and study context	Data collection methods	Outcome	Quality (JBI)
Skår (2010) Norway	To clarify the meaning of nurses' experiences of autonomy in work situations	Qualitative hermeneutic study	11 nurses in medical, surgery and rehabilitation wards, nursing homes and community care settings in Norway	In-depth interviews and focus group interviews	Four themes regarding nurses' experiences of autonomy in work situations emerged: Having a holistic view, Knowing the patient, Knowing that you know and Courage. Nurses must be knowledgeable and confident to gain autonomy in nursing practice	Excellent
Smith et al. (2006) Canada	To explore the extent to which magnet hospital characteristics (management support, nurse–doctor and nurse–manager relationships, professional autonomy and responsibility) contribute to hospital nurses' job satisfaction in Canada	Cross-sectional survey	123 nurses in 13 hospital in north-western Canada	Questionnaire: Own instrument (Smith et al.) Structured interview	Hospitals in northern and rural western Canada have some magnet characteristics. Management support and nurse-manager relations are important for nurses' job satisfaction. Nurses' views of management were fairly negative, an issue that management needs to address. Nurses' ability to work professionally and autonomously is important for their job satisfaction	Some limitations
Stewart et al. (2004) Canada	To enable nurse managers to recognize strategies to support and enhance autonomous practice based on clinical nurses' understanding of autonomy	Qualitative hermeneutic study	43 nurses in medical–surgical units, critical care units and diagnostic laboratories, outpatient clinics and nurse educators	Focus group interviews	Autonomy described as nurses' ability to accomplish patient care goals in a timely manner by using their knowledge and skills to understand and contribute to the plan of care, assess patient needs and conditions, effectively communicate concerns and priorities regarding patient care and access, and coordinate the resources of the multidisciplinary team	Excellent
Varjus et al. (2003) Finland	To describe ICU nurses' experiences of autonomy in their work in Finland	Cross-sectional survey	172 nurses in eight ICUs in Finland	Questionnaire: Own instrument (Varjus et al.)	Three bases of autonomy were recognized: knowledge base (independence, right and responsibility in decision-making), action base (independence, right and responsibility in actions) and value base (independence, right and responsibility in values). Most participating nurses felt they had more autonomy in decision-making and actions concerning patient care than in decision-making and actions concerning the ICU as a whole. Nurses' work experience increased their autonomy	Excellent
Wang et al. (2011) China	To investigate baccalaureate-prepared nurses' perceptions of the concept and practices of clinical decision-making in China	Qualitative exploratory study	12 baccalaureate-prepared nurses in three acute medical units, two acute surgical units and one ICU in one hospital in China	Semi-structured interviews	Functional perspectives of clinical decision-making and perceived autonomy in clinical decision-making were two main themes identified. Both main themes had sub-themes: emphasizing a full understanding of the patient's health status, undertaking appropriate nursing judgements and problem solving, relying on doctor's instructions, making judgements on a doctor's orders and making decisions independently in emergency care	Several limitations

(Continues)

5 | RESULTS

5.1 | Characteristics of the included studies

Included 27 studies were conducted in 17 countries. In 20 studies, quantitative, cross-sectional designs were used, and in the other seven, qualitative, explorative and descriptive designs and hermeneutic approaches were applied. The quality of studies was generally high: 19 were classified as excellent, four as having some limitations and four as having several limitations (Table 1).

5.2 | Elements of nurses' professional autonomy

Two themes were found to describe nurses' professional autonomy: *independence in decision-making* and *ability to utilize one's own competence*, as summarized in the following section.
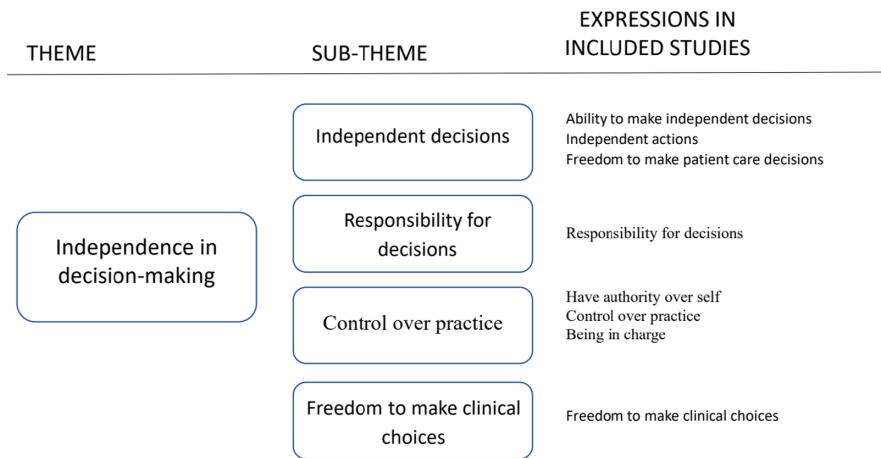
5.2.1 | Independence in decision-making

