Nurse Managers Practices and Its Relation to Staff Nurses Autonomy and Satisfaction at a Selected Hospital

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Abstract: Background: Nurses are the largest group offering services to patients in the health care organizations. Therefore it’s necessary to pay attention to the factors that influence their autonomy and satisfaction as nurse managers practices. Aim: Research assessed nurse managers’ practices and its relation to staff nurses’ autonomy and satisfaction. Setting: The study conducted at a university hospital. Design: Descriptive correlation design -Cross sectional. Sample: A convenient sample of staff nurses who working at the selected hospital. They divided as follows (154) female and (46) male. Tools: Data were collected through utilizing three tools as follows: I- First tool was Leadership Practices Inventory, II- The second tool was the Autonomy scale and III- The third tool was the Nurses Job Satisfaction Questionnaire. Results and conclusion: Research declared a statistical significant positive correlation between nurse managers’ practices and staff nurses autonomy and satisfaction. Moreover, there was a statistical significant positive correlation between all subscales of nurse manager practices staff nurses autonomy and satisfaction. Recommendations: Organizations should identify strategies that support nurse managers practices that promote staff nurses autonomy and satisfaction. Health care organizations should identify challenges that influence staff nurses’ autonomy and satisfaction and develop strategies that overcome these challenges. Training programs should be implemented to teach nurses how to be more autonomous at their work.

Keywords: Nurse Manager Practices- Nurses Autonomy- Nurses Satisfaction

INTRODUCTION

The role of Nurse Manager is seen as one of the hardest and most complex roles in health care. Nurse Managers at healthcare organizations have obligation toward a unit, with particular tasks and a role that comes with the position. The nurse manager’s role could be a significant one which is basic in building up the work environment where nurses are responsible for their professional practice and patient outcomes whereas connecting the operation of their department to the rest of the organization through efficiencies and productivity. As a result of their crucial role, this role entails activities, actions and skills from the nurse manager and forces request on her to consolidate the well-being of patients, nurses and organizations. (Casida & Parker, 2011; Schwart, Spencer, Wilson & Wood, 2011 and Abd el Aal & Zein ElDin, 2013)

According to Weng, Huang, Chen, & Chang (2015) Nurse Manager’s actions are essential to guarantee their subordinates’ approval of change, and to stimulate them toward the achievement of established goals and high quality care. They stated that Nurse Manager’s actions are the activities utilized by managers to raise the autonomy of staff nurses and the actions through which individuals impact others to attain a general goal. A nurse manager action is defined as work achieved by supervision in the clinical setting. The responsibilities of nurse manager comprise, overlooks staff, staff recruitment, clinical training, resolve clashes among subordinates, promote leadership and establish standards of care.

In recent years nurses are responsible and accountable for patients’ health care. Simultaneously, they build relations with other members of healthcare team. To carry out this, nurses require being autonomous. (Ann, 2009 and Fantahun, Demessie, Gebrekirstos, Zemene & Yetayeh, 2014). Autonomy means possessing the power of issuing decisions. Nurses’ autonomy refers to performing activities within the nursing practice scope in the absence of taking commands from other people. Nurses carry out patients’ assessment and observations independently and didn’t require orders from others to perform this. (Shohani, Rasouli and Sahebi, 2018).

Nurses are independent, self-regulating health professionals with a special body of knowledge and practice in clinical care. Having greater nurses’ autonomy enhances patient care; patient satisfaction rates, and promotes nursing profession status. Staff nurses autonomy enhanced when nurses and nursing work are respected and valued. Increasing nurses’ autonomy is associated with recruitment, intention to stay, workload and stress. Autonomy is characterized as the ability of an individual to coordinate how he or she lives. (Kelly, 2014., Siddiqui, Zuccarelli, Durkin, Wu, & Brotman, 2015 and Twomey, 2015). Nurses’ autonomy is also viewed as an essential part in nursing practice and quality of care. Autonomy in nursing practice provides nurses with higher degree of satisfaction, which directly affects patient safety. (Supametaporn, 2013 and Twigg & McCullough, 2014).

