NURSING STAFF LIVED EXPERIENCE OF CHALLENGES AND OPPORTUNITIES REGARDING PROFESSIONAL AUTONOMY: PHENOMENOLOGICAL STUDY

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Abstract

Background: Professional autonomy is a multidimensional concept and considered a main nursing professional priority in expanding the scope of the nursing practice, so nurses require greater autonomy and participation in decision making in an organization. The current phenomenological study will offer an opportunity to improve the understanding and application of autonomy as a concept in different healthcare settings. **Aim:** to describe the lived experience of nursing staff about challenges and opportunities regarding their professional autonomy. Design: A phenomenological qualitative research design was used. Sample: A Purposive sample of (n=23) nursing staff was recruited for this study. Setting: General New Cairo Hospital which is affiliated to Ministry of Health. Tools: Two tools were used for data collection: Personal characteristic data sheet and semi-structured interview using digital voice recording. Results: four themes were identified as challenges were faced by nursing staff to practice professional autonomy; professional, individual, organizational and interpersonal relationship-related challenges with 34 sub-themes. Data added that professional challenges had six subthemes; individual challenges had eight subthemes, while the organizational challenges had seventeen subthemes and three subthemes are emerged under interpersonal relationship challenges. Regarding opportunities, only nine participants reported different opportunities that can enhance nurses' autonomy such as: continuous training, available needed resources, nursing administration support unit manager and staff nurses, mutual nurse-physician respect and nurses' participation in patient care decision making. Conclusion: there are four challenges faced nursing staff to practice autonomously such as professional, individual, organizational and interpersonal relationship challenges and it was concluded that there are limited available opportunities. Recommendations: developing professional guidelines based on the lived experience of nursing staff and developing and offering training program for newly hired nurses about professional autonomy.

Keywords: Challenges, Opportunities, Professional Autonomy and Phenomenological Study.

1. INTRODUCTION

Globally, health-care systems have undergone significant changes that have increased the demand for autonomous nursing practice. Moreover, autonomy is a critical component of clinical nursing and one of the profession's most important aspects, which is viewed as strength and one of the areas that must be considered to deliver maximum

patient care while also increasing patient satisfaction on various levels. So, autonomy being influenced by increased workload and patient acuity demands [1].

Professional autonomy is defined as the capacity of an individual to fulfill professional responsibilities independently, within the bounds of possibility, without supervision, but guided by principles and laws [2]. In addition, Rouhi-Balasi et al., [3] who claimed that the concept of professional autonomy is a developing trait which is achieved based on patient-based competence and self-reliance to develop the best care plan for improving patients' health.

It was reported that, there are opportunities for nurses to work autonomously such as support and shared leadership, it is important to enable nurses to participate in decision- making, and development of nursing profession through shared leadership to enhance the recruitment and retention of a skilled workforce. In addition, nurses should be considered equal members of the health care team and nursing as an independent profession should be valued equally with medicine in practice [4].

Allah Bakhshian, et al, [5] identified two main barriers included profession-related barriers and organizational barriers. This indicates that autonomy in nursing would vary according to the situation as well as influencing factors. However, despite increasing professionalism in nursing and greater emphasis on responsibility in the clinical setting, many nurses believe that their autonomy is limited. Also, Shi, Gu, Wang, and Zhang [6] stated that, autocratic, non-supportive management and poor nurse-physician relationships are considered challenges impeding nurses to practice autonomously.

Several international studies have reported that, higher nurse autonomy is associated with better patient outcomes in magnet hospitals and autonomy is linked to lower patient mortality and higher rescue success [7]. In addition, Rouhi-Balasi, et al. [8] who clarified that, if nurses have a greater control over their performance, decision-making ability, and autonomy to act based on patient safety; they can provide better quality care to patients. Therefore, empowering nurses by providing conditions to perform based on professional autonomy, can ultimately lead to better results for the patients and cause overall safety.

