**Barriers and facilitators of professional autonomy of clinical nurses in Iran: A qualitative study**

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**Abstract**

A set of factors such as religious, economic, political, social, and cultural factors influence professional autonomy in nursing, and differ from country to country. Then, the aim of this study was to explain experiences of barriers and facilitators of professional autonomy among clinical nurses.This qualitative study was conducted on 19 clinical nurses and nursing managers in the period 2018-2019. Participants were selected based on purposive sampling. Data were collected through semi-structured interviews and interviews continued until data saturation was reached.Data analysis was also carried out using conventional content analysis based on Graneheim and Lundman approach.In this study, the data were categorized into 34 subcategories, 8 main categories, and finally, two main themes titled: facilitators of professional autonomy (professional, organizational, and individual factors, and effective communication) and barriers to professional autonomy (professional, organizational, and personal barriers, and inappropriate communications) emerged.The results discussed a set of facilitators and barriers facing Iranian nurses in clinical settings. Professional organizations can play a key role in this regard by enhancing professional autonomy facilitators and increasing professional support for nurses. Also, it seems important to train competent and autonomous nursing staff beginning from the college years.

**Key words:** professional autonomy, nurse, qualitative research

**Introduction:**

Professional autonomy is defined as a professional right, a freedom to make decisions in the professional field and act accordingly(1). Professional autonomy in nursing is defined as "the right to make clinical and organizational judgments within a healthcare team in accordance with rules of the (nursing) discipline"(2-4). In fact, if nurses are allowed to act autonomously, they will use their own judgment to form their actions and decisions. Therefore, nurses can decide quickly and choose their actions(5). Professional autonomy is a vital component for healthcare professionals and an important aspect of a healthy and positive work environment for the nurse(6). The nurse with professional autonomy is a person with professional power and management and leadership skills who, using clinical reasoning and effective professional interactions, provides adequate nursing services (Thesis). In fact, the existence of professional autonomy in the nurse can lead to better decision-making to maintain patient safety, increase the quality of patient care, reduce patient mortality, reduce stress, increase nurses job satisfaction and retain and attract nurses (1, 16, 21, 22, 24, 30, 33, thesis).

However, despite increasing professionalism in nursing and greater emphasis on responsibility in the clinical setting, many nurses believe that their autonomy is limited(7). This is associated with job dissatisfaction, burnout, emotional exhaustion, and a feeling of disgust with patients, and abandonment of the nursing profession(7, 8). On the one hand, autonomous nursing practice improves patient outcomes. Further, to acquire autonomous nursing practice it is important to gain skill and competence, trust and respect of other colleagues and physicians, and to interact with them (9-11). In fact, absence of professional autonomy seems to subject nurses to stress and thus they may contemplate how to avoid it, and consequently change their work environments (moving to ICUs and administrative units), leaving and changing their jobs(12).

A set of individual and organizational factors influence nurses' professional autonomy(6). In the meantime, various factors such as customs, religious, economic, political, social, and cultural factors influence professional autonomy in nursing, differing from country to country(13). In AllahBakhshian et al’sstudy, two main barriers where identified, including the profession-related barriers and the organizational barriers. Indeed, nurses' autonomy is not a fixed situation, but it varies according to the situation as well as influencing factors such as organizational regulations or personal factors(14). Therefore, the present study aimed to explain nurses' experiences of barriers and facilitators of professional autonomy in clinical settings.

