

Organizational Support as Perceived by Staff Nurses and Its Relation to Their Autonomy

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ABSTRACT

Context: Nurses need support at all levels in the organization. When staff nurses perceive organizational support, this can promote their sense of well-being, raise positive work behaviors and enhance their autonomy in patient care and unit operational decisions through having the right to make decisions and do their best to increase productivity and achieve organizational goals.

Aim: The current study aimed to assess organizational support perceived by staff nurses and its relation to their autonomy.

Methods: A descriptive cross-sectional analytical research design was utilized to achieve the aim of the current study. This study was conducted in all units of Benha University Hospital. Study subjects were 301 out of 1224 staff nurses; their selection was based on a simple random sample. Two tools were used for data collection: the perceived organizational support questionnaire and staff nurses' autonomy scale.

Results: The study results yield that more than two-thirds (73.3%) of the studied staff nurses had low perception levels regarding organizational support. In comparison, less than half (45.8%) of them had moderate autonomy levels. Also, there was a highly statistically significant positive correlation (p-value <0.001) between organizational support as perceived by studied staff nurses and their autonomy.

Conclusions: The study concluded that a positive, highly statistically significant correlation was found between organizational support as perceived by studied staff nurses and their autonomy. The study recommended that the hospital clarify available organizational support types for staff nurses and encourage them to express their needs, and put strategies to increase needed support. Hospital administrators should enhance staff nurses' autonomy regarding patients' care and the unit's operational decisions. A training program should be provided for staff nurses to be more autonomous to make independent, wise decisions. Future research is suggested regarding a broader cross-section replication of this study for diverse nurses from all over the country that may yield a generalization of the results. Also, further research is needed to explore barriers that staff nurses face in autonomous decision making and how to promote them in participation in unit operational decisions.

Keywords: Autonomy, organizational support, staff nurses

1. Introduction

Organizational support is the degree to which staff trust in their organization, which evaluates their facilities and considers their roles. Also, the extent to which staff wants are seen by the organization and recognizes their well-being (Samuel, 2014). Organizational support is nurses' beliefs regarding how the organization responds to increased efforts at work and how the organization meets their socio-emotional needs (Mirzaei, & Hoseinbeigi, 2016). Perceived organizational support is defined as the staff's perception about how the organization acknowledges them, appraises their services, meets their needs, and cares about their well-being (Pourghaz, Toomaj & Yaghoubi, 2014; Abed, & Elewa, 2016).

Perceived organizational support has several antecedents that include fairness, which means the perceptions of procedural or distributive justice and organizational politics. Also, it includes job conditions such as autonomy and pays, supervisor support, human resource practices such as reward systems, decision-making

opportunities, and growth opportunities (Burns, 2016). Also, Peterson (2015), appointed to various shapes for organizational support. It is the provision of opportunities, emotional support, encourages being autonomous and improving performing appropriate decisions. Specific organizational factors that support nurse include: supportive organizational climate, autonomous climate, adequate staffing, participatory management, and continuing education and the opportunity for nursing advancement in the organization (Registered Nurses Association of Ontario, 2013)

The perceived organizational support is an essential factor in the effort to develop work within an organization. This construct is important because of the increasingly competitive environment that makes employees more worried about the extent to which organizations pay attention to their well-being (Eisenberger, Malone, & Presson, 2016). Creating effective organizational support leads to improving one's self-esteem, hope, and personal growth of nurses, resulting in physical, mental, emotional, and spiritual well-being. Also, the perception of organizational support may aid in restoring the balance

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between the benefits awarded by the organization and the contributions of the staff (Pourghaz et al., 2014).

Organizational support has an impact on nurses' behavioral outcomes (Ahmed & Nawaz, 2015). Strong organizational support can promote a sense of well-being and positive work behaviors in nurses (Labrague, McEnroe Petite, Leocadio, Van Bogaert, & Tsaras, 2018). Nurses' behavioral outcomes of perceived organizational support would include decreases in withdrawal behaviors such as turnover intentions and absenteeism and increases in extra-role performance. When nurses perceive organizational support, they have more ownership of their organizations and more satisfaction with their jobs (Hamed, 2018). Nurses need support and acknowledgment at all levels in the organization to enhance their autonomy, increasing the organization's productivity (Kumar, 2014).