Also, the professional autonomy has a positive effect on nurses' job performance, including organizational commitment, job satisfaction, and work performance [9]. In other study, it was founded that, there was a positive linear relationship between the professional autonomy of nurses and their patient advocacy and recommended future studies to identify situations that may prevent professional autonomy and patient advocacy [10].

1.1 Significance of study

In Egypt a study conducted by Sheta & Hassan [11] to study level of autonomy at ministry of health found that, only 34% of nurses had high level of job autonomy and there was high a statistically significant positive correlation among all levels of job autonomy of studied staff nurses and their perception of motivational factors. In addition

to that a study done in Saudi Arabia by Alruwaili and Abuadas [12] reveled that nurses in acute care settings have moderate professional autonomy, with higher autonomy in making patient care decisions than unit operations decisions. So, investing in nurses' education and training could increase their professional autonomy, Policymakers and nursing administrators can use the study's results to develop strategies that promote nurses' professional development and autonomy.

However, a qualitative study done in Iran which concluded that the main barriers ICU nurses faced with, to exercise professional autonomy included role ambiguity, unsupportive work environment, lack of manager's support and professional nursing bodies such as nursing associations to guide professional nursing practice [5]. From investigator's clinical work experience, it was observed that nurses lack professional autonomy within healthcare team, which led to nurses' dissatisfaction, powerlessness, and increased their intention to leave nursing profession or shift the career. Therefore, the current study shed light on challenges that face nurses in practicing professional autonomy, in an attempt to set strategies to improve nurses' autonomy that consequently, will improve their retention and quality of patient care.

1.2 Aim of study

This study aimed to explore the lived experience of nursing staff about challenges and opportunities regarding their professional autonomy.

1.3 Research Question

What is the lived experience of nursing staff regarding their professional autonomy, challenges and opportunities?

2. METHODS

2.1 Research Design: Phenomenological qualitative research approach was used in this study.

2.2 Participants

A Purposive sample of 23 nursing staff was recruited for this study divided into staff nurses (n=11) who provide direct care and have five years of experience and Nurse mangers (n=13) at different managerial levels (director, nurse supervisor and unit nurse manager) who have three years of experience in current position.

2.3 Setting

This study was conducted at the General New Cairo Hospital, which is affiliated to ministry of health and provides free and paid health services.

2.4 Tools for Data Collection

Two tools were used for data collection in this study: First, personal characteristic data sheet includes: age, gender, qualification in nursing, years of experience of nursing and in hospital, marital status, job title and clinical unit.

Second: semi structured interview was developed by investigator based on extensive reviewing of relating literature mainly [5], [13] which composed of about eight open-ended questions in order to express the lived experience of nursing staff about their professional autonomy, challenges and opportunities.

2.5 Ethical Consideration:

An official written approval letter to conduct the proposed study was obtained from the ethical scientific research committee of The Faculty of Nursing - Cairo University in May 2022 to carry out the study. Also an official permission from the administrators in the selected hospital was obtained to carry out the study. All participants were provided with information sheets detailing the aim of the study and the study process; they were also given the opportunity to ask questions about the study; and were fully assured that they could withdraw from the study at any time without any negative consequences. Participant informed consent was obtained prior to commencement of data collection. Anonymity and confidentiality of personal recorded data were assured through coding as well as keeping the recorded tapes in a safe locked place. Participants were also assured that their personal data was not be used for other research purposes without their permission.

2.6 Procedure

Data were collected through a period of 10 months from August 2022 to June 2023 through three phases; preliminary phase, assessment phase and data analysis phase.

2.6.1 Preliminary phase:

Official permission to conduct the proposed study was obtained from the hospital administrators. All participants who met the inclusion criteria were informed about the purpose, importance, and benefits of the study. Also, the time and place of interviews were determined by the participants and the tool was developed based on literature and it was revised by three experts in qualitative research and nursing administration from Faculty of Nursing, Cairo University.

