A unit-based protocol to enhance Jordanian nurses' autonomous decision making

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Introduction

Many changes are affecting the current health care delivery systems. These changes include, but are not limited to, complicated technology, increased severity of diseases and the nursing shortage (Baker et al. 2000, Curtin 2000). Such changes necessitate that nurse managers devoting part of their decision making processes to nurses; decentralized decision making and empowerment would influence nurses’ autonomy. Autonomy has been found to influence patients’ and nurses’ satisfaction (Specht 1996). Nurse managers play important roles in promoting autonomous decision making of their nurses.

The nursing profession has been struggling to gain full professional status for many years; however, there is a lack of agreement concerning the attributes associated with professional status. Yet, nursing professionals are aware that professional status cannot be attained without autonomy. With the increasing emphasis on work force issues such as job satisfaction and retention, nurses’ autonomy continues to be an essential aspect of professional practice for the 21st century (Wade 2004).
Nurses place a high value on their autonomy in clinical settings. Most definitions of autonomy focus on self-direction and control over one’s own work. Harrison (1987) defined autonomy as being the master within the prescribed task domain. Autonomy in general and autonomous decision making in particular can be influenced by managerial interventions. Nurse managers can initiate interventions at the unit level to promote nurses’ autonomy, which will influence job satisfaction and retention as well as patients’ satisfaction and the quality of nursing care.

**Purpose and significance**

The purpose of this paper is to report on the development of a unit-based autonomous decision making protocol. This protocol focuses on activities that managers can use to enhance the process of autonomy and work environment. The protocol was developed within the professional nursing practice environment in Jordan. In this country, nurses have limited autonomy over patient care and unit operations; most clinical decisions are doctor-dominated. Nationally and internationally, there is very few nursing and administrative studies that focus on nurses’ autonomy and the development of nursing and managerial protocols to promote autonomy.

**Literature review**

The literature of nurse autonomy and the autonomous decision-making process was reviewed using CINAHL, MEDLINE and HEALTHSTAR databases.

**Nurse autonomy**

Autonomy is an essential element of the nursing profession (Hansten 1999, Allen 2000) and is linked to job satisfaction and retention (Boyle et al. 1999, O’Rourke et al. 2000, Chaboyer et al. 2001, Finn 2001). Associated feelings of empowerment link work autonomy with professional autonomy and leads to increased job satisfaction, professional commitment and professionalism (Wade 1999). Work autonomy is defined as the freedom to take decisions about patient care and unit operations (Blegen et al. 1993). Professional autonomy focuses on the centrality of the client when making decisions, which reflects advocacy for the client.

Empirically, little is known about the attributes associated with nurse autonomy (Wade 1999). However, autonomy is often addressed in the context of accountability, authority and responsibility (Specht 1996, Kopp 2001). Authority and autonomy are reported to occur when individuals acquire a knowledge base that enhances their professional performance (Blanchfield & Biordi 1996). Autonomy is influenced by the type of nursing care delivery system; nurses and nurse managers on primary nursing units valued accountability, authority and autonomy more than nurses and nurse managers on total patient care units (Webb et al. 1996).

Autonomy is power in practice (Huff 1997, Laschinger et al. 1997). Autonomy requires delegation; delegation strategies in today’s work environment can provide nurses with more time for professional nursing roles, which would reflect positively on nurses’ job satisfaction and retention (Parsons 1998).

**Autonomous decision making**

The freedom to make independent decisions about one’s practice is an essential aspect of autonomy. Managerial interventions are actions initiated at the unit or departmental levels to achieve outcomes. In nursing, these interventions aim to enhance nursing performance, patients’ outcomes and the quality of nursing care (Goode & Blegen 1993). Nurse managers can support and promote nurses at the unit level, thus enhancing their autonomy. Autonomous decision making reflects positively on the quality of nursing care and nurses’ job satisfaction and retention. Nurses’ participation in decision making is a part of their autonomy and enhances their power (Berto & Cunha 2000, Krairiksh & Anthony 2001). Decision making as a team approach is considered as an important area of recent research (Cook et al. 2001, Weaver 2001). The researchers reported that the teamworking arrangements positively influenced the quality of nursing care.

In conclusion, the literature review about nurses’ autonomy was fragmented and limited, particularly during the 1990s. Autonomous decision making positively influences nurses’ job satisfaction and retention, patients’ satisfaction and the quality of nursing care. The development of a unit-based protocol that managers can use to enhance nurses’ autonomous decision making is viewed as a strategy to strengthen nurses’ autonomy and in turn improve patient care.