**Methods:**

This qualitative study was conducted to determine experiences of barriers and facilitators of professional autonomy in clinical nurses in the period2018-2019.The study population included 19 nurses with at least two years of clinical work experience and nursing managers. This study was performed in educational hospitals of some Medical Sciences universities in Iran. In this study, participantswere selectedusing purposivesampling in a quiet environment of the hospitalwhere participants were working and no one else was present. Also, to increase the variety of data, participants were selectedfrom different wards with different work experiences and positions. The data were collected by a researcher through semi-structured interviews and using an interview guide. The key questions of the study included: " Describe one day at work by emphasizing what you do autonomously." And then to deepen the interview, the following questions were used: "What factors have you experienced that were effective in gaining and maintaining your professionalautonomy?","Have you encountered any barrier to maintaining autonomy in your career?", and so on.Heuristic questions such as why, how, explain more, how did you feel, give examples, etc. were also used. Also, in cases where additional information was required after the interview, a second one was conducted with the participants. Interviews continued until reaching data saturation. Each interview lasted for 30 to 60 minutes, and a total of 21 interviews were conducted. At the beginning of the interview, the purpose of the research, the method of interview, and the right of individuals to participate in the study or to refuse was explained to the participants and they were assured that their information would be kept confidential and anonymous in all stages. Also, informed written consent was obtained from them. Immediately after each interview session, the interview text was written verbatim in Microsoft Word.

Conventional content analysis method based on Graneheim and Lundman(2004) approachwas used for data analysis(15). Content analysis is a research approach used to describe and interpret textual data using a systematic coding process(16). The aim ofconventional content analysis is to describe a phenomenon, and this type of design is usually used in case oflimited theory or literature of the phenomenon in question(17). Data analysis was started by the researcher by reading all the data repeatedly until data saturation was reached and a general sense of the data had been achieved. The data were then read verbatim so that meaning units were extracted precisely from the text, and each unit was coded according to its meaning. In the next step, the initial codes were subdivided based on their meaning similarity, then similar subcategories wereplaced into main categories, and eventually study themes were formed. This process was also reviewed several times by the research team to ensure that valuable data were not lost. Max QDA 2010 software was used for data analysis.

In this study, to obtain the trustworthiness of qualitative research, Guba and Lincoln (1994) criteria including credibility, dependability, confirmability, and transferability, were used(18). To increase the credibility of the findings, the researcher devoted sufficient time to the study process, especially from the beginning of the interviews until the data analysis phase andprolonged engagement principle was observed.The participants were selected from different wards with different positions. Moreover, to examine the consistency between the study findingsand the experiences of the participants, threecoding samples and the results of the interviews were provided to the participants so that they could express their opinion of their accuracy and consistency. All stages of the analysis performed by one researcher wereprovidedto four other members of the research team to gain a broad sense of the data. It should be noted, however, that these individuals had experience in conductingqualitative studies. In order to increase the acceptability of the data, the results of the analysis were provided to another expert who was not part of the research team in order to obtain hiscomplementary and critical comments.

Ethical approval was obtained from the ethics committee of Ahvaz Jundishapur University of Medical Sciences (reference number=IR.AJUMS.REC.1397.286).

**Results:**

In this study the maximum variation of participants was observed according to the results of Table 1. A total of 283 initial codes were obtained during the data analysis process. These codes were categorized into 34 subcategories and then into 8 main categories based on their similarities and differences. Finally, two main themes were identified as facilitators of professional autonomy and barriers to professional autonomy (table2).

**Facilitators of professional autonomy**

In this theme, four main categories, including professional, organizational, individual factors, and effective communication were identified.

**Professional factors:**

Nurses considered a set of professional factors as facilitators of professional autonomy. They believed that written and well-defined laws could play an important role in nurses' freedom of practice and authority, and somehow increase job security and autonomous practice. One matron said:

*"I feel that, although our nurses are very capable, they cannot demonstrate their capability sufficiently due to legal problems and its consequences"(17P.).*

On the other hand, nurses believed that nurses could talk about professional autonomy when they have separate and specific job descriptions. They stated that this could determine the decision-making position of nurses and thus promote autonomous nursing practice. One clinical nurse said: “Y*ou can do a task when you have a specific well-defined job description." (4P.)*