2.6.2 Assessment phase:

Scheduled meetings with participants were planned based on their work schedule. Each participant was interviewed individually in a quiet place at clinical unit at different shifts, while some time nurse supervisors and head nurses were interviewed in nursing director's office when it was available or in their clinical unit to avoid interruption. Direct face to face interview was initiated; every participant was interviewed from two to three times. Each interview session ranged from 25-40 minutes and conducted in Arabic language. a) During the first interview, the nature and purpose of the study were verbally explained for each participant as well as signing written informed consent for voluntary participation and using the digital voice recording was obtained from them. Also, anonymity and confidentially of the recorded data was assured in this session. The base line data about the personal characteristics was obtained. Then, plan for second and third interviews were arranged. b) During the second and third interviews

the investigator assessed the lived experience of nursing staff about their professional autonomy, challenges and opportunities for improvement, using audiotape. The questions ranged from general to more specific ones, such as "what is the autonomy mean to you?", "describe situations that indicate the professional autonomy at work", "what factors impede autonomous practice?" and "what are the opportunities enhance the professional autonomy in your daily work? Interviews were ended when the investigator become saturated with collected data. Also, field notes were being used for recording any observation during the interview sessions. By the end of third interview the investigator informed each participant that they were be contacted after the completion of data analysis to review the data interpretation (member check).

2.6.3 Data Analysis phase

The data analysis for the current study was based on Colaizzi's [14] phenomenological method. In this study, transcription of the audiotape was done by the investigator in handwriting word by word after each interview; the transcripts were line by line and word by word very closely, extracting significant statements and coding each of them. Then the codes were merged into categories; which were then clustered together into subthemes; then, major themes; professional, individual, organizational and interpersonal relationship - related challenges. The integration of the major themes into exhaustive description of the phenomenon, and validating the identified structure and nature of the phenomenon from the participants' description was then done as a final step.

3. RESULTS

Quantitative Findings

Table 1 shows that majority (78.3%) of participants were females and more than one third (39.1%) of them were in age group from 30 to less than 40 years. The highest percent (73.9%) of the studied participants were married. In addition to educational degree, about one third (39.19%) of the studied participants had Baccalaureate degree.
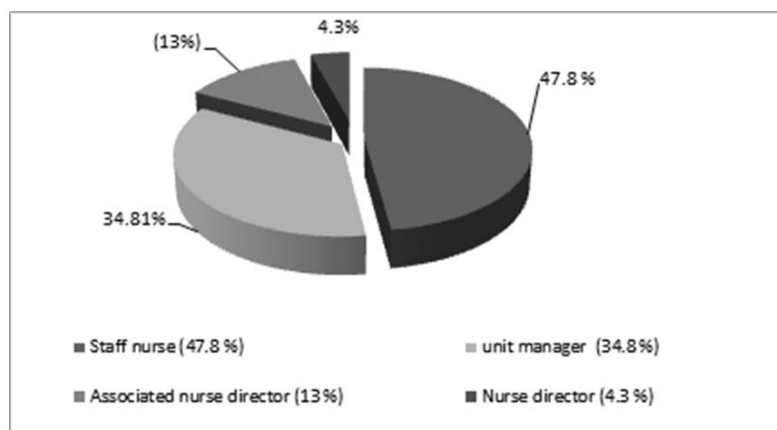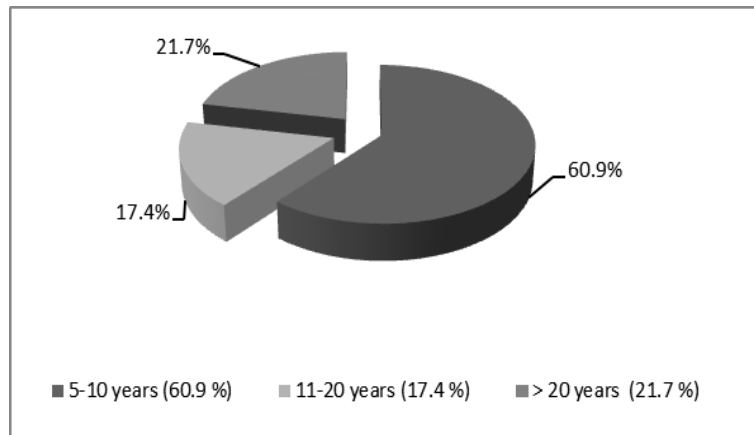

Fig 1: Distribution of participants according to their job title (n=23)

Figure (1) reveals that around half (47.8) of studied participants were staff nurses. While, the rest of studied participants, (34.81%) were head nurses, (13%) were associated nurse director and the least percent (3.4%) were nurse director.

