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ORIGINAL RESEARCH

Experiences of Professional Autonomy Among Critical Care Nurses in Kenya: A Qualitative Study

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Abstract

Background: Exercising autonomy allows nurses to demonstrate their knowledge and skills. However, more information is needed about the critical care nurses' perceptions of their professional autonomy in rural areas.

Objective: To explore the perceptions, facilitators and barriers to professional autonomy among critical care nurses in rural Kenya.

Methods: The hermeneutic phenomenological study design was used in this study. Data were collected in a critical care unit using a semi-structured interview guide. A sample of 10 participants were recruited. The study was conducted in Nyeri County Referral Hospital.

Results: Three themes emerged from the study on the nurses' experiences of professional autonomy, perceptions of autonomy, facilitators of autonomy, and barriers to autonomy.

Conclusion: Autonomy undeniably plays a pivotal role in defining the professional status of the nursing profession. Perceptions, facilitators and barriers to professional autonomy form the background of the current professional status. Nurses, therefore, exercise autonomy effectively when it aligns with patient care needs and when a conducive environment supports it.

Keywords: Professional autonomy, Critical care nurses, Nursing, Phenomenology study, Qualitative research, Kenya.

Introduction

Autonomy entails making decisions independently and acting as necessary without requesting permission from another healthcare professional. ^[1] Work autonomy, professional autonomy, clinical autonomy, individual autonomy, and organisational autonomy are additional categories of autonomy that can be used interchangeably. It involves a degree of independence over job-related tasks, areas of

specialisation, clinical settings, own life, and within the organisation. ^[2]

Nurses share their knowledge and apply the skills in the clinical practice as they exercise autonomy. The result is an increase in the quality of care given to patients, which includes a reduction in mortality, even in a facility with limited resources. ^[3]

Ko et al. argue that there is a positive relationship between work autonomy and the safety of the patients. ^[4]

According to a study by Labrague *et al.*, nurses with high professional autonomy have outstanding work performance and job satisfaction. As opposed to being used just in rare circumstances, as is the case currently, autonomy should be included throughout the clinical practice. In addition, the authors conclude there needs to be more agreement among American and English nurses regarding the definition and limits of autonomy. [5] The coordinated care provided through an interdisciplinary approach benefits patients. Poghosyan & Liu maintain that nurses' increased professional autonomy enhances the sense of teamwork in the clinical setting. There have been instances of fragmented care in facilities with limited professional autonomy. [6] Participants in a historical study at the Hospital of the Holy Spirit in Barcelona by Galbany-Estragués & Comas-d'Argemir affirmed that nurses still fight to acknowledge their autonomy in the value of patient care. Although they continue to assert their professional position, nurses are too afraid and insecure to challenge and debate their plight.[7] A study conducted by AllahBakhshian *et al.* categorised the barriers into two: professional barriers and organisational barriers. The authors indicated that the barriers vary with countries and situations around the work environment.[8] Several studies have been done to explore nurse autonomy. However, more information is needed about the experience of professional autonomy among critical care nurses in Kenya. The study was aimed at exploring the perception of professional autonomy and the facilitators of professional autonomy among critical care nurses and the barriers to achieving professional autonomy among critical care nurses.

Methods

Design

The study used an interpretive (hermeneutic) phenomenology design. Hermeneutic

phenomenology enables the exploration of phenomena in their natural setting, uncovering the hidden meaning from the respondents' accounts of their lived experiences. [9] Hermeneutic phenomenology is suitable for exploring the lived human experience, where the participants give firsthand accounts of what they have gone through, and meaning is derived from the data collected.

In this study, the nurses were interviewed to give their experience of professional autonomy in their clinical area.

Study setting and recruitment

The study was conducted in a critical care unit at Nyeri County Referral Hospital in Kenya. The unit has a bed capacity of six. The unit has a total of 25 critical care nurses. The hospital is the largest in the county and a public facility.

The sample size was determined by saturation. The data collection was stopped when the participants started repeating the same information from previous participants.

The respondents were sampled using purposive and convenience sampling techniques. The sampling technique is suitable for picking participants with typical characteristics. Purposive sampling allows maximum variation for comparability. [10] The researcher booked appointments with the critical care unit manager to discuss the plan and purpose of the study. The study was conducted between May and June 2022.

Inclusion and exclusion criteria

Nurses with over six months of experience working in the Critical Care Unit (CCU) were recruited to participate in the study. However, nursing students were excluded from the study.

Data collection

The data was collected using the semi-structured interview guide.