Autonomy is a multidimensional phenomenon, and the term derived from the Greek words auto and nomos, meaning (self) and (law) (Wade, 1999). Autonomy means the quality of having the ability to function independently (Curtin & Dempster, 2015). Autonomy refers to the freedom, power, and authority to make decisions related to professional nursing practice (Registered Nurses Association of Ontario, 2013). Autonomy is described as authority and accountability for patient care and unit operations and the right to make decisions that require responsibilities for the outcomes (Johari, Tan, & Tjik, 2017).

The concept of job autonomy applied to nurses both as professionals and individuals (Steel, Schmidt, & Shultz, 2013). The profession of nursing means the privilege of self-governance. While, for the individual nurse, it means the ability of nurses to make critical decisions within their profession and their right and responsibility to act according to the shared standards of that profession (Jin & MacDonald, 2017).

McDonald (2002) defined nurses' autonomy as the process of allowing nurses to have substantial judgment. The autonomy of nurses is the extent to which nurses could form and control how and when they did the particular tasks of their job. Autonomy includes independence, capacity for decision making, judgment, knowledge, and self-determination (Finn, 2015). Professional nurses' autonomy is the practice of one's occupation following one's education. Members of that occupation are governing, defining, and controlling their activities in the absence of external controls. So, they have the right to decide what health care they want and when, how, and who will be involved in that care (Kumer, 2014).

Job autonomy plays a vital role in nurses' well-being as nurses can deal with work-related stress better when nurses have greater autonomy at work. Since job autonomy drives nurses to believe that nurses have the competence and capabilities required to achieve their assignments, it enhances job performance and job satisfaction (Abd el Aal, & Zein Eldin, 2013). A nursing job has a disorganized structure, requiring nurses to make judgments and decisions, be innovative, and take discretionary actions. Therefore, nurses who have discretion and control are likely

to exercise more effective solutions in case of problems and decide how to handle the situation. Autonomy drives nurses to feel a sense of job-related pride (Thompson & Prottas, 2016).

Autonomy is a critical psychological need. It denotes the experience of volition and self-direction in thought, feeling, and action (Curtin, & Dempster, 2015). Autonomy refers to the perception of being self-governed rather than controlled by external forces that everyone needs to attain self-actualization (Legault, 2016). The autonomy of nurses is the freedom to make independent decisions on behalf of patients regarding their interests (Bhanji, 2013). Nurses who do not have a right to say anything in the decisions and not have much organizational support and appreciation have organizational cynicism (Bashir & Nasir, 2013).

Effective autonomy level among staff nurses can be enhanced through implementing various human resources management practices related to organizational support (Sharma, & Dhar, 2016). When nurses feel that the organization pays more attention to meet their needs and care about their well-being, they will do their best to achieve organizational goals (Farasat & Ziaaddini, 2013). The health care workplace that supports autonomy may help nurses progress in their work. The experience of autonomy in the workplace motivates the nurse to work harder and stay loyal to the organization (Legault, 2016).

2. Significance of the study

During the practical training supervision of nursing students at Benha university hospital, one of the researchers noticed that most staff nurses complained about a lack of support inside the organization. Nurses want the freedom to decide how to handle the different work situations without blame. Organizational support can promote a sense of well-being and positive work behaviors in nurses (Labrague et al., 2018). Kumar (2014) concluded that nurses need support at all levels in the organization to enhance their autonomy, increasing the organization's productivity. Also, Currie, Harvey, West, McKenna, and Keeney (2005) stated that for autonomous practice to flourish, a supportive work environment with flexible policies must be provided. When nurses perceive more organizational support, they become more autonomous and payout extra time to provide nursing care. However, the importance of organizational support and autonomy for nurses and the researchers' knowledge was conducted at Benha university hospital, Egypt, for this topic. So, the current study was conducted to assess organizational support as perceived by staff nurses and its relation to their autonomy at Benha University Hospital.

3. Aim of the study

The current study aimed to assess organizational support as perceived by staff nurses and its relation to their autonomy.

3.1. Research question

- Is there a relationship between organizational support as perceived by staff nurses and their autonomy?

4. Subjects & Methods

4.1. Research design

A descriptive, cross-sectional analytical research design was utilized to achieve the aim of the current study.