Fig 2: Distribution of participants according to their years of experience in nursing profession (n=23)

Figure (2) shows that the highest percent (60.9%) of studied participants had 5-10 years of experience in nursing profession.

Table 1: Distribution of the participants according to their personal data (n=23).

Variables	No	%
Gender		
Male	5	21.7
Female	18	78.3
Age		
20 to less than 30 years	6	26.1
30 to less than 40 years	9	39.1
40 to less than 50 years	8	34.8
50 and more	0	0
Marital status:		
Single	3	13
Married	17	73.9
Divorced	2	8.7
Widow	1	4.3
Educational degree		
Technical diploma	4	`17.4
Technical associated diploma	7	30.4
Baccalaureate	9	39.1
Master	3	13
Doctorate	NO	NO

Qualitative Findings

Nursing autonomy challenges

During data analysis, a total of 65 codes were obtained, which were categorized into 22 sub-themes and then, based on their similarities and differences, four main themes were identified as professional, individual, organizational and interpersonal relationship-related challenges (Table 2)

Table 2: factors impede nursing staff for practicing professional autonomy (n=23)

Themes		Subthemes
Profession-related challenges	a)	Lack of nursing power, professional empowerment, nursing competencies and career development chances.
	b)	Public misconception about nursing profession image.
	c)	Lack of nursing team spirit.
Individual -related challenges	a)	Low self –confidence, low self-esteem and miss trust of leaders and nurses
	b)	lack of staff commitment and loyalty to organization
	c)	Fear of accountability and feel insecure.
	d)	Careless behavior of nurses
	e)	Lack of knowledge, skills and the motivation to practice nursing autonomy.
Organizational-related challenges	a)	Centralized administration structure health care organization/ on Macro level
	b)	Medical dominance on department/hospital level
	c)	Nursing shortage, high work load and not adhere to job description
	d)	Nurses overwhelming negatively affect critical thinking
	e)	Unfair reward-punishment system and fear of punishment
	f)	Stressful work place, Insecure work place and fear of exposure to violence
	g)	Inadequate resources, lack of training and absence of work guidelines.
	h)	Restriction of nursing authority and lake of nurses opportunity to make a clinical decision
	i)	Restriction of associate manager role with staff nurses.
	j)	Role ambiguity and unclear line of authority.
Interpersonal relationship-related challenges	a)	Manager -employees –problems.
	b)	In-effective health care team communication.
	c)	In-effective therapeutic nurse-patient relationship

3.1.1 Theme 1: Profession-related challenges.

The participants described their experience about profession-related challenges, which included the following sub-themes lack of nursing power, professional empowerment, nursing competencies, chance of career development and lack of nursing team spirit among nurses and also, public misconception about nursing image.

3.1.1 Lack of nursing power, professional empowerment, nursing competencies and career development chances

Participant 4:

"Untrained nursing staff, the patient's condition needs more experienced person and a unit manager doesn't have confidence in their decisions or knows that a higher person in position e.g. medical head of department will implement his own decision or take a decision against her."

Participant 5 :

"The nurse incompetent for the position to make decisions and the nurse director's duties are limited and this restricts her role."

Participant 7 :

"The hospital administration doesn't provide enough authorities for nursing administration."

Participant 12:

"Health team member education levels are advanced. Nursing staff education is in the least degree; as a result, that nursing staff viewed as they have lack of knowledge and need direct directions."

Participant 19:

"Unsupportive nursing syndicate and doesn't give us our rights."

3.1.2. Public misconception about nursing profession image.

Participant 10:

"The nurse is always being seen as someone who carries out physician's orders. In addition, everyone believes the physician always supervises the nurse and this fact in the physician's job description. Also, there are others many reasons such as the media influence displays the nurse always follows physicians, walks and puts her hands in her pocket and takes a bribe."