As agreed with the CCU officer-in-charge, the researcher organised a suitable time to conduct

the interviews. The interviews were conducted in a private room that was well-ventilated. All participants had to wear masks, perform hand hygiene and maintain a distance of 1.5 metres from the interviewer. Informed consent was obtained, and the interviewer proceeded to a convenient private room for the participants to conduct the interview. Questions were read out to participants, and the responses were audio-recorded

Data analysis

Thematic analysis was used to analyse the data. The analysis was done manually. The audio-recorded responses were transcribed in Microsoft Word. The transcripts were read several times, and meaning was derived from each participant's accounts. The researcher, after that, identified relevant statements of the respondents relating to the experiences of autonomy and assigned them the codes. The meanings formulated from the statements were clustered into similar themes and subthemes across all the respondents' accounts. The researcher then wrote a descriptive experience of the respondents about the themes identified relating to the phenomena under investigation.

Ethical considerations

Approval was obtained from the Ethical Review Committee, the County health department, and the National Commission for Science, Technology and Innovation (NACOSTI) with approval No: NACOSTI/P/22/16985. Informed consent was also obtained from the participants before data collection. Confidentiality and privacy of the participant's information was ensured.

Rigor and reflexivity

The legitimacy and quality standards of the study were guided by adopting the five expressions of rigour in interpretive phenomenology consistent with the Heidegger framework. The expressions of rigour include balanced integration, openness, concreteness, resonance and actualisation. Balanced integration was ensured by balancing the philosophical explanations and the participants' voices. Openness was ensured by maintaining a precise scrutiny of the steps guided by the research methodology. Concreteness was ensured by providing examples of the patient's responses to the reader in a manner in which they will feel the impact of the phenomena as if in the natural setting. Resonance was ensured by vividly writing the participant's experience in the research findings to bring out self-understanding of the phenomena. Lastly, actualisation was assured by publishing the study findings, implying that future readers will continue to interpret their understanding of the phenomena as derived from resonance.

Trustworthiness was ensured by members checking the accuracy of the interpretation, and the researcher provided a detailed description of the nurses' accounts of their experiences. Lastly, the researcher did self-reflection to acknowledge the biases and preconceptions.

Results

Social demographic characteristics of the participants

Ten participants took part in this study; eight of them were female. The participants had a working experience of two to fifteen years in a critical care unit. Six participants did not have certification in Critical Care Nursing as they were trained on the job. Table I summarises the social demographic characteristics of the participants.

Table I: Social demographic characteristics of the participants

Characteristics	Frequency	Percentage (%)
Gender		
Male	2	20.0
Female	8	80.0
Age (Years)		
25-29	1	10.0
30-34	3	30.0
35-39	5	50.0
≥40	1	10.0
Marital status		
Single	3	30.0
Married	7	70.0
Others	0	0.0
Designation in the unit		
Supervisor	2	20.0
Staff nurse	8	80.0
Level of education		
Kenya registered Nurse	0	0.0
Kenya Registered Community Health Nurse	6	60.0
Kenya Registered Critical Care Nurse	3	30.0
Bachelor of Science in Nursing	1	10.0
Master of Science in Nursing	0	0.0
Years of service		
≤2	2	20.0
3-8	5	50.0
9-14	2	20.0
≥15	1	10.0

Perceptions of professional autonomy among critical care nurses

Table II summarises the subthemes

Theme 1: Perceptions of Professional Autonomy

Stick to your lane

Most nurses (6) expressed their perception of autonomy as an issue that warrants the need to adhere to the scope of practice for critical care nurses. Nurses expressed that boundaries were necessary for each profession to ensure personal responsibility:

"As long as you are aware of your area of responsibility as a nutritionist, stay in that lane, a nurse to handle nursing care, and an anaesthetist to handle his or her area of responsibility". (P4).

Filtering Feedback

Five (5) participants confirmed they sought feedback in their practice. Positive feedback may be perceived as a confirmation of their competence. The filtering process is a perceptual bias which has an impact on the professional autonomy:

"You are permitted to change ventilator setting, but you must notify the doctor right away. The doctor always approves their intervention." (P1).

The doctor has to sign the action of a nurse for it to be acceptable:

"When intubating a patient during resuscitation, the anaesthesiologist may be busy with another patient in the operating room. The consultant will then sign that the intubation was performed appropriately" (P3).

Unfamiliarity with autonomy

Five (5) participants indicated they could not recall the definition of autonomy. The term was new to them:

"No, it is a new term." (P1).

"Autonomy? I am not quite sure right now." (P9).

One participant provided an incorrect definition.

"Autonomy? I believe that transference occurs when patient information is kept private." (P2).

However, four (4) of the participants were able to identify the correct meaning of autonomy;

"Autonomy? I think it is a place where a nurse can work independently." (P8).