4.2. Research Setting

This study was conducted in all units (surgical, medical, and critical care units) at Benha University Hospital in Qalubia Governorate, Egypt. The hospital comprises three separate buildings, the medical building that includes 478 beds, the surgical building that includes 384 beds, and an ophthalmology building that includes 18 beds.

4.3. Subjects

The study subjects were 301 out of 1224 staff nurses who were working in the setting mentioned above.

Sample size: The sample size was calculated based on the following equation:

$$n = \frac{N}{1 + N(e)^2}$$

- Where "n" was sample size n=301
- N was the total number of nurses. N=1224
- e was the coefficient factor =0.005 (Yamane, 1967).

The sampling technique was a simple random sample through blindness selection from staff nurses in every unit at Benha university hospital.

4.4. Tools of data collection

Two tools were used for data collection: the perceived organizational support questionnaire and staff nurses' autonomy assessment scale.

4.4.1. Perceived Organizational Support Questionnaire

This questionnaire developed by Eisenberger *et al.* (1986) and modified by Rhoades and Eisenberger (2002), was translated by the researchers from English to Arabic format, and it included the following two parts:

The first part includes the socio-demographic characteristics of studied staff nurses, including; age, gender, marital status, nursing qualification, and years of experience. The second part consisted of 45 items that were grouped under three main dimensions as the following: Supervisor support (19 items), fairness (14 items), and job conditions (12 items).

Scoring system

Responses of staff nurses measured against a five-point Likert scale that ranged from 5=strongly agree, 4=Agree, 3=Uncertain, 2=Disagree, and 1=strongly disagree. The mean and standard deviation was calculated and then converted into percentages. The perception level considered high if the total score was more than 75%, while the perception level considered moderate if the total score ranged from 60%- 75%, while the low perception level if the total score was less than 60 %.

Reliability of perceived organizational support dimensions was done using Cronbach's Alpha test, and reliability results were as follows: Supervisor support was 0.956, fairness was 0.859, and job conditions were 0.798.

4.4.2. Staff Nurses' Autonomy (Self-Assessment) scale

This tool adopted from El Adly (2014) based on Blegen *et al.* (1993). It was used to assess staff nurses' autonomy level. It consists of 48 items grouped under two main dimensions: decisions related to patient care and decisions related to unit operations.

- Decisions related to patient care (28 items) classified into the following: Patient care provision (7 items), nurses collaboration with patients (7 items), patient education (5 items), handle patient complaints (3 items), nurses decided on diagnosis, discharge and related issues (6 items).
- Decisions related to unit operations (20 items) that classified into four subscales as the following: Arranging their work (5 items), planning to deliver high quality of care (5 items), developing and revising patient care procedures (4 items), and managing unit resources (6 items).

Scoring system

Responses of studied staff nurses were measured on a five-point Likert scale. It ranged from 1 to 5 as follows:

- Nurses do not/ never have authority and accountability =1.
- Nurses exercise authority and accountability if asked =2.
- Nurses share authority and accountability with others =3, nurses consult with others and then take the decision =4.
- Nurses have full authority and accountability =5.

The statements scored for each component, summed up, converted into a percentage, and the total divided by the number of the items, giving a mean score for each component. The level of autonomy considered high if the score was more than 75%, level of autonomy considered moderate if the score ranged from 60%-75%, while low level of autonomy if the score was less than 60%

Reliability of autonomy scale dimensions was done using Cronbach's Alpha test, and the results were as the following:

Decisions related to patient care (0.876)

- Patient care provision (0.784)
- Nurses collaboration with patients (0.859)
- Patient education (0.934)
- Handle patient complaints (0.869)
- Decided on diagnosis, discharge, and other issues (0.798)

Decisions related to unit operation (0.874)

- Arranging their work (0.892)
- Planning to deliver high quality of care (0.947)
- Developing and revising patient care procedures (0.956)
- Managing unit resources (0.879)

4.5. Procedures

Content validity of the perceived organizational support questionnaire was ascertained by a jury group that consisted of five professors specialized in nursing administration from faculties of nursing inside Egypt. Their

opinions were elicited regarding the tool format layout, consistency, and scoring system. Contents of the tool tested for accuracy and relevance. Besides, validity was also done to test its consistency, applicability, and feasibility.