Moreover, Autonomy has a vital role in the satisfaction of staff nurses. It is a critical element in job happiness and staff possession. Nurses’ job satisfaction is playing an essential role in improving staff nurses performance and promoting
the quality of patient care in health care institutions and decreasing nurses’ intention to leave their work. Studies showed that nurses were unsatisfied during work, and wish best working situation and enhance autonomy in their filed. Hence, the enhancement of nurses’ job satisfaction should be recognized as a critical task in hospital management. (Kvist, Voutilainen, Mäntynen, & Vehviläinen-Julkunen, 2014., Jahromi, Jalali, Eshghi, Zaher & Dehghani, 2015 and Masih, Sehar, Afzal & Gilani, 2019). Nurse Managers have primary function in promoting autonomy of her staff and exerting a strong influence on staff nurses and patient outcomes. Successful nurse managers should have the ability to correlate between nurses’ autonomy, job satisfaction, and intention to stay (Hamdan, Bawadi, Bawadi & Mrayyan, 2013 and Bach & Kerzner, 2014).

Nurses have the desire to provide effective, safe, and quality care but with the absence of nurse managers’ shore, nurses will exhibit a sense of dissatisfaction and this increase their desire to leave the organization. Therefore nurse managers are responsible for making work environment healthy. When staff nurses’ work appreciated and supported by nurse managers, they become satisfied and they become more committed to their organizations. (McHugh, Kutney-Lee,Cimiotti, Sloane, & Aiken, 2011). Job satisfaction is defined as the level to which employees like their jobs, it is an essential issue for health care organizations and their leaders in the last few decades. Especially in the nursing sector nurses’ job satisfaction has been arisen as a great problem as a result of nurses’ shortage worldwide. Therefore nurses’ job satisfaction has attracted great attention (Kvist, Mäntynen & Vehviläinen-Julkunen, 2013 and Carsten etal, 2015).

Furthermore, nurses are considered the “backbone” of any human services and their work is varied and complicated. When nurses perform their jobs, they face different circumstances and patients (Mudihanselage and Chamaru, 2015). Nurses’ job satisfaction is realized as "the degree to which nurses like their jobs". It is an important issue for health care services. (Konstantinou and Prezerakos, 2017). Studies showed that nurses dissatisfaction with their jobs impacts their desire to leave, increases their absenteeism and turnover rate, affects their quality of life, raises work stress and decreases their job performance (Courvoisier, Agoristas, Perneger, Schmidt & Cullati , 2011). Moreover, nurses dissatisfaction affects their practice, productivity, recruitment, commitment and patient care (Jones, 2011., Castaneda & Scanlan, 2014 and Masum et al, 2016).

Nurse Manager who takes care of her staff, recognizes their performance, and supports their personal development influence staff retention directly. Moreover, nurse managers’ actions and practices can affect staff nurses’ intent to stay in an indirect manner, through utilizing: her work experience, her decision making ability, her ability in disseminating essential information, and also through her relations with colleges. One of the most important factors that impact job satisfaction of staff nurses is the nurse manager practices and actions. Therefore nurse managers have to learn how to motivate nurses to be satisfied with their job, what are the components of job that make nurses satisfied and what are the components of job that make them dissatisfied. (Despres, 2011 and Perez, 2014).

Therefore nurse managers have a critical role in enhancing staff nurses’ autonomy. They should provide supportive work environments with flexible policies and regulations. They must have a broad view about staff nurses autonomy, in addition to applying the actions, practices and competencies that can influence staff nurses’ autonomy. Autonomy allowing nurses to practice the skills of their profession and provided them the chance to determine how and when work was arranged and coordinated. Nurses’ autonomy is most associated with job satisfaction (Traynor., Boland & Buus, 2010., Varjus., Kilpi & Suominen, 2011 and Mc Glynn, Griffin, Donahue, & Fitzpatrick, 2012).

SIGNIFICANCE

In today’s healthcare environment Nurse Managers’ roles and functions are constantly changing. This dynamic change requests a lot of practices and skills from the nurse manager and puts demand on Nurse Managers to enhance nurses to be autonomous. Autonomy will impact patients, nurses and organizational positively. Nurse Managers have a direct contact with staff nurses; therefore they have the ability to influence nurses’ autonomy. They spend much time of their work time among nurses, so they should reinforce sufficient time and efforts to promote their autonomy and employ specific strategies and ways of determining what enhance nurses’ autonomy (Enns, Currie &Wang, 2015., Amini, Negarandeh, Ramezani-Badr, Moosaefard, & Fallah, 2015 and Bonfada, Pinno, Camponogara ,2018).