**Autonomous decision-making protocol**

The current protocol was adapted from Mann (1989), McConnell (1989), Mayer et al. (1990), Blegen et al. (1993), Johnson (1995), McConnell (2000) and Stahl (2000). The development of the protocol had several stages, and it was based on the lived experience of the
researcher, nurses and nursing students. The notion behind this protocol started from the personal experience of the researcher as a Registered Nurse in a Critical Care Unit in a teaching hospital. This idea was flourished during the training of the fourth year nursing students who were enrolled in the ‘Nursing Leadership and Management’ course. Students and nurses’ comments and a group discussion with the nurses and students formed the skeleton of this project. Discussions were conducted with a group of PhD and Master’s degree holders from different universities; these were involved in training their students in various nursing courses.

The draft protocol was then reviewed by 26 nurses who worked in a teaching hospital. Revisions were made based on the feedback of those nurses. The final stage will be the actual implementation of the protocol in the teaching hospital where the consultation with nurses occurred. Then, the protocol will be implemented in multiple clinical settings.

In this autonomous decision-making protocol, the general goal, assumptions, objectives, activities and outcomes are described. The aim of this protocol is to increase nurses’ authority, enhance nurses’ autonomy and their involvement in decision making for their patients and units’ operations, improve the quality of nursing care, and enhance nurses’ positive behaviours regarding their patients, units and organizations. Three assumptions were made: at first, that nursing is a profession that aims to provide high quality nursing care; implement defined standards of care; maintain an environment that enhances nurses’ autonomous decision making about their patient care and unit operations; and attract and retain nurses in their jobs. Secondly, that nurses are responsible and accountable for their decisions and they seek responsibility for decision making. Finally, that autonomous decision making increases nurses’ overall power in their units and clinical settings.

**Discussion**

Unit-based managerial actions to promote nurse autonomy become more crucial because of the frequent changes in health care systems. In regard to general implementation rules of this protocol, it is important to evaluate each decision making process in term of: how decision will affect patient care? how decision will affect nurses? how decision will affect unit operations? and how decision will affect organizational outcomes? Also, implementation of any decision has to consider the timing, communication and clarification of the decisions.

In regard to the activities of the protocol, there are many strategies that can be considered to challenge the process of autonomous decision making, these include but are not limited to: facilitating nurses’ shared decisions about their patients on individuals and groups bases; shared decisions would decrease the chance of blaming others in case committing mistakes. Also, encouraging problem solving and evaluating the impacts of own decisions are important to stimulate the process of autonomy. To predict and evaluate factors that improve nurses’ autonomy and their involvement in decision making process, focus group is to be used. The leader of the focus groups should be a person without reporting lines to members in the group. Clearly, define nurses’ roles; clear role definition is a basic component of nurse autonomy, and clear roles are essentials for determining one’s rights and duties. To define patient care provision according to unit’s standards of care, it is crucial to enhance nurses’ collaboration through peer review rather than administrative control by using a participative management approach to inspire and influence nurses to seek responsibility to decide upon patient care and unit operations, and to be accountable about their decisions; maintaining open communication channels: communication assists nurse managers to gain
Activities related to the process of autonomy

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<th>Activity</th>
<th>Implementation</th>
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<tr>
<td>1. Challenge the process of autonomous decision making</td>
<td>(1) Ensure that nurses are hired to areas that they like to work (2) Hire experienced nurses; prior experience is helpful but not required to enhance autonomy and decision making (3) Explore nurses’ expectations about the work in the chosen units (4) Provide a realistic picture of the work in the selected units (5) Expect and facilitate nurses’ decisions on patient care as individuals and groups (6) Evaluate decision-making process and problem-solving opportunities</td>
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<td>2. Predict and evaluate factors that improve nurses’ autonomy and their involvement in the process of decision making</td>
<td>Focus groups can be used</td>
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<td>3. Define clearly nurses’ roles</td>
<td>(1) Be a role model (2) Use job description to identify and communicate nurses’ roles and duties (3) Foster nurses to handle patients and doctors’ complaints (4) Encourage nurses to decide on diagnosis and discharge-related issues</td>
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<td>4. Define patient care provision according to unit’s standards of care</td>
<td>(1) Enhance nurses’ collaboration through peer review rather than administrative control (2) Promote collaboration among health care team (3) Foster nurses to handle patients and doctors’ complaints (4) Encourage nurses to decide on diagnosis and discharge-related issues</td>
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<td>5. Enhance nurses’ participation in decisions related to unit operations</td>
<td>(1) Expect and encourage nurses to manage unit resources (2) Encourage nurses’ arrangement of their work through the implementation of self-scheduling (3) Foster nurse planning to deliver high quality nursing care</td>
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<td>6. Implement changes needed to improve nurses’ efficiencies</td>
<td>Provide in-service training and continuing education</td>
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<td>7. Recognize nurses’ contribution to decision making process</td>
<td>Nurse managers could introduce a reward system</td>
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Activities related to work environment

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<tr>
<td>1. Create positive work environment for nurses</td>
<td>(1) Create autonomous work environments to enhance nurses’ decision making (2) Encourage and implement primary nursing care (3) Develop peer review board</td>
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Expected outcomes