Official permission to conduct the study was secured. The researchers clarified to staff nurses that participation was voluntary and anonymity was assured. Approval of the hospital director has been taken first. Also, a suitable time for data collection was determined with each participant's head nurse, and informed consent was taken from each participant. The participants were informed of their right to withdraw at any time and notified that data were collected for scientific research only.

A pilot study was conducted on 30 staff nurses who represent 10% of the total study subjects. The pilot study aimed to determine the feasibility of the study tool's research process, applicability, and clarity. It also serves to estimate the time needed for filling tools of data collection by study subjects. The two tools took from 20 to 30 minutes for every participant. The pilot sample was included in the primary study sample because no modification was done in data collection tools.

The fieldwork for this study extended through nine months. It was started at the beginning of June 2018 and completed by the end of February 2019. The data collection took one month (October 2018). The researchers have introduced themselves and explained the purpose of the study to the selected randomly studied staff nurses who agreed to participate in the study. Data was collected three days per week in the presence of the researchers. Filling the two tools took about 20-30 minutes for every participant. The researchers collected data by meeting the selected randomly studied staff nurses during work hours in the morning and afternoon shifts. Each researcher collected data from 12-15 selected randomly studied staff nurses per day from different surgical or medical units.

4.6. Data analysis

Data entry and statistical analysis were done using the Microsoft Excel and Statistical Package for Social Sciences (SPSS) program version 22. Data presented in tables and figures using descriptive statistics in frequencies and percentages for qualitative variables and means and standard deviations for quantitative variables.

T-Test, ANOVA (F) test was used to compare the mean score between two and more groups, respectively. The correlation coefficient (r) is used to evaluate the association between studied variables. The p-value is the degree of significance. A significant level value considered when p-value ≤ 0.05 and a highly significant level value

considered when p-value ≤ 0.001 , while p-value > 0.05 indicates non-significant results.

5. Results

Table 1 reveals that more than one-third of studied staff nurses aged between 20-30 years (38.9%) and their mean age of 26.98 ± 7.58 , while most staff nurses were females (93.0%), more than three-quarters of studied staff nurses were married (78.1%). Regarding their educational qualifications, more than one-third had secondary nursing education (37.9%), and more than one-third of studied staff nurses had more than ten years of experience with a Mean \pm SD of 9.97 ± 4.25 .

Table 2 shows that the highest mean percentage (56.05%) regarding organizational support dimension as perceived by studied staff nurses was job condition, while the lowest mean percentage (51.79%) was regarding supervisor support. The total mean percentage of organizational support as perceived by studied staff nurses was 53.81%.

Figure 1 shows that more than two-thirds (73.8%) of the studied staff nurses had a low perception level regarding organizational support.

Table 3 clarifies the autonomy dimension of decisions related to patient care; the highest mean percentage 69.99% was related to nurses' collaboration with patients, while the lowest mean percentage 57.5% was related to handling patient complaints with a total mean 66.33%. The table also shows the autonomy dimension of unit decisions. The highest mean percent 53.63% was related to developing and revising patient care procedures, while the lowest mean percentage 48.04% was regarding managing unit resources. Also, the total mean percentage of the autonomy dimension of unit decisions was 50.56%. Moreover, the table reveals the total mean percentage 59.76% for the total autonomy dimensions.

Figure 2 shows that near half (45.8%) of studied staff nurses had a moderate autonomy level.

Table 4 clarifies that there was a highly statistically significant correlation between total organizational support as perceived by studied staff nurses and total autonomy (p value < 0.001).

Table 5 shows a statistically significant relationship between organizational support and staff nurses' years of experience.

Table 6 shows a highly statistically significant relation between autonomy and staff nurses' educational qualifications. Also, there was a significant statistical relation between studied staff nurses' marital status and autonomy.

Table (1): Frequency and percentage distribution of studied staff nurses' socio-demographic characteristics (n=301).

Socio-demographic characteristics	Frequency	%
Age in years		
Less than 20	91	30.2
20-30	117	38.9
>30	93	30.9
Mean ±SD	26.98±7.58	
Gender		
Male	21	7.0
Female	280	93.0
Marital status		
Single	35	11.6
Married	235	78.1
Divorced	22	7.3
Widow	9	3.0
Educational qualification		
Secondary nursing education	114	37.9
Technical nursing education	99	32.9
Baccalaureate of nursing	88	29.2
Years of experience		
Less than 5	94	31.2
5-10	96	31.9
≥10	111	36.9
Mean ±SD	9.97±4.25	

Table (2): Total and mean percentage distribution of organizational support dimensions as perceived by studied staff nurses (n=301).