Table II: Perception of professional autonomy

	<i>Subtheme</i>	<i>Sample Quotes</i>
Perception of professional autonomy	Stick to your lane	<i>"Let everyone stick to their profession and line of duty so that everyone can be held accountable." (P1).</i>
	Filtering Feedback	<i>"When intubating a patient during resuscitation, the anaesthesiologist may be busy with another patient in the operating room. The consultant will then sign that the intubation was performed appropriately" (P3).</i>
	Unfamiliarity with autonomy	<i>"Autonomy? I believe that transference occurs when patient information is kept private." (P2).</i>

Facilitators of professional autonomy among critical care nurses

Theme 2: Facilitators of Professional Autonomy Enablers of professional autonomy in a clinical setting must be present for its impact to be realised.

Table III summarises the subthemes

Working as a team and collaboration

Most participants (8) confirmed that the critical care unit comprises a multidisciplinary team working together to provide patient care. The participants noted:

"Let me say it is really multidisciplinary; it is more of a team effort, and sometimes even the physicians require our input regarding patient treatment." (P8).

The participants strongly emphasised that a nurse can't work independently in the critical care unit:

"We don't make decisions alone; you express your ideas before making a decision. We constantly consult and come to an understanding." (P1).

Work experience

The participant noted that work experience exposes them to different work conditions,

enabling them to be confident in handling challenging situations:

"Even though there are difficulties in the unit, I would assert that my experience cannot be compared to ward setup. When a severely ill patient gets discharged, it makes you feel satisfied". (P7).

Acquisition of skills and knowledge

The participants were mindful of the importance of possessing the updated skill set and the requisite knowledge. The possession of this competency creates confidence in executing the role of a nurse. One of the participants despite having the skills to intubate, the duty can only be performed by other professionals:

"You don't have the authority to intubate a patient, even if you have the necessary skills." (P2).

The on-the-job trained nurses acquired knowledge in the critical care unit through observation and coaching. The level of training, to a large extent, affected the practice of the nurses. The participant narrates the experiences:

"I consult with a critical care nurse who at least makes an effort to advise me. I believe I need to go back to school to get better at troubleshooting." (P8).

However, some participants take time to update their knowledge and skills:

"Continually receiving updates on ACLS and BLS has helped me practice my CPR in accordance with the most recent guidelines." (P9).

In addition, the participants noted there is a conflict between the practice and the training. The participant recalls the instructions provided during training:

"While we were learning how to intubate, we were instructed to go and follow the hospital's guidelines. However, the clinical officers and anaesthesiologists are the only ones allowed to carry out this procedure." (P9).

Table III: Facilitators of professional autonomy

Theme	Subtheme	Sample quote
Facilitators of professional autonomy	Team work and collaboration	"Let me say it is really multidisciplinary, it is more of a team effort, and sometimes even the physicians require our input in regard to patient treatment". (P8).
	Acquisition of Skills and knowledge	"I do consult with a critical care nurse who at least makes an effort to advise me. I believe I need to go back to school to get better at troubleshooting." (P8).
	Work experience	"Even though there are difficulties in the unit, I would assert that my experience cannot be compared to ward setup. When a severely ill patient gets discharged, it makes you feel satisfied". (P7).

Barriers to achieving professional autonomy among critical care nurses

Theme 3: Barriers to professional autonomy
Hindrances to professional autonomy derail the growth of a profession. The members, therefore, remain in the status quo.

Table IV summarises the subthemes.

Medicolegal issues

The presence of medicolegal issues limits the nurses' freedom to practice as required. Three participants link the legal cases to politics in the government institutions. The participant commented:

"Politics have tremendously influenced our practice because of the medicolegal cases since we work at a government institution". (P3).

Scope of practice

The scope of practice identifies the working boundaries to prevent role confusion and

litigation cases. The participants perceived the scope of practice as a significant hindrance to performing interventions that may save the lives of patients:

"Some procedures like intubating a patient are impossible due to the scope of practice, while other procedures cannot be carried out unless performed under the anaesthesiologist's supervision." (P4).

Despite the scope being a limiting factor, some nurses work beyond the boundaries to save patients' lives. One of the participants recounts:

"I am aware of my limitations, and the furthest I can go is to intubate; although occasionally you will find that I can administer paralytic drugs, especially if the patient is intubated" (P3).

The training institutions go ahead to caution the trainees to stick to the policies of specific institutions. Participant P9 recounts:

"We were instructed how to intubate, yet during our training, we were instructed to follow the hospital's guidelines."