Participants also noted the impact of the development of tertiary education and social acceptance of the nurse's position on the power of nurses. One of the important points was the emphasis on the importance of developing a sense of autonomy starting from the college years, especially through playing the professional roles of clinical educators and nurses. Participants believed that clinical educators and clinical nurses contributed to development of such a sense by trusting the nursing students and keeping their respect in the clinical setting. One of the clinical nurses said: *" I experienced autonomy when I was a student, the professors were really trying to nurture self-directed students, and I feel that being autonomous is a feeling originated during the college years."(5P.)*

**Organizational factors:**

One of the points noted by nurses in this study was the existence of an autonomy-supportive structure at work. They stated that educational hospitals can be helpful in enhancing their autonomy in emergency and critical life situations and believed that the residents would give them more freedom of practice. They also stated that the existence of specific intra-organizational protocols would help them to take actions autonomously in case of absence of a medical practitioner. In this regard, one clinical nurse stated: "*The type of work environment and the structures in that environment are very important. For example, the defined processes, those tasks promoted the autonomous practice of nurses according to my own experience." (4P.)*

Furthermore, from the participants’ perspective, one of the characteristics of the autonomy-supportive structures was the regular and continuous training courses to increase the scientific and practical capacity of nurses because one of the ways to increase nurses' autonomy was to update the nurse’s knowledge and skills. Based on the experiences of the participants, the existence of responsible and autonomous nursing role models throughout their career influenced their professional practice and thus emphasized the selection of capable nursing managers. In this regard, one of them believed*: "If we work under the supervision of those who are responsible people, certainly, this would have an influence on us to do the same."(6P.)*

One of the issues of interest to the participants was the importance of providing the nurse with the freedom of practice. They believed that freedom of practice is achieved when the nurse is given the opportunity to make decisions at the bedside and to give value to autonomous nursing practice. This requires superiors to give nurses necessary authority in proportion to their scope of the task description as well as to provide the necessary support and positive feedback following optimal practice. A nurse said: *"There should be an opportunity for the nurse. We cannot have expectations of a person as long as we avoid giving him/her an opportunity and we cannot say whether she or he is an autonomous person or not" (4P.).* Ahead nurse said*: "I think nursing autonomy requires a bit of support. They should give a little value to nursing autonomy, certainly through support "(2P.)*

Another effective organizational factor was arrangement of human resources based on their specialty. They believed that, given the academic promotion of nurses, it would be advisable to recruit staff in appropriate departments based on their specialty so that they could autonomously contribute to improving the quality of health care services by relying on their higher knowledge and skills. Conversely, nurses with experience in emergency and ICUs pointed to greater freedom of practice in these units considering their working conditions. One of the matrons said: *"ICU staff can work a little more autonomously than other clinical departments because of the governing conditions as well as their knowledge and skills. Their autonomy is sufficient enough to allow them to take some actions". (17P.)*

**Effective Communication:**

Communication skills were one of the facilitators of professional autonomy from the participants' point of view. They considered it inevitable that nurses need to build constructive interaction with the treatment team, including nursing colleagues, physicians, nutritionists, physiotherapists, and others in order to promote autonomous nursing practice. Indeed, the intimate atmosphere and interaction can pave the way for the treatment team to trust the nurse and give her/him more freedom of practice as well as to exchange scientific experiences with one another. Moreover, participants referred to the appropriate nurse-patient communications one of the contributing factors in creating confidence in the client and thus the patient's trust in the nurse and his/her optimal cooperation with the treatment team. *" A professional nurse interacts with all groups and she/he knows how to talk with staff holding different positions ranging from physicians to service staff,"* said one university nursing manager. “*You have to empathize with all treatment team members. You have to be able to touch their hearts so that you can tell them that, my goal is to help the patient recover and to trust you."(10P.)*