Dimension	Score	Minimum	Maximum	Mean±SD.	Mean percentage
Supervisor support	95.00	30.00	72.00	49.20±11.01	51.79
Fairness	70.00	20.00	60.00	38.23±9.14	54.62
Job condition	60.00	15.00	58.00	33.63±8.37	56.05
Total of perceived organizational support (45 items)	225	73.00	174.00	121.07±19.34	53.81

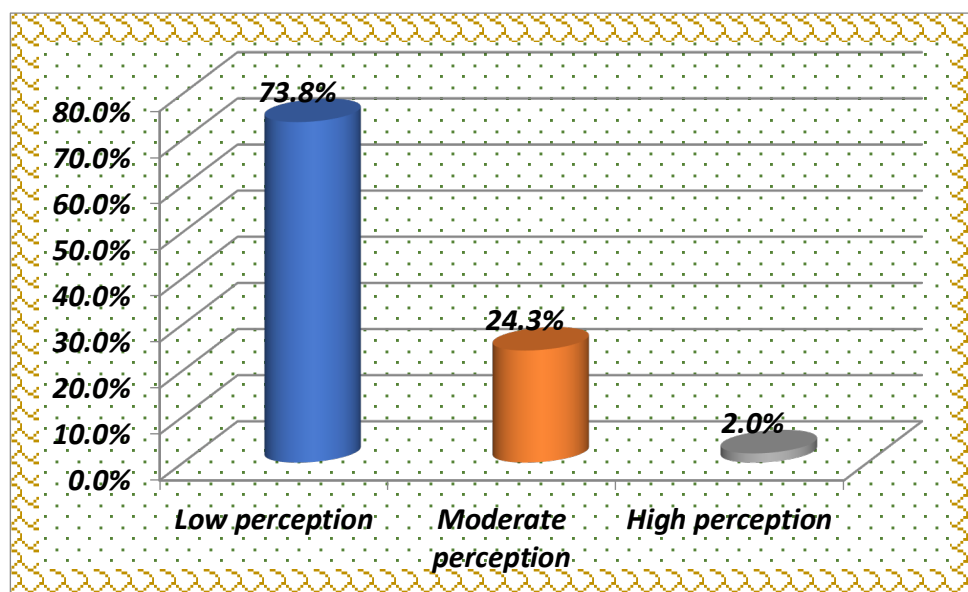


Figure (1): Total levels of organizational support as perceived by studied staff nurses (n=301).

Table (3): Total and mean percentages distribution of autonomy dimensions reported by studied staff nurses (n=301).

Dimensions of autonomy	Score	Minimum	Maximum	Mean±SD	Man Percentage
Patient care' Decisions					
Patient care provision	35.00	10.00	35.00	23.36±6.81	66.76
Nurses' collaboration with patients	35.00	7.00	35.00	24.49±7.30	69.99
patient education	25.00	5.00	25.00	17.26±6.25	69.05
Handle patient complaints	15.00	3.00	15.00	8.63±3.75	57.56
Decide on diagnosis-discharge and related issues	30.00	7.00	30.00	19.09±6.52	63.66
Total of patient care decisions	140	40.00	136.00	92.86±24.55	66.33
Unit decisions:					
Arranging their work	25.00	5.00	25.00	13.15±5.22	52.61
Planning to deliver high quality care	25.00	5.00	25.00	12.26±5.61	49.07
Developing and revising patient care procedures	20.00	4.00	20.00	10.72±4.39	53.63
Managing unit resources	30.00	6.00	30.00	14.41±5.56	48.04
Total of Unit decisions	100	20.00	95.00	50.56±17.30	50.56
Total of autonomy dimensions	240	67.00	228.00	143.42±35.17	59.76