Participant 22 :

"Nursing supervisors believe that people always talk about nursing staff, as a result of nurses provide patient care and deal with the physicians caution which considered a barrier for practicing autonomy."

3.1.3 Lack of nursing team spirit.

Participant 5:

"Nurse Director rejects my decisions regarding nursing staff in order to weaken my image and reduces my role with nursing staff."

Participant 7:

"The nursing staff is not cooperated with each other (not one hand)."

3.2 Theme 2: Individual -related challenges

Nurses referred to low self –confidence, low self-esteem, lack of awareness regarding work rules/goals and policies, low staff commitment and carless nursing behavior as some of the individual challenges faced nurses to practice autonomously.

Low self –confidence, low self-esteem and miss trust of leader and nurses

Participant 1:

"There are decisions imposed on hospital manager by external higher authorities also, decisions are being imposed on nursing directors from hospital manager. So, I haven't confidence to make a decision and haven't the ability to implement it."

Participant 2 :

"The nurse could be a reason, for example, when he has a problem, complains to the medical head of department and doesn't communicate to his head nurse."

Participant 4:

"Untrained nursing staff, fear and haven't self-confidence. Unit manager doesn't have confidence in their decisions or knows that a higher person in position e.g. medical head of department will implement his own decision or take a decision against her."

Participant 11 :

"It is related to awareness and training of nursing staff, their self-confidence and confidence in their decisions. There are staff nurses is careless, just only carryout orders"

Participant 15 :

"Staff nurses haven't self-confidence to act."

3.2.1 Fear of accountability and feel insecure: -

Participant 6 :

"In my opinion, nursing supervisors may be afraid about their positions or fear of making a wrong decision or punished if their decision is wrong."

 Participant 22 :

"There are factors related to nursing staff when a nurse does not practice the task well, he is afraid of doing this task because he is afraid of committing a mistake or patient risk and being held accountable."

3.2.2 Careless nursing behavior.

Participant 11 :

"Staff nurses are careless, just only carryout orders."

Participant 21:

"Nursing staff are relaxant."

Participant 10:

"But also, there are nurses who don't want to think, they want only to carry out the physician's orders."

3.2.3 Lack of the knowledge, skills and the motivation to practice nursing autonomy.

Participant 6:

"The nurse hasn't experience and his personality is weak."

Participant 13:

"There are staff nurse have less work experience, therefore they aren't able to completely autonomous with the patient"

3.3 Theme III- Organizational-related challenges

3.3.1 Centralized administration structure in health care organization/ on macro level.

Participant 1:

There are decisions imposed on hospital manager by external higher authorities also, decisions are being imposed on nursing directors from hospital manager. So, I haven't confidence to make a decision and haven't the ability to implement it."

Participant 6:

"In my opinion, there isn't flexibility from the hospital administration that nursing staff has an opinion, a voice and an entity and must follow medical head of department orders."

"Hospital manager wants to neglect nursing staff's autonomy due to this belief that nursing staff hasn't right to be assigned in a good position, hasn't entity, only follows and carries out physician's orders."

Participant 7:

"There are imposed decisions from the ministry of health for hospital."

Participant 18:

"Style of manager who, I work with him, the previous manager controls all our work, hold us responsible about everything while, we have limited authority to work."

3.3.2 Medical dominance on department/hospital level

Participant 5:

"There is a conflict between hospital administration and nursing director: for example, the deputy director of hospital manager's behavior. All the time, hospital manager must only implement his opinion and his decisions."

Participant 8, 14:

"The medical head of departments and physicians intervene in nurse's work."

Participant 17:

"The physician intervenes in nurse's work and comments on my work in presence of patient and their relatives."

3.3.3 Nursing shortage, high work load and not adhere to job description

Participant 9:

"Nursing staff number is in adequate. Other health care team doesn't commit to their work which leads to a burden on nursing staff and they aren't able to do their work well."