**Individual factors:**

Participants referred to a set of individual factors in nurses as facilitators of professional autonomy. They believed that an interest in the nursing profession could be one of the factors leading nurses toward professional autonomy. Also based on their experience, nurses can take effective steps toward autonomous clinical decision-making and then autonomous practice by updating their knowledge and skills and passing specialized professional courses, as well as being aware of professional rules. In addition, they emphasized the importance of professional experience and working under difficult conditions such as staff shortages, excessive numbers of shifts, and exposure to multiple cases, as well as using the experiences of skilled colleagues. In this regard, some of the nurses' statements included: *" When we update our scientific knowledge and skills, we can have more self-confidence because we are certain that we have the full knowledge and skill, so, we can handle it much more easily and accept the responsibility and consequences of what we do. "(17P.)"Perhaps the staff shortage forced us to do too many tasks. For instance, when I was working alone, I didn't have the time to tell the doctor or announce a code, so, if my patient really needed it, I initiated CPR and made sure that my patient was stable, then I went back to do the rest."(7P.)*

**Barriers to professional autonomy**

In this theme, four main categories were identified including professional, organizational, personal barriers, and inappropriate communication.

**Professional barriers:**

One of professional barriers was identified as the gap between education and clinical setting so that nurses stated that there was a mismatch between the description of nursing duties in the clinic and the training received during college years. In this regard, clinical nurses stated: *"There are some tasks defined as a job description of the nurses, but necessary training has been taken into account yet, the nurses have not received the necessary training" (9P.) or "they defined a job description that would limit a lot of things. This has resulted in the nurse not yet possessing that sense of autonomy."(5P.)*

**Organizational barriers:**

One of the organizational barriers experienced by the participants was that the organization did not support the autonomous nursing practice. They pointed to lack of support by talking about issues such as the lack of opportunity for the nurse to make clinical decisions, lowering the authority of nurses, and being reprimanded by the system, and believed that these issues act as barriers to nurses’ professional autonomyby losingtheir self-confidence. In this regard, some of the statements were as follows: *"I think one of the barriers was the punishmentswhich could be replaced withrewards, but we would be punished more than before ..." (12P.) and "Here, if you want to do the right thing,they will rock the boat so much that you eventually say I was wrong."(16P.)*

According to nurses' experiences, one of the challenging factors facing nurses is the lack of capable nursing managers, so that they stated that they often did not receive sufficient support from nursing managers due to their manager’s over self-confidence. Furthermore,sincesome of the managers lacked clinical experience, in some cases, their views led the nurses to depart fromtheir true professional position. One of the nurses said in this regard: *“There are many staff who may not have done the clinicaltasksat all, they have been in nursing management for many years and have never had any clinical experience". "However, they make some decisions for usand we who work in the clinical settingknow this is not feasible."(12P.)*

Another barrier referred to by the nurses was the presence of medical professional dominance in the country’s healthcare system. Based on their experience, unfortunately, some physicians neglect the nurses' views on the patient's clinical conditions and avoid the nurse's engagement in clinical decision-making in the present situation. Participants noted the low attendance of nurses in visits. On the other hand, one of the main challenges was the physician-centered payment system of healthcare systems, and one participant stated: *"The mechanism of the Ministry (of Health), which undermines nursing autonomy, is that allowance payment system does not depend solely on the nurse’s performance, and measurement unit of such system is the physician'sperformance, we must define another mechanism for it.”(13P.)*

Participants also considered the assignment of non-nursing tasks to the nurse as one of the barriers, and believed that this could lead the nurses to depart from their primary role at the patient's bedside and ultimately hinder theirautonomy. Participants also stated that stressful workplace, lack of facilities, and especially lack of financial incentives can affect their performance and motivation to pursue professional promotion.