Table IV: Barriers to achieving professional autonomy

Theme	Subthemes	Sample quotes
Barriers of professional autonomy	Medical legal issues	"Politics have tremendously influenced our practice because of the medical legal cases since we work at a government institution." (P3).
	Scope of practice	"Some procedure like intubating a patient are not possible due to the scope of practice, while other procedures cannot be carried out unless they are done under the anaesthesiologist's supervision." (P4).
	Fear of autonomy	"I must follow the doctor's instructions; you are not free to modify the prescription." (P2).
	Staff shortage	"Although there are a lot of activities in this unit and you must handle them professionally, there are still difficulties, such a staffing shortage." (P5).

Fear of autonomy

The bureaucracy in the clinical setting has instilled fear in nurses, therefore contributing to them sticking to their lane. A typical description of fear by one of the participants confirms this:

"I can only decide on nursing care." (P2).

The doctor prescribes what must be followed. One of the participants confirms there is no freedom in the ICU:

"I must follow the doctor's instructions; you are not free to modify the prescription." (P2).

Lack of confidence and training was another major factor that contributed to fear of exercising autonomy:

"You can never trust someone who lacks self-confidence". (P10).

However, one of the participants contradicts the presence of fear while providing care to the patient:

"There are instances when we need to perform resuscitation, and I take leadership of the procedure." (P9).

Staff shortage

Most nurses (8) firmly held that the nurse-to-patient ratio needs to be considered to provide quality care. Staff shortage for all disciplines has contributed to stress among the nurses. The participant recounts:

"Although there are a lot of activities in this unit and you must handle them professionally, there are still difficulties, such as a staffing shortage." (P5).

The staff shortage has, therefore, not limited the nurse's ability to provide holistic patient care. This keeps the hope of the clients seeking service in the critical care unit:

"Despite the shortage, we put forth a lot of effort; we don't stop caring for the patient midway because our shift is over." (P5).

However, despite the challenge of personnel, the participants confirm they get satisfaction due to the availability of resources:

"I am satisfied because this location has the majority of the equipment we need for work. Administration also ensures that essential medications are available". (P5).

Discussion

Professional autonomy gives nurses the authority to make decisions about their work based on their knowledge, expertise, and ethical standards. The nurses made a point of emphasising how necessary training is in exercising professional autonomy. A nurse gains the skills and knowledge required to manage the complicated patient needs that arise in the critical care unit during training. This result is consistent

with the research conducted by Labrague et al., which defined professional autonomy as exercising one's position in accordance with one's level of education and taking charge of one's field of practice without external environmental influence. In addition, the authors found that in a research of 166 nurses conducted in the Philippines, the degree of education and the number of hospital beds were essential predictors of professional autonomy.^[5]

However, the nurses stated that they would act independently in special situations where neither the doctors nor the anesthesiologist were present in the unit. This is a sign that autonomy was not a part of their routine. A study by Oshodi et al. examined the professional autonomy of 48 registered nurses working in two National Health Service hospitals in England. It concluded that autonomy was exercised occasionally and must be integrated into daily practice.^[10]

Promoting professional autonomy through administrative assistance and teamwork produced a sense of collegiality and resulted in delivering high-quality treatment. Through the inclusion of various disciplines in the delivery of patient care, this strategy fosters strong relationships. The results are consistent with those of studies done by Rao et al. and Labrague et al. on the factors that promote autonomy. According to the studies, nurses spend a significant amount of time interacting with patients, which influences the patients' outcomes.^[3,5]

The presence of medicolegal cases, the level of training, and practice-related restrictions all stood out as obstacles to professional autonomy. A hierarchical system is used to maintain order in institutions. The strategy produces order and command cohesion. However, bureaucracy prevents innovations and the use of learned skills and knowledge. This conclusion is supported by AllahBakhshian et al., who discovered that the bureaucracy in healthcare institutions limited nurses' independence.

The term "scope of practice" refers to rules outlining a professional's limitations. Boundaries that are not clearly defined lead to disputes and uncertainty. Lastly, medicolegal cases have tarnished the reputations of those impacted and cost some nurses their jobs.

Conclusion

Perceptions, facilitators and barriers to professional autonomy form the background of the current professional status. It is clear that autonomy only existed when it was appropriate or granted by the support structure, such as the administration. The importance of autonomy in upholding one's professional status should have been acknowledged. Professional autonomy was facilitated through teamwork and collaboration. Stress resulting from limitations on professional autonomy, such as staff shortages and limited scope of practice, formed a barrier to professional autonomy. This shows the nurses' options for defending their professional independence are constrained.

The study recommends further research to be carried out on comparative experiences of professional autonomy for nurses working in public institutions and private institutions. A survey of the perceptions of professional autonomy among nurses by other healthcare providers is warranted to illuminate its impact.

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