The freedom to make patient care decisions and work independently is crucial as it reportedly allows full utilization of nurses' knowledge and abilities (Budge et al., 2003; Duffield et al., 2009; Smith et al., 2006). Important elements of independence in work include the abilities to make independent decisions in the best interests of patients (Georgiou et al., 2017; Karanikola et al., 2014; Maharmeh, 2017; Stewart et al., 2004; Varjus et al., 2003), solve problems without orders, take nursing actions (Abdolmaleki et al., 2019; Berti et al., 2008; Georgiou et al., 2017; Karanikola et al., 2014; Stewart et al., 2004; Varjus et al., 2003) and organise unit operations (Varjus et al., 2003). Corresponding responsibility for one's own decisions and accountability for their consequences are also important (Attree, 2005; Cajulis & Fitzpatrick, 2007; Farrell et al., 2017; Garon et al., 2009; Georgiou et al., 2017; Karanikola et al., 2014; Skår, 2010; Stewart et al., 2004; Varjus et al., 2003; Wang et al., 2011). Further major aspects include control over practices, including organising one's schedule, prioritizing tasks during shifts, coordinating patient care and generally 'running the show' in their units (Attree, 2005; Berti et al., 2008; Duffield et al., 2009; Garon et al., 2009; Stewart et al., 2004).

In summary, important aspects of professional autonomy and associated advantages that are widely recognized in the reviewed studies include having authority over oneself, freedom to make clinical decisions, with accountability, and act in accordance with the decisions (Attree, 2005; Kerzman et al., 2015; Rafferty et al., 2001; Skår, 2010).

5.2.2 | Ability to utilize one's own competence

Utilization of personal competence has been recognized importance for nurses' autonomy, including choice of one's own approach

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TABLE 1 (Continued)

Study	Purpose	Design	Participants and study context	Data collection methods	Outcome	Quality (JBI)
Öztürk et al. (2006) Turkey	To understand nurses' perceptions of organisational factors related to their job satisfaction and motivation in Turkey	Cross-sectional survey	250 nurses and 40 nurse leaders in a training and research hospital in Turkey	Questionnaire: Own instrument (Öztürk et al.)	A third of the nurse leaders and 20% of the staff nurses reported being satisfied with their job. According to Hackman and Oldman's work design model, participants saw the five core job dimensions (skill variety, task identity, task significance, autonomy and feedback) as important to nurses. Nursing was described as hard and challenging but participants also found it meaningful and as providing opportunities to use their skills and abilities	Several limitations

THEME	SUB-THEME	EXPRESSIONS IN INCLUDED STUDIES
	Independent decisions	Ability to make independent decisions Independent actions Freedom to make patient care decisions
Independence in decision-making	Responsibility for decisions	Responsibility for decisions
	Control over practice	Have authority over self Control over practice Being in charge
	Freedom to make clinical choices	Freedom to make clinical choices

FIGURE 2 An example of content analysis

in nursing (Rafferty et al., 2001; Varjus et al., 2003). Competence emerges in many ways, but in order to utilize their own competence, nurses must reportedly be able to assess needs for care and act in a timely fashion (Berti et al., 2008; Farrell et al., 2017; Garon et al., 2009; Maharmeh, 2017; Skår, 2010; Stewart et al., 2004; Wang et al., 2011). Moreover, nurses who act autonomously participate in problem solving (Garon et al., 2009; Özturk et al., 2006) and influence patient care through effective communication of concerns (Georgiou et al., 2017; Karanikola et al., 2014; Maharmeh, 2017; Stewart et al., 2004; Varjus et al., 2003).

Accountability for maintaining competence is also an essential part of professional autonomy. In addition to use of nursing knowledge and skills, both Varjus et al. (2003) and Özturk et al. (2006) concluded that nurses' responsibility for developing their knowledge and skills is important elements.

The ability to utilize one's own skills increases with work experience (Berti et al., 2008; Cajulis & Fitzpatrick, 2007; Garon et al., 2009; Skår, 2010; Stewart et al., 2004; Varjus et al., 2003). However, personal qualities also influence personal competence, and some nurses are inherently more autonomous than others (Attree, 2005; Berti et al., 2008; Stewart et al., 2004). In addition, status in nurses' multiprofessional teams clearly must be sufficient, and ideally equal, in order for them to act independently (Berti et al., 2008; Duffield et al., 2009; Garon et al., 2009; Stewart et al., 2004). Freedom and responsibility to act in accordance with one's own values is another highlighted part of nurses' ability to utilize their competence, and hence professional autonomy (Georgiou et al., 2017; Karanikola et al., 2014; Maharmeh, 2017; Varjus et al., 2003).