Another interesting point was educational hospitals. In this regard, some nurses described educational hospitals as a facilitator of nurse’sautonomy, and some othersregarded it asa barrier and that the nurses' freedom of practicewould be limited with the constant presence of residents in these hospitals. *"I can't make a decision autonomouslyhere due to the presence of residents and interns. But, for example, wherever they are absent, there is an increased opportunity for autonomous practice."(4P.)*

**Inappropriate communications:**

This category consists of subcategories of challenges of nurse-patient communication, lack of unity among nursing colleagues, and distrust of the treatment team towards the nurse. Nurses stated that patients themselves and their companions interfere with nurses' autonomous practice with theirbehaviorsin some situations. Conversely, they also complained about the lack of unity among nursing colleagues, and regretted the lack of support from nursing colleagues in many situations. Also, one of the major barriers from their perspective was the fact that the treatment team, especially the physicians had no trust in the nurses' abilities, which can lead to a decrease in their self-confidence and freedom of practice.

**Individual barriers:**

Nurses referred to lack of courage in practice, lack of professional commitment, and lack of awareness of professional rules as some of the barriers to nurse's autonomous practice. In fact, autonomous clinical decision-making requires courage. On the other hand, as long as the nurse is not committed to her/his profession, she\he does not pursue career promotion, one of the essentials of which is professional autonomy. Some participants also considered lack of familiarity with professional rules and fear of legal consequences as barriers to autonomous clinical interventions and the tendency to perform their duties routinely.

**Discussion:**

Today, society needs nurses who accept their profession, develop characteristics of professional roles, and succeed in fulfilling those roles in various situations(1), which in turn demonstrates the importance of becoming a professional in nursing. Therefore, considering the important role of professional autonomy as one of the main criteria for professionalization in nursing, it seems vitally important to identify the factors influencing this concept.

Based on the findings of the present study, two main themes titled facilitators of professional autonomy and barriers to professional autonomy were extracted from the experiences of nurses. Each of the above themes comprises a broad set of factors. These findings may indicate the nurses' professional autonomy is highly sensitive in clinical settings.

Based on nurses’ experiences, one of the most important facilitators of the professional autonomy is a clear job description and the existence of relevant strong and clear rules. In fact, it can play an important role in nurses' freedom of practice and authority and, to some extent leads to increased job security and thus increased self-confidence and autonomous practice. With the specialization of the nursing profession, there is a need to determine the scope of decision making to increase the power of nurses. Nouri et al. also referred to the need to definethediscipline and its governing rules considering specialization of the nursing profession as one of the factors affecting the autonomy of nurses(10).

The findings discussed the importance of developing a sense of autonomy in nursing students from the college years, which is one of the most important tasks of clinical educators via being a role model as a professional clinic nurse for students. Also according to studies, nurses' autonomy has been identified as acquired characteristics developed through life experiences and professional experiences(19, 20). Therefore, it seems that one of the essentials in nursing education is the selection of clinical educators having professional capability to gradually develop the sense of autonomy in the students so that we see competent clinical nurses in the future.

Our Findings indicated that the participants had contradictory views in this regard. They stated that educational hospital is an autonomy-supportive structure in some cases and a barrier to nurse freedom of practice in other cases. The different types of work environments, the type of rules, and the intra-hospital processes seem to have created this contradictory perspective in participants. However, this may be due to physicians’ viewpoints about the professional status of nurses in each hospital.

The findings showed that professional empowerment of nurses through specialized professional courses is also vitally important for achieving professional autonomy. According to the findings of a study by Baykara et al., nurses also believed that elevated training not only increases professionals’ level of knowledge, research skills, and self-confidence, but also their success, motivation, and happiness in the clinical setting(13). Some studies have also pointed to the role of professional education and the updated nursing knowledge and skills in achieving an optimal level of autonomy(10, 21, 22). In addition to increasing the awareness of nurses, responsible nursing role models can also have a positive effect on nurses' performance and play an important role in nurturing empowered nurses.

The present study emphasizes the importance of freedom of practice and authority in doing nursing care. Nurses with professional autonomy also have the freedom to refuse duties that are ethically inconsistent with the rules of their professional conduct; Because this right is protected by professional conduct laws, organizational policies as well as the courts (23).