Nursing practice needs autonomy to become powerful and sound. If nurses don’t recognize that they work in an autonomous and independent work climate, they will not have the capability to practice in professional manner. Autonomy is considered as a very critical part of nurses’ professional identity and an origin of power during nurses’ clinical practice. Although few researches concentrated on the roles of Nurse Managers, some researches demonstrated that Nurse Managers have necessary roles in impacting nurses’ autonomy. One of the major responsibilities of nurse managers is to promote staff nurses autonomy. Thus, they should possess the skills, abilities and practices that preserve autonomy of staff nurses. (Naseem, Afzal, Sehar and Gilani, 2018).

Moreover, Libano (2017) and Konstantinou & Prezerakos (2018) added that nurses perform various tasks and functions, they play an essential role in the health care services. They act as caregivers, teachers, change agents, care coordinators, and counselors. Additionally they act as advocate to assure that patients obtain the required medical care and health service. Therefore nurses are critical to patient care, and it is necessary that managers develop strategies to enhance retention, recruitment of qualified nurses and autonomy. Nurses’ autonomy is associated with job satisfaction. A nursing research has linked nurses’ autonomy to improved job satisfaction, professionalism, and patient outcomes. From extensive researches it was found that nurses’ autonomy minimizes nurses’ turnover, therefore autonomous nurses are more committed to their job a result of high job satisfaction (Abd el Aal and Zein ElDin, 2013).
This study will provide important information about staff nurses' perceptions of nurse managers' practices that enhance their autonomy and satisfaction. This research will be useful and will give insight into potential strategies that can be used to retain staff nurses. Ultimately, the results of the study could help in understanding nurse manager practices that positively impact staff nurses' autonomy, job satisfaction and retention.

The aim of the study:
The study aimed to assess nurse managers' practices and its relation to staff nurses' autonomy and satisfaction.

Research questions:
To fulfill this aim the following research questions were developed:
1. What is the relationship between nurse managers' practices and staff nurses' autonomy?
2. What is the relationship between nurse managers' practices and staff nurses' satisfaction?
3. What is the relationship between staff nurses' autonomy and satisfaction?

Design:
Descriptive correlational design - Cross sectional was utilized.

Sample:
A convenient sample of staff nurses who working at the selected hospital. They divided as follows (154) female and (46) male. Around one third of the sample, their age ranged from 35 years to less than 45, they worked at different departments and two thirds of them had diploma degree. Staff nurses with predetermined inclusion criteria which included all staff nurses who had at least one year of experience, providing direct patient care within the study settings and accepted to participate in the study constituted the study sample. Their total number was (n=200) staff nurses.

Setting:
The study conducted at a university hospital. Units within this hospital include: critical care units, medical units, surgical units, and other units such as kidney dialysis units, obstetric units, plastic surgery unit and general ward.

Tools for data collection:
To achieve the aim of the present study, data were collected during 2019 with duration of four months (August to November). I- First tool was consisted of two parts: A- Personal data sheet; it included nurses' personal data as gender, age, educational level, social status, years of experience in nursing profession and years of experience in the hospital. B- Leadership Practices Inventory, it was developed by Kouzes, & Posner (2002). It is divided into five subscales including 30 items (6 items per each subscale) as follow: 1- Challenge the process, 2- Inspire a shared vision, 3- Enable others to act, 4- Model the way and 5- Encourage the heart. II- Second questionnaire was the Autonomy scale; it was developed by Blegen et al (1993). It is divided into two subscales containing 38 items as follow: 1- Patient care decisions (18 items) and 2- Unit operation decisions (20 items). III- Third tool was the Job Satisfaction Questionnaire. It was developed by Spector, (1985). It included (36) items phrased positively and negatively and require reverse scoring.

Scoring system:
Leadership practices and autonomy questionnaires were assessed using three-point likert scale (always=3, sometimes =2, and never = 1). Satisfaction questionnaire was assessed using three-point likert scale (agree=3, uncertain=2 and disagree=1).

TOOLS VALIDITY AND RELIABILITY

Validity:
Study tools content validity was established by a group of five experts, two professors and three assistant professors from the Faculty of Nursing/ Cairo University. Each expert on the group asked to examine the tools for content coverage, clarity, wording, length, format and overall appearance.

Reliability:
Pearson correlation coefficient between study variables was used to compute correlation between the items of applied tools. Reliability test of the questionnaire of Leadership Practices Inventory was (0.88), Autonomy Scale reliability test was (0. 90) and Job Satisfaction Questionnaire reliability test was (0. 92). This means that the three questionnaires were highly reliable.