5.3 | Factors related to nurses' professional autonomy

Four themes regarding factors related to nurses' professional autonomy were identified: *shared leadership, professional skills, inter- and intra-professional collaboration and healthy work environment.* Key aspects of these relationships are summarized in the following sections.

5.3.1 | Shared leadership

Shared leadership has obvious importance for autonomy as it provides nurses' more possibility to exert influence in their workplace than traditional hierarchical leadership, and a voice regarding practices within their wards (Attree, 2005). Supportive management has significant positive effects on nurses' professional autonomy, according to findings that cooperation between the chief nurse and staff nurses is essential, and that good managers support nurses in their work (Budge et al., 2003; Duffield et al., 2009; Iliopoulou & While, 2010; Inoue et al., 2017; Karanikola et al., 2014; Mrayyan, 2004), extend nurses' authority and show appreciation (Kerzman et al., 2015; Stewart et al., 2004).

In contrast, autocratic management reduces nurses' professional autonomy. According to interviewed nurses, such managers control their work, make decisions at a higher level and constantly monitor them (Attree, 2005; Berti et al., 2008). Unclear or strict organisational rules, lack of specific policies and supportive authority from their organisation also reportedly reduce their professional autonomy (Abdolmaleki et al., 2019; Attree, 2005; Inoue et al., 2017; Wang et al., 2011). Another highlighted negative factor is being given control in an illusory, lip-service fashion (Attree, 2005; Stewart et al., 2004).

5.3.2 | Professional skills

Personal competence is an important aspect for the development of nurses' professional autonomy. It includes knowledge, clinical skills and the ability to make decisions and act (Berti et al., 2008; Farrell, 2017; Rafferty et al., 2001; Stewart et al., 2004). Education increases nurses' professional autonomy, and experience (time spent in nursing and in present position) is an autonomy-promoting factor (Berti et al., 2008; Georgiou et al., 2017; Iliopoulou & While, 2010; Maharmeh, 2017; Mrayyan, 2004, 2005; Papathanassoglou et al., 2005; Shohani et al., 2018; Varjus et al., 2003).

Various personal abilities also reportedly contribute to nurses' utilization of professional skills and expression of professional autonomy. These include a sensitive and humble attitude to constant

learning, recognition of personal limitations and confidence in their knowledge (Berti et al., 2008; Stewart et al., 2004).

5.3.3 | Inter- and intra-professional collaboration

A good nurse–physician relationship that promotes nurses' autonomy is collegial, equal and communicative (Abdolmaleki et al., 2019; Garon et al., 2009; Stewart et al., 2004). Multiprofessional teamwork and cooperation among staff and respect among coworkers without authoritarian impositions also seem to increase nurses' professional autonomy (Berti et al., 2008; Luiking et al., 2015; Rafferty et al., 2001), while physicians' power to decide and disrespect from them has opposite effects. Other major negative factors are nurses' knowledge being ignored or not valued (Abdolmaleki et al., 2019; Berti et al., 2008; Farrell et al., 2017; Stewart et al., 2004) and associated inequalities in roles in the work community, particularly subordination to physicians (Attree, 2005; Mrayyan, 2005; Wang et al., 2011).

5.3.4 | Healthy work environment

Nurses' autonomy is apparently promoted by a safe work environment with a friendly and peaceful atmosphere including good team spirit without conflicts or teasing, and defined unit protocols to follow (Berti et al., 2008; Farrell et al., 2017; Garon et al., 2009; Georgiou et al., 2017; Stewart et al., 2004). Adequate resources are also important (Duffield et al., 2009; Kerzman et al., 2015). Hence, heavy workloads and too little time to complete tasks reportedly cause moral distress and reduce professional autonomy (Abdolmaleki et al., 2019; Özturk et al., 2006; Stewart et al., 2004), while time spent with patients (Maharmeh, 2017; Mrayyan, 2005; Papathanassoglou et al., 2005) and possibilities to get to know patients and respond to their needs enhances it (Kerzman et al., 2015; Skår, 2010).

6 | DISCUSSION

This integrative review summarizes current knowledge of elements of nurses' professional autonomy and factors related to it. Identified themes in the examined literature illustrate the multidimensional nature of professional autonomy. Oshodi et al. (2019) adduced that when staff nurses discussed autonomy, they usually meant clinical autonomy rather than professional autonomy. The findings clearly indicate that clinical autonomy is part of professional autonomy in nursing and strongly associated with decision-making in patient care. However, in clinical practice nurses also follow physicians' orders and work within rules, so comprehensive autonomy is not possible. In this respect, it should be noted that all professionals must follow national and local laws and regulations, as well as specific ethical codes. In parts of practice that are constrained by regulations and ethical codes, but not necessarily by physicians' orders, there is much greater scope for autonomy.