- **Patient care outcomes**: Autonomous decision making would influence positively the quality of nursing care
- **Nurse outcomes**: Nurses’ autonomy will result in high job satisfaction, professionalism, productivity, collegial relationships and job retention
- **Organizational outcomes**: The benefits of nurses’ autonomous decision making include – high quality nursing care, nurses’ retention, stabilization of nursing costs, decreased threats of unionizations and an improved hospital’s image
- **Financial outcomes**: Although financial outcomes are immediate or long term, high quality nursing care would decrease the cost of provided care and increase patient satisfaction. Also, the nursing cost would be decreased, which includes the costs of hiring new nurses, paying agency nurses and rewarding the leaving nurses. Retaining experienced nurses will influence positively the quality of nursing care, which differs when it is provided by new nurses
- **Long-term organization financial outcomes**: 4–5 years of autonomous nursing experience is expected to decrease the turnover rate by 20–25%, and in turn decrease the cost of recruiting new nurses. Such cost is estimated to be $50 000/ nurses/year including all direct and indirect costs, and the cost of paying agency nurses

Insight about nurses’ needs and expectations of autonomous decision making; encouraging nurses to utilize their potentials and express their ideas and opinions; giving purposive, constructive and continuous feedback that can help nurses to enhance their performance, share their ideas and enhance their autonomous decision making. Also, it is vital to encourage nurses to decide on their patients’ issues such as diagnosis and discharge; nurses have the closest contact with their patients. Because of this close contact, nurses have to handle doctors and patients’ complaints. To enhance nurses’ participation in unit operation decisions; nurses deal with what goes in their work environment on continuous basis, nurses know what is needed to accomplish their tasks and provide high quality nursing care to their patients. To encourage nurses to arrange their work, staffing and scheduling are to be decentralized; the decision making authority is vested in the nurse. Self-scheduling is a part of autonomous decision making and would enhance nurses’ satisfaction. Equity in scheduling can be maintained through peer review. Also, to provide high quality nursing care, nurse managers should provide equipments and supplements that are needed for patient care, identify and revise unit procedures, and maintain updated standards of care. To be able to implement changes, nurses’ efficiencies have to be improved, this will not happen until education is developed; education will enhance nurses’ knowledge and confidence in making decisions, these are prerequisites to nurses’ autonomy. To recognize nurses’
contribution to decision making, a reward system could
be initiated at the unit level. Rewards are incentives
even if they are ceremonial, examples of these are
recognition letters. For some nurses, such letters could
be more influential than monetary incentives. Yet, the
monetary compensation structure should be revised
regularly based on living conditions. In term of activ-
ities related to the work environment, it is essential to
create autonomous work environment to enhance nur-
ses’ decision making through listening closely to nurses’
emotional comments that might assess their need for
autonomous decision making, and asking a representa-
tive sample of nurses about their autonomy. Primary
nursing care will promote nurses’ authority and
responsibility while providing continuity of patient
care. Primary nursing will encourage nurses to partici-
pate in patient care and unit operations decisions. Peer
review board evaluates the implementation of the
autonomous decision making protocol, provide feed-
back to encourage patient care and unit operation
decisions, and define the expected outcomes within a
defined time period and the implementation of unit’s
standards of care.

In term of rationale of expected outcomes, at first,
patient care outcomes, autonomous and motivated
nurse would provide high quality nursing care, estab-
lish and define standards of care and evaluate
the effectiveness of care through quality assurance
measures. Secondly, nurse outcomes, autonomous
decision making encourages nurses’ positive behav-
iours towards patients, units and organizations. Also,
autonomous decision making encourages nurses to
retain their jobs for an average of 4–5 years. Nurses’
turnover contributes to a decline in the quality of
nursing care or the closure of some hospital beds.
‘Organizational outcomes’, organizational survival is
an important goal of any health care institution.
Maintaining a consumer-focused approach is import-
ant for hospital’s image and marketability. Cost
saving is an important goal for the survival of any
health care organization. Autonomous nurses would
have high job satisfaction, which will decrease the use
of agency nurses, and enhance productivity. ‘Financial
outcomes’, high quality nursing care, patients’ satis-
faction and nurses’ retention are long-term invest-
ments for any health care organization. Finally, ‘long-
term organization financial outcomes’, preventing or
decreasing nurses’ turnover rates is a long-term
investment for health care organizations. An average
of 10 years of employment is a desired figure to
optimize the return on investment in the experienced
nurses; the longer nurses work in particular units or
wards, the more valuable and autonomous they be-
come as a result of their experience.

Conclusion

Autonomy is a comprehensive term. Responsibility,
accountability and authority are the basic elements
of autonomy. A unit-based protocol was developed
based on the lived experience of the researcher, nurses,
senior nursing students, literature review and inputs of
26 nurses in a teaching hospital. This protocol will be
implemented in different clinical settings to enhance
nurses’ autonomy, job satisfaction and retention,
patients’ satisfaction and the quality of nursing care.

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