Ethical consideration
Prior to the initial interview, verbal explanation of the nature and the aim of the study had been explained to the nurses included in the study sample. Clarification of the nature and purpose of the study was done in the interview with each subject. They were given an opportunity to refuse or to participate, and they were assured that their information will be confidentially utilized and used for the research purpose only.

Procedure:
An official permission was obtained from the hospital administrator after explaining the nature of the research study. Researcher fully explained the aim and significance of the study for eligible nurses to obtain their acceptance to participate in the study and to the administrator to get her cooperation. The investigator handed the questionnaires individually to staff nurses at their units; the investigator explained the questionnaires to them and asked them to fill it. The time spent to fill the questionnaires ranged between 30 to 45 minutes. The researcher waited until the participants complete the questionnaires and was ready to answer any question. After completion of filling the questionnaires the researcher collected them. Data collected during 2019 with duration of four months (August to November).

Statistical design:
Data entry and statistical analysis were done using computer software the statistical package for social studies (SPSS), version 21. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, standards deviations for quantitative variables and correlations p-value <0.05.
RESULTS

Table 1: Frequency Distribution of Study Sample Regarding Their Personal Characteristics (n=200)

| Personal Characteristics | Frequency | %  |
|--------------------------|-----------|----|
| **1. Age:**              |           |    |
| a. less than 25          | 48        | 24.0 |
| b. 25- less than 35      | 50        | 25.0 |
| c. 35- less than 45      | 74        | 37.0 |
| d. 45- less than 55      | 27        | 13.5 |
| e. more than 55          | 1         | 0.5  |

X= 2.415  
SD = 1.013

| **2. Gender:**           |           |    |
| a. Male                  | 46        | 23.0 |
| b. Female                | 154       | 77.0 |

| **3. Marital status:**   |           |    |
| a. Single                | 70        | 35.0 |
| b. Married               | 130       | 65.0 |

| **4. Educational level:**|           |    |
| a. Nursing secondary school | 136    | 68.0 |
| b. Technical institute   | 51        | 25.5 |
| c. Baccalaureate nursing | 13        | 6.5  |

| **5. years of experience in nursing:** |           |    |
| a. 1 year - less than 3 years | 31        | 15.5 |
| b. 3 years - less than 6 years | 30        | 15.0 |
| c. 6 years and more          | 139       | 69.5 |

X= 2.540  
SD = 0.749

| **6. years of experience at hospital:** |           |    |
| a. 1 year - less than 3 years | 36        | 18.0 |
| b. 3 years - less than 6 years | 33        | 16.5 |
| c. 6 years and more           | 131       | 65.5 |

X= 2.475  
SD = 0.782

Table (1) shows that the highest percentage (77.0%) of staff nurses were female, (68.0%) of them had a secondary school degree and (65.0%) of them were married. As regards to the age of study sample, the mean age was 2.415±1.013, while the mean of their years of experience in nursing profession was 2.540± 0.749 compared to 2.475±0.782 years of experience at hospital.

Table 2: Correlation between Nurse Managers Practices Subscales and Staff Nurses Autonomy Subscales

| Nurse Managers Practices Subscales | Patient care decisions | Unit operation decisions |
|------------------------------------|------------------------|-------------------------|
| r                                  | p                      | r                       | p                       |
| 1. Challenge the process           | 0.382                  | 0.000                   | 0.278                   | 0.000                   |
| 2. Inspire a shared vision         | 0.304                  | 0.000                   | 0.254                   | 0.003                   |
| 3. Enable others to act           | 0.238                  | 0.001                   | 0.195                   | 0.006                   |
| 4. Model the way                   | 0.313                  | 0.000                   | 0.311                   | 0.000                   |
| 5. Encourage the heart             | 0.288                  | 0.000                   | 0.302                   | 0.000                   |

This table summarizes that there is a highly statistical significant relationship between all subscales of nurse managers’ practices and all subscales of staff nurses autonomy.

Table 3: Correlation between Nurse Managers Practices Subscales and Staff Nurses Satisfaction

| Nurse Managers Practices Subscales | Staff Nurses Satisfaction |
|------------------------------------|---------------------------|
| r                                  | p  |
| 1. Challenge the process           | 0.600                     | 0.000                 |
| 2. Inspire a shared vision         | 0.622                     | 0.000                 |
| 3. Enable others to act           | 0.570                     | 0.000                 |
| 4. Model the way                   | 0.616                     | 0.000                 |
| 5. Encourage the heart             | 0.589                     | 0.000                 |

Table 3 displays that there is a highly statistical significant relationship between all subscales of nurse managers’ practices and staff nurses satisfaction.