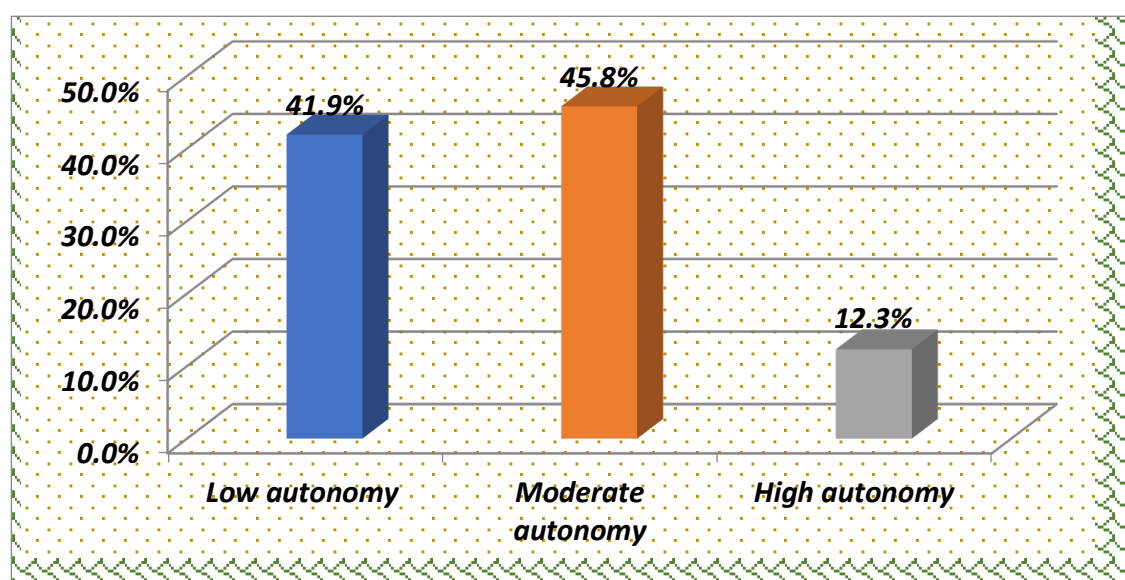


Figure (2): Total studied staff nurses' autonomy level.

Table (4): Correlation between organizational support as perceived by studied staff nurses and their autonomy (n=301).

Variables	Total perceived organizational support	
	r	P-value
Total autonomy	0.473	<0.001

Table (5): Relation between perceived organizational support and studied staff nurses' socio-demographic characteristics (n=301).

Socio-demographic characteristics	Total perceived organizational support		
	Mean±SD	Statistical test	P-value
Age in years			
Less than 20	120.7363±19.763	F test	>0.05
20-30	123.1111±19.421		
>30	118.8387±18.760		
Gender		0.309	>0.05
Male	121.7679±18.418	Independent t-test	
Female	120.9143±19.581		
Marital status			
Single	119.1429±19.017	F test	>0.05
Married	121.2936±19.479		
Divorced	119.5000±19.429		
Widow	126.6667±8.5472		
Educational qualification			
Secondary nursing education	123.1140±20.331	F test	>0.05
Technical nursing education	119.2222±20.219		
Bachelor of nursing education	120.5114±16.824		
Years of experience			
Less than 5	122.1277±20.610	F test	<0.05
5-10	123.7604±19.371		
≥10	115.8559±17.874		

Table (6): Relation between socio-demographic characteristics and studied staff nurses' autonomy (n= 301).

Socio-demographic characteristics	Total perceived autonomy		
	Mean±SD	Statistical Test	P-value
Age in years			
Less than 20	137.4286±34.3838	F test	>0.05
20-30	148.3846±35.1668		
>30	143.0538±35.3702		
Gender		0.567	>0.05
Male	141.1250±33.1734	Independent t-test	
Female	143.9510±35.6571		
Marital status			
Single	127.9429±36.5762	F test	<0.05*
Married	155.3333±38.0131		
Divorced	133.0455±36.8077		
Widow	146.2468±34.0760		
Educational qualification			
Secondary nursing education	152.9211±34.3905	F test	<0.001**
Technical nursing education	134.5354±29.1590		
Bachelor of nursing education	141.1250±39.4764		
Years of experience			
Less than 5	143.5213±34.8032	F test	>0.05
5-10	144.0313±35.8145		
≥10	142.8198±35.2317		

6. Discussion

Perceived organizational support is one of the main concepts that have a considerable impact on any organization. It affects all organizational policies through creating appropriate work conditions, supervisor support, appropriate rewards, and justice in the workplace, and enhancing staff nurses' autonomy (Kurtessis, Eisenberger, Ford, Buffardi, & Adis, 2015). The study aimed to assess organizational support as perceived by staff nurses and its relation to their autonomy.