Participant 16:

"Physicians don't available in the department and every time asks someone to attend because we need them as result of do my duties and other's duties"

Participant 19:

"I work many tasks out scope of my duties as sending blood samples and receiving lab results from the laboratory."

3.3.4 Nurses overwhelming negatively affect critical thinking.

Participant 20:

"Other factors related to the hospital where I work, such as high patient's rate and high workload, that is required from me to do many tasks, and I don't able to concentrate on one task, less staff nurses number and un availability of nurse aids.

3.3.5 Unfair reward-punishment system and fear of punishment

Participant 6:

"In my opinion, nurse supervisors may afraid about their positions, or afraid to make a wrong decision or take a penalty if their decision is wrong."

Participant 18:

"The staff that commits mistakes isn't being accountable and staff who work equal to those don't work."

Participant 22:

"All the time, nursing staff has been punished by legal complain, even though they didn't make a problem, and threatening them by punishment."

3.3.5 Stressful work place, insecure work place and fear of exposure to violence.

Participant 14:

"The hospital administration doesn't secure the work place and the security members don't perform their work well.

Participant 16:

"Many relatives stay with patients, as a result I become nervous at time of providing patient care and also, they intervene in my work."

Participant 22:

"All the time, nursing staff has been punished by legal complain, even though they didn't make a problem, and threatening them by punishment."

3.3.6 Inadequate resources, absence of work guidelines and lack of training.

Participant 4:

"Untrained nursing staff"

Participant 9, 14 and 19:

"Nursing staff number is inadequate; there is a shortage of supplies and high nursing workload."

Participant 17:

"There is no protocol to follow it at work"

3.3.7 Restriction of nursing authority and lake of nurse's opportunity to make a clinical decision.

Participant 5:

"Nurse Director has limited duties and this reduces her role."

Participant 6:

"In my opinion, there isn't flexibility from the hospital administration that nursing staff has an opinion, a voice and an entity and must follow medical head of department orders."

Participant 15:

"Nurse Supervisors don't provide chances for staff nurses to practice autonomously."

3.3.8   Restriction of associate manager role with staff nurses.

Participant 5:

"Nurse Director rejects my decisions regarding nursing staff in order to weaken my image and reduces my role with nursing staff.eg; I agreed to switch between two nurses, but the nurse director refused, she wants imitate her."

3.10. Role ambiguity and unclear line of authority.

Participant 3:

"There isn't respectable job description for us. There is a say "everything above the floor by twenty centimeters is considered nurse's responsibility" and "all work assigned to her". Of course, it is unfair (she is sad)."

Participant 10:

"Everyone believes the physician always supervises the nurse and there is in the physician's job description that he supervises nursing staff."

Participant 18:

"Nursing management hasn't autonomy. If any one of nursing staff has a complaint, we don't know to whom to submit it".

3.4   Theme IV- Interpersonal relationship-related challenges

3.4.1 Manager -employees –problems.

Participant 2:

"The nurse could be a reason, for example, when he has a problem, complains to the medical head of department and doesn't communicate to his head nurse."

Participant 8:

"Nursing staff debate the decisions of a head nurse."

3.4.2 In-effective health care team communication.

Participant 17:

"The physician intervenes in nurse's work and comments on my work in presence of patients and their relatives. e.g; I was inserting a cannula for patient but I failed, physician commented on my work, in presence of patient and relative, as a result, I don't able to continue with the patient again."

Participant 19:

"At time of providing patient care, the physician asked to bring laboratory results first."

3.4.3 In-effective therapeutic nurse-patient relationship.

Participant 22:

"There are factors related to the patient, which the nurse is afraid of aggressive patient behavior."

Availability of opportunities

Only nine participants reported different opportunities that can enhance nurses' autonomy such as: continuous training, available needed resources, nursing administration support unit manager and staff nurses, mutual nurse-physician respect and nurses' participation in patient care decision which emerged into two major themes; Professional and Interpersonal relationship, while other participants consider not available opportunities. (Table 3)

Table 3: A available opportunity that enhance the nursing professional autonomy in daily work (n=23)

Major themes	Sub themes
Professional opportunities	a) Continuous training and available needed resources
	b) Nursing administration support unit manager and staff nurses
	c) Considering problems and needs by medical director of department.
Interpersonal relationship opportunities	a) Mutual nurse-physician respect and nurses' participation in patient care decision making.