Based on the experiences of nurses, having freedom of action requires the support from superiors. Nevertheless, superiors can play an important role in enhancing the self-confidence of the personnel, as an important characteristic of professional autonomy. Other studies have also highlighted the supportive role of nursing managers and organizational permissions through giving freedom of practice (10, 22, 24, 25).

Findings showed that working in ICU and emergency wards can play a significant role in fostering a sense of autonomy in nurses. In a study by Paganini et al., nurses stated that working in a stressful ICU environment is an opportunity to increase their autonomy level and believed that the rules of the ICU ward could facilitate professional decisions(5). It seems the nurses’ ability improves gradually which, in the ICU and emergency wards considering their frequent exposures to acute and critical situations and the need for autonomous nursing interventions. In other words, professional experiences of autonomous practice are strengthened in these circumstances.

The findings also demonstrated that communication skills can be one of the contributors to nurses' autonomy. In fact, the existence of professional interactions can lead to increased inter-professional trust and, thus, greater freedom of action for nurses, which in turn can increase the quality of care provided to the patients and ultimately increase their satisfaction. Berti et al. suggested in their study that professional autonomyis gained in a calm and intimate environment(20). Consistent with the results of other studies, gaining trust, support, and respect from other members of the treatment team can play an important role in promoting autonomous nursing practice (10, 22, 25).

In addition, participants noted a number of individual factors, including interest in the nursing profession, scientific competence and professional experiences as facilitators of professional autonomy that can contribute to achieving professional autonomy as an important component of professionalization of nursing. In this regard, nurses believed that enthusiastically carrying out their professional duties and voluntarily taking into account their professional responsibilities would positively contribute to the development of professional autonomy(13). Nurses interested in nursing seem to be more motivated to advance their career and to strive to enhance their abilities, both of which can enhance nurses' professional autonomy. Individuals with the scientific ability and professional experience will also gain more trust and freedom of practice from the system because of their successful workplace experiences, which would help them increase their autonomous nursing practice.

One of the barriers perceived by nurses was the gap between education and clinical practice. They had experiences that suggested a mismatch between the job description and the nurse's abilities. In this regard, Dos-santos et al. highlighted the importance of professional training to achieve professional autonomy(21). Nurses, however, believed that they have been deprived of freedom of practice due to the existence of a series of restrictive rules in their profession. In the study of Baykara, Nurses also stated that professional regulations protect their profession in such a way that they must remain "physician-dependent”, and they thus referred to restriction on legal rights and authorities as a barrier to professional autonomy in nursing(13).

Participants also stated that superiors and even some physicians blamed them for their autonomous nursing practices and believed that these behaviors stemmed from organizational policies and could be a barrier to optimal nursing practice at the patient's bedside. Actually, operating in a non-supportive environment can deprive staff of their freedom of action and motivation and subsequently a reduction in quality of care provided. Another challenge was the inability of nursing managers. The nursing managers play an undeniable role in decision making, training, prioritizing staffing needs, enactment of laws, and overall, improving quality of patient care, and creating a healthy work environment(26). Therefore, the existence of capable nursing managers seems to be necessary from scientific, practical, and managerial points of view.

Participants identified the medical professional dominance in the country's health care system as one of the major barriers to achievement of professional autonomy in nursing. They referred to lack of engagement in clinical decisions for the patient, disregard for nurses’ views by physicians, and the physician-centered payment system as challenges to healthcare systems. They also believed that this could reduce nurses' self-confidence and motivation and eventually reduce the quality of services provided to the patient because they think that nurses spend more time with the patient than the other members of the treatment team and can gain a comprehensive understanding of the patient's conditions.