Regarding the dimensions and total organizational support as perceived by studied staff nurses, the present study reveals that the highest mean score regarding organizational support dimensions was job condition. This result might be due to the university hospitals providing opportunities for their staff for development, promotion, and making climate more initiative to work, and nursing in nature is a human job that needs taking and giving support. This finding was supported by Labrague et al. (2018), who found that enhancing perceived organizational support for

nurses can accomplish through job conditions such as autonomy and professional development, opportunities, promotion, and organizational rewards. Meanwhile, this result was incongruent with *Mahmoud (2018)*, who found that the hospital offers few opportunities for promotion, and the units of the hospital do not have a positive work climate. Also, this result was in the same line with *Moustaka (2010)*, who reported a lack of task autonomy and feedback and reduced advancement opportunities, which appear to be significant determinants of emotional exhaustion for nurses.

While the result indicates that the lowest mean of studied staff nurses' perception of organizational support dimensions was supervisor support, this result might be due to the concentration of supervisors on work productivity only without attention to staff nurses' interests and social needs. This result was incongruent with *Othman and Nasurdin (2013)*, who found that participants reported a high degree of supervisor support. Also, in this regard, *Frederico (2015)* stressed the importance of supervisor support that increases staff motivation, job satisfaction, and positive attitudes towards the organization.

Regarding the total level of organizational support as perceived by studied staff nurses, the result of the present study indicates that near three-quarters of the studied staff nurses had a low level of perceived organizational support. The result might be due to lack of recognition, lack of nursing advocacy about their rights, work overload, and lack of objectivity regarding available opportunities. *Abed and Elewa (2016)* supported the result of the present study, who reported that nurses receive poor organizational support. Also, this result supported by *Higazee, Khalil, Rayan, and Zeinoh (2016)* showed that the study sample perceived less organizational support. This result is also congruent with *Labrague et al. (2018)*, who concluded that the perception of organizational support was low among Filipino nurses. This result was not in the same line with *Adam (2018)*, who found that most staff nurses had a moderate level of organizational support. Also, *Radwan, Alsayed, Gad, and Kassem (2018)* reported that nurses had a moderate level of perceived organizational support.

Related to total and mean percentage of autonomy dimensions for studied staff nurses, the current study results show that the highest mean percentage of decisions about patient care was regarding nurses' collaboration with patients. This finding might be due to nurses' collaboration with patients is very important. The university's hospital supports and encourages nurses to help the patients take accurate decisions as needed and respect patients' needs in their treatment. This result was supported by *Stewart, Stansfield and Tapp (2004)*. They concluded that autonomy is independent decision-making and practice through nurses' contributions through patient care goals by knowing how to get things done within hospital systems and through interdisciplinary coordination and collaboration. While the lowest mean percentage was related to handling patient complaints, this finding might be due to nurses' wrong culture regarding patient complaints is the responsibility of physicians and then implement physicians' orders for

patient care, might be afraid of making the wrong decision regarding patient complaints. This result was congruent with *Stewart et al. (2004)*. They found that studied nurses had a high autonomy level regarding providing psychological support to the patient and his family, while the lowest mean percentage of decisions related to patient care was handling patient complaints. This finding disagreed with *El Adly (2014)*, who reported a high autonomy level dealing with patient complaints.

Regarding the autonomy dimension of unit decisions, the highest mean percentage was developing and revising patient care procedures, while the lowest mean percent was for managing unit resources. This result was incongruent with *Abd el Aal and Zein Eldin (2013)*, who found that nurses had low autonomy in determining staff identifying causes for developing and revising patient care procedures. The lowest mean percentage of autonomy dimension of unit decisions was regarding managing unit resources.

Around half of the studied staff nurses had a moderate autonomy level. This finding might be due to supervisors who did not care to share with most staff nurses in making a decision related to their unit. This finding was supported by *Labrague et al. (2018)*, who found that nurses demonstrated moderate levels of professional autonomy. This result was in the same line with *Paganini and Bousso (2015)*, who found that nurses had a moderate level of autonomy in intensive care units. Also, *Varjus, Kilpi, and Suominen (2011)* reported that most nurses working in the intensive care unit in Finland have a moderate level of autonomy; moreover, *Enns (2013)* found that most nurses had a moderate level of professional autonomy. Also, *Finn (2015)* revealed that the majority of nurses had a moderate level of autonomy.