3.5 Themes VI- Professional opportunities

3.5.1 Continuous training and available needed resources

Participant 5: "Continuous training" Participant 6: "The training" Participant 7: "training of staff nurses" " Participant 8:"The training and follow up"

Participant 10: "Continuous training, but attend staff nurses should attend the training programs regularly, because most of them refuse to train"

Participant 22: "Availability of supplies and equipment to help nurses work well and know how to practice autonomy"

3.5.2 Nursing administration support unit manager and staff nurses

Participant 6:

"The support from nursing director and approval of my decisions as a unit manager, e.g; I want to transfer a nurse from the department to another because he isn't qualified, told nurse manager and approved with my decision."

Participant 8:

"Nurse Manager supports me when the medical head of department complains to her due to I refuse his intervention in my work as a unit manager, e.g; staff nurse schedule."

Participant 15:

"When they provide me the freely of space to provide patient car, make me feel that I person can depended on at work and in case a new hired nurse with us, they tell me to train him. This is something that makes me happy."

3.5.3 Considering problems and needs by medical director of department.

Participant 20:

"The medical head of department listens to us, and to anyone who sees negative issues in the place and allows to submit it, and if the nurse has solutions for this problem express it."

3.6 Theme II- Interpersonal relationship opportunities

3.6.1 Mutual nurse-physician respect and nurses' participation in patient care decision making

Participant 20:

"The participation of staff nurses in patient's treatment plan with the physicians and considering the nurse's opinions.'

Participant 21:

"The supervisors allows me to work freedom and there is mutual trust with the physicians"

4. DISCUSSION

The findings of current study indicated that the participants experienced four main themes were challenges faced them to practice the professional autonomy at their work professional, individual, organizational and interpersonal relationship-related challenges. Regarding to professional challenges, the participants of current study believed that, lack of nursing power, professional empowerment, nursing competencies, career development chances and lack of nursing team spirit among nurses and public misconception about nursing profession image were impeded them to practicing autonomously. This could be due to scarcity of human resources at governmental health care organization to motivate nurses to continue their professional development.

In addition to type of shift (24 hour) hospital used which lead to decrease cooperation and socialization among nursing staff at the same department and between hospital departments that lead to feeling of lack of empowerment and diminishing team spirit among them. These findings were consistent with Allah Bakhshian, et al [5] who studied barriers to ICU Nurses' autonomy in Iran and identified many challenges may be facing nurses in gaining professional autonomy such as; lack of strong professional bodies, which participants stated that there's no unity in nursing and don't have strong professional alliances to gain autonomy. Moreover, Taleghani, et al [15] clarified that, there are sociocultural and organizational cultural negative effect of culture on nurses' autonomy.

The current study findings revealed that second theme identified was individual -related challenges and its sub-themes were low self –confidence, low self-esteem, low staff commitment, loyalty to organization, knowledge, skills and the motivation to practice nursing autonomy. Finally, studied participants experienced fear of accountability and feeling of insecure that hindering exercise of autonomous practice.

This might be due to lack of nurses' knowledge and skills which were considered the backbone of their practice this gab reflected on low self-confidence and insecurity. Also, most of nurses were female who overwhelming with conflicted role as a mother role and professional role that lead they didn't aware and updated of work rules and regulations to be able to take independent action, accept responsibility and accountability. These results supported by Rouhi Balasi, Elahi, Ebadi, Hazrati, & Jahani. (2022) who studied the barriers and facilitators of professional autonomy of clinical nurses in Iran and reveled that; lack of professional commitment, awareness of professional rules and fear of legal consequences as some barriers which hindering nurses' autonomy.