Participants’ experiences indicated a negative impact of ineffective communication on nurses' professional autonomy status. Besides, if there is no effective communication between the nurse and the members of the treatment team (including physician, other nurses, physiotherapists, etc.), there will be no trust among them and this may lead to negligence of the professional status of the nurses and lower chance of autonomous decision-making at the patient's bedside, and consequently, the nurse is denied the support from colleagues. Berti et al in their study also referred to the contradictions between nurse-physician, nurse- nursing assistant, nurse-nurse relationship as perceived risks to nurse autonomy(20). Therefore, it seems that nurses need to learn communication skills and establish appropriate professional communication with the treatment team and even the patient. In this regard “Relational autonomy” is the label that has been given to an alternative conception of what it means to be a free, self-governing agent who is also socially constituted and who possibly defines her basic value commitments in terms of interpersonal relations and mutual dependencies. These conceptions underscore the social components of our self-concepts as well as emphasize the role that background social dynamics and power structures play in the enjoyment and development of autonomy (new1).

Although , relational autonomy is helpful for understanding healthcare professionals’ extended responsibility to learn to know and to enable them to frame the person-centered care (new2).

Based on the nurses’ perception, lack of courage and lack of knowledge of the rules were considered as one of the individual factors hindering the autonomy of nurses. It seems that unawareness of the rules can lead to fear in nurses and decrease their decision-making power and autonomous practice.

One of the limitations of the present study was the limited area of study in public hospitals. Another limitation of the present study is caution in generalizing findings, like all qualitative studies. Also one of the major limitations is use of an empirical design to evaluate a normative concept.

**Conclusion:**

The results of the present study highlight a set of facilitators and barriers facing Iranian nurses in clinical settings. Considering the efforts made to professionalize nursing in recent years, it seems necessary to pay attention to the professional autonomy of nurses as one of the main components of professionalization and there is a need to implement fundamental measures to enhance the professional autonomy of nurses in the country. Professional organizations can play a key role by relying on enhancing professional autonomy facilitators, increasing professional support for nurses, and creating professional immunity for them. It seems that it is vitally important to nurture competent and autonomous nursing staff starting with the college yearswhen nurses begin to have self-confidence in their abilities and can play a significant role in their future professional performance. Therefore, it is necessary to make some changes in the nursing curriculum to balance education and clinical practice. Also, considering the role of communications in enhancing the professional autonomy, nurses need to strengthen their communication skills and build constructive professional interactions with other members of the treatment team. In this regard, professional organizations can play an important role by creating a desirable professional image of nursing in the society. Finally, it seems that organizational policies should be revised to prevent the physician-centered atmosphere in these centers and to include all members of the professional team in in-hospital processes.

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**Table1: Characteristics of research participants**

|  |  |  |
| --- | --- | --- |
| **Quantitative variables** | | |
| **Variables** | **Range** | **Mean** |
| Age | 34-50 years | 42.36 |
| Work experience | 8-25 years | 17.78 |
| **Qualitative variables** | | |
| **Variables** | | **Frequency (N)** |
| Sex | Female | 18 |
| Male | 1 |
| Marital status | Married | 18 |
| Single | 1 |
| Educational level | Bachelor | 10 |
| Master's degree | 7 |
| Ph.D. | 2 |
| Organizational position | Clinical nurse | 10 |
| Head nurse | 3 |
| Supervisor | 2 |
| Matron | 2 |
| University Nursing Manager | 2 |
| Place of work | Clinical wards | 13 |
| Nursing office | 4 |
| University Nursing Management | 2 |

Table2: An example of an analysis process

|  |  |  |
| --- | --- | --- |
| **Theme** | **Category** | **Subcategory** |
| **facilitators of professional autonomy** | **individual factors** | Update knowledge and skills |
| Interest in the nursing profession |
| Experience working in difficult conditions |
| Use the experiences of experienced colleagues |
| **Professional factors** | developing a sense of autonomy in nursing students from the college years |
| well-defined laws |
| Having specialized and specific job descriptions |
| development of tertiary education |
| social acceptance of the nurse's position |
| **Organizational factors** | autonomy-supportive structures |
| role modelling |
| give nurse more freedom of practice |
| arrangement of human resources |
| experience in emergency and ICUs |
| **communication factors** | interaction with the treatment team |
| Interaction with the patient |