On the other hand, *Laschinger, Finegan, Shamian and Wilk (2011)* found that more than half of nurses perceived a high autonomy level and emphasized that they affect nurses' sense of self-worth and meaningfulness, job satisfaction, and morale. Also, *Plati, Lemonidou, and Priami (2010)* revealed that the study nurses had a low level of autonomy because of work overload and the medically driven task-oriented care. This finding might be due to the culture of the supervisors only who were responsible for decision making and staff nurses as followers who should obey the orders of their supervisors.

Results related to the correlation between organizational support as perceived by studied staff nurses and their autonomy. The present study demonstrates a highly statistically significant correlation between total organizational support as perceived by studied staff nurses and total autonomy. This result might be due to staff nurses' perception of their organization's support. They could perceive the organizational support through satisfying their needs, provide them with needed resources, solve their problems with flexibility, and involve them in decision-making related to their work. Hence, they would make extra efforts with high autonomy related to their decisions regarding the unit and patient's care to satisfy the health organization goal and provide a high quality of patient care.

While this result contradicted with *Labrague et al. (2018)*, who found that perceived organizational support did not influence the autonomy of nurses, this result is congruent with *Kumar (2014)*, who appointed to nurses need support at all levels in the organization to enhance their autonomy which increases the productivity of the organization.

Related to the relationship between organizational support as perceived by studied staff nurses and their socio-demographic characteristics, the result shows a statistically significant relationship between organizational support and years of experience. This finding might be because staff nurses had more years of work experience in their organization; they can understand more regarding support methods from their organization and how to use them. This support satisfied their needs. The present study finding contradicted *Farasat and Ziaaddini (2013)*, who found no significant relationship between staff nurses' organizational support and personal characteristics. Also, the present study contradicted *Abed and Elewa (2016)*, who found a statistically significant difference between staff nurses' organizational support and their age and working unit.

Labrague et al. (2018) were in the same line with the result of this study, which revealed a significant correlation between nurses' organizational support and demographic characteristics. The result contradicted *Robaee, Shoorideh, Ashktorab, Baghestani, and Sharifabad (2018)*, who reported a none significant correlation with any of the demographic characteristics.

The results show a highly statistically significant relationship between autonomy and studied staff nurses' educational qualifications. This result might be due to education giving staff nurses power, confidence, and experience to reflect on their autonomy in dealing with situations. Also, there was a significant relationship between autonomy and marital status. This might be due to marriage give nurses support and emotional stability that reflect their autonomy in dealing with situations. The result was inconsistent with *Taylor, Beradley, and Nguyen (2003)*, who found that single workers were less satisfied with all aspects of their job autonomy than married workers.

7. Conclusion

The current study concluded that a positive, highly statistically significant correlation was found between organizational support perceived by the studied staff nurses and their autonomy. Also, the study findings proved that more than two-thirds of the studied staff nurses had a low perception level regarding organizational support, while less than half of them had a moderate level of autonomy.

8. Recommendations

Based on the findings of this research, the following recommendations have been generated:

- Hospitals should clarify available types of organizational support for staff nurses, encourage them to express their needs, and put strategies to increase needed support.

- Hospital administrators should enhance staff nurses' autonomy regarding patients' care and unit operational decisions and encourage staff nurses to suggest new and innovative ideas about patient care and apply them in their workplace.
- The hospital administrators should create strategies that promote a supportive work environment such as fairness in rewards distribution, active listening, safe working condition, needed training, motivation (better opportunities for promotion), problem-solving, periodic meetings, and respect for their rights in autonomy.
- A training program should be provided for staff nurses to be more autonomous to make independent, wise decisions.
- Future research: A broader cross-section replication of this study for diverse nurses from all over the country may yield a generalization of the results.
- Further research is needed to explore barriers that staff nurses face in autonomous decision-making and how to promote them in unit operational decisions.
- Further research investigates the relationship between perceived organizational support and other variables as job satisfaction, turnover, and productivity.

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