Moreover, Nurses' professional autonomy is affected by individual and institutional factors such as education, experience, self-efficacy, professional role, empowerment and presence of professional associations [9] Concerning to third barrier was emerged from this study, organizational-related challenges and its sub-themes which participants complained of centralized administration structure health care organization / on macro level, medical dominance, and stressful work environment. While, others experienced of unfair reward-punishment system and restriction nursing authority Also, nursing shortage and inadequate resources were barriers for participant to practice autonomously.

These results supported by Labrague et al [9] who revealed that nurses' professional autonomy is affected by individual and institutional factors such as education, experience, self-efficacy, professional role, empowerment and presence of professional associations. Moreover, Rouhi balasi et al [16] who revealed that stressful workplace; lack of facilities, especially, the lack of financial incentives can affect their performance, motivation to pursue professional promotion and presence of medical professional dominance in the country's healthcare system. Also, the findings of the present study revealed, studied participants complained of role ambiguity and unclear line of authority and not adhere to job description.

This could be experienced in Egypt there were different nursing programs with informed career ladder. Also, unexpected role, changed work standard and restricted authority for nurses lead to development of previously mentioned obstacles. These findings were consistent with Allah Bakhshian, et al [5] who identified many challenges may be facing nurses in gaining professional autonomy which role ambiguity was one of them, the participants commonly expressed concerns about the role ambiguity and role conflicts in nursing profession, they claimed that there was no clear nursing job description.

Participants of current study experienced that, there were manager -employees – problems, in-effective health care team communication and in-effective therapeutic nurse-patient relationship which be emerged as interpersonal relationship-related challenges theme. This could be due to a complex role nurses play as they provide 24 patient care and should communicate with different health care team, patients and families who had different perspectives about the nurses. In addition, nursing shortage leads to over workload which effect interpersonal relationship.

The previous result was confirmed by Abuseif, Ayaad, and Al-Haijaa [17] who revealed that there is a significant relationship between the nurses' perception of cooperation relations and autonomy. Emphasized that availability of effective communication and relations between nurses and other healthcare providers empower the nurses to work as a team and to express their concern and feeling regarding the work environment and improvement opportunities to work independently.

Regarding to available opportunities enhancing work professional autonomy , the results of present study showed that, only nine participants reported different availability of opportunities that enhance their professional autonomy which five participant documented that availability of continuous training, four of them experienced that nursing administration support unit manager and staff nurses, in addition to one participant who stated that, there is available needed resources such as material supplies and equipment. Also, another three participants added that, medical director taking consideration nurses problems and needs and there is a mutual nurse-physician respect and nurses' participation in patient care decision making as available opportunities to improve their professional autonomy.

The same result of current confirmed by abedelmaksoud, mohamed, &abedl wahab. [18] who studied the factors affecting nurses' performance at the same setting, the study revealed that the majority of participants perceived that, their work place supported them for development and continuing education and there are training opportunities for all staff and as well as considered influential factor affecting their performance. While, this study contradicted with the present study findings in relation to availability of supplies, which the majority of nursing staff in the same study perceived that, they not have adequate supplies in their unit and devices not function efficiently.

5. CONCLUSIONS

The findings of current study provide a picture about the real experiences of nursing staff in their field of work regarding challenges faced them to practice autonomously and concluded that, all nursing staff at General New Cairo Hospital realizes the concept of professional autonomy and abstract some attributes of this concept. Also, there are a set of challenges such as professional, individual, organizational and interpersonal relationship challenges and it was concluded that there limited opportunities in this hospital for practicing nursing autonomy.

6. RECOMMENDATIONS

Based on the findings of the current study, the following recommendations were developed: -

- Developing professional autonomy guidelines based on lived experience of nursing staff to overcome challenges and enhance opportunities regarding their professional autonomy

- Developing and applying orientation program for newly hired nurses should include professional autonomy concept and practice.

- Preparation of nurse's intern to practice professional autonomy.

- Enroll topics in nursing curriculum based on nursing staff' lived experience which they practiced professional autonomy to act as a guide that enhance nursing students' autonomy practice during different clinical training.

- Replicate the same study for larger sample and in different settings to generalize the data.

Acknowledgment

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