One reason for variation and mixed-use of clinical autonomy and professional autonomy might be that the instruments used in cross-sectional studies had been developed due to the concept of autonomy. Sharper distinction between clinical and professional autonomy would be helpful, and it is important to recognize that the two have been confounded, to varying degrees, and both definitions and measurements of professional autonomy have varied (Gagnon et al., 2010). Thus, this is largely a measurement issue, the instruments are measuring the same dimensions just name the concepts differently.

Many included studies found that work experience promotes utilization of nurses' competence and professional autonomy through control over practice, as well as abilities to make decisions, act independently and follow their own nursing values. This is a cause of concern, because nurses' retirement and turnover rates are increasing, while shares of recent graduates and young nurses in the work community are growing. Thus, nurses with strong work experience and ability to act autonomously may not always be present.

Strong contributory factors reported in studies include shared leadership, which provides nurses the possibility to exert influence, and supportive leaders who empower nurses. This is corroborated by several studies elsewhere (e.g. Boamah et al., 2018; Kramer et al., 2007; Oshodi et al., 2019). Kramer et al. (2007) concluded that nurse managers should provide support, opportunities to increase competence and both reward and sanction their professional autonomy. However, nurses cannot be autonomous if their authority is not sufficiently extended. We found that organisational constraints including autocratic management, unclear or strict organisational rules, hierarchy and lack of control over practice are detrimental to realization of professional autonomy, confirming previous research (AllahBakhshian et al., 2017). According to Oshodi et al. (2019), nurses' professional autonomy is more pronounced in exceptional situations such as emergencies, when senior members of staff are not available. Thus, nurses are not necessarily granted professional autonomy in practice, and it may strongly depend on the situation. This kind of culture does not promote autonomy of nurses either generally or individually. Based on these findings, we conclude that nurse leaders should create and maintain work environments where nurses are aware of their expectations and responsibilities, which do not change in different situations. Clear job descriptions for nurses and tenure plans for their professional growth are also helpful.

Another factor that has well-established effects on nurses' professional autonomy is collaboration with physicians. Ultimately, nurses who feel empowered through collaboration with physicians are more likely to think critically and provide high-quality care (AllahBakhshian et al., 2017). The reduction of nurses' autonomy by their historically subordinate role to physicians was one of the sub-themes linked to poor cooperation and nurses' unequal roles in the working community identified in the reviewed studies, and it has been highlighted elsewhere (AllahBakhshian et al., 2017; Traynor et al., 2010). To counter this, nurses should be considered equal members of care teams and supported accordingly by the top management of their organisations.

Finally, the same elements of nurses' professional autonomy and sets of factors related to it were identified in studies published during a period of almost 20 years. We found no clear changes in the recognized importance of any factor with time during this period, which confirms that nursing culture changes very slowly.

6.1 | Limitations

Despite use of a careful search strategy, some studies may have been missed. Some relevant articles may clearly have been excluded by the decisions to limit the initial search to available abstracts and studies written in English. A further limitation is that researchers still have differing views on how the concept of professional autonomy should be defined and understood (Maranon & Isla Pera, 2019; Varjus et al., 2011). In addition, the included studies were highly heterogeneous. They had widely varying designs, applied 10 different instruments and had widely varying numbers of participants. This complicated the combination of results and synthesis of findings, which thus should be interpreted cautiously.

7 | CONCLUSIONS

Understanding the multidimensional nature of professional autonomy is essential to create attractive work environments, and opportunities for nurses to work autonomously need support. Shared leadership is spreading slowly, and there is still strong hierarchy in health care organisations. It is important to enable nurses to participate in decision-making, and the planning and development of nursing through shared leadership to enhance the recruitment and retention of a skilled workforce. In addition, nurses should be considered equal members of the care team and nursing as an independent profession should be valued equally with medicine in practice, even if there are legal restrictions in their professional autonomy. Finally, nurses' roles are constantly changing, so future research should include identification of additional dimensions presented by the rapidly evolving digital health care context to promote nurses' professional autonomy.

CONFLICTS OF INTEREST
The authors have no conflicts of interest to declare.

IMPLICATIONS FOR NURSING MANAGEMENT
The findings may assist efforts to support nursing practice and empower nurses to act autonomously, which is important in order for nurses to utilize their knowledge and abilities fully. In addition, by broadening understanding of nurses' professional autonomy the findings may help to enhance the quality of nurse management, attractiveness of work environments and nurses' well-being.

ETHICAL APPROVAL
No ethical approval was required for this review paper.

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