Table 4: Correlation between Staff Nurses Autonomy Subscales and Their Satisfaction

| Nurse Managers Practices Subscales | Staff Nurses Satisfaction |
|------------------------------------|---------------------------|
| r                                  | p  |
| 1. Patient care decisions          | 0.183                     | 0.000                 |
| 2. Unit operation decisions        | 0.347                     | 0.000                 |
This table explores that there is a highly statistical significant relationship between all subscales of staff nurses autonomy and their satisfaction.

Table 5: Correlation between Nurse Managers Practices, Staff Nurses Autonomy and Satisfaction

| Study Variables                  | Staff Nurses Autonomy | Staff Nurses Satisfaction |
|----------------------------------|------------------------|---------------------------|
| Nurse Managers Practices         | r 0.357 | p 0.000 | r 0.630 | p 0.000 |

Table 5 shows that there is a highly statistical significant relationship between nurse managers practices, staff nurses autonomy and satisfaction.

Table 6: Correlation between Staff Nurses Autonomy and Their Satisfaction

| Study Variables | Staff Nurses Satisfaction |
|-----------------|---------------------------|
| Staff Nurses Autonomy | r 0.266 | p 0.000 |

This table shows that there is a highly statistical significant relationship between staff nurses autonomy and satisfaction.

Table 7: Correlation between Nurse Managers Practices, Staff Nurses Autonomy, Staff Nurses Satisfaction and Study Sample Personal Characteristics

This table shows that there is no statistical significant relationship between nurse managers’ practices; staff nurses autonomy and satisfaction and personal characteristics.

**DISCUSSION**

Abdullah & Shaw (2007) and Iliopoulou & While (2010) reported that the success of any health care organization is influenced by the role of unit level nurse managers. Therefore, nurse managers should spend a lot of their work time with staff nurses to initiate their autonomy and assessing the means that increasing staff nurses autonomy. Moreover, Lee& Yang (2015) added that one of the changes that occur in health care organizations to enhance the quality of care provided to their customers is to improve the autonomy and satisfaction of staff nurses.

Health care organizations exert a great effort to maintain nursing workforce and to enhance staff nurses retention. Nurses’ autonomy and satisfaction are critical factors that promote staff nurses retention and commitment. Therefore, nurse managers are positioned to enhance autonomy and satisfaction of staff nurses. They should manipulate the skills and practices that motivate nurses’ autonomy and promote their satisfaction to be committed and retained (Labrague, McEnroe-Petitte& Tsaras, 2018).

As regards correlation between nurse manager practices and staff nurses’ autonomy subscales, the findings of the current study demonstrated a statistical significant relationship between all subscales of nurse manager practices and all subscales of autonomy. This result was consistent with the results of Mryyan (2004) whose findings proved that nurse manager actions positively correlated with patient care autonomy, unit operation autonomy as well as the total nurses’ autonomy. In the same line Krairiksh & Anthony (2001) and Atwater, Brett & Charles, (2007) found that nurse managers’ practices improved involvement of nurses in decision-making process. They demonstrated that as a result of the influence of nurse managers’ practices, they considered as the most critical person for staff nurses. They provide nurses with leadership, coaching and support. Therefore when the nurses scored the managers actions as high, they also scored their autonomy as high and vice versa.

Moreover, the current study findings showed a statistical significant correlation between all subscales of nurse manager practices and staff nurses satisfaction. Also, the study demonstrated positive statistical significant correlation between nurse manager practices and staff nurses satisfaction. These findings were supported by Lake and Friese (2006), Bono, Foldes, Vinson, and Muros (2007) and. Their results revealed that staff nurses satisfaction is influenced by nurse managers’ supportive behaviors as good communication, showing respect and providing a feeling of being cared for all staff nurses. In the same line with this result, Kramer & Schmalenberg (2004), Kramer et al (2007) and Feather, Ebright & Bakas (2014) found a positive relationship between nurse manager behaviors and nurses
satisfaction. They supported that nurse manager practices formulate an important role in the satisfaction and retention of staff nurses.

Furthermore, this result was congruent with Roche, Duffield, Dimitrelis & Frew (2015), they supported that nurse manager role plays an important role in the operation of nursing unit. Nurse Manager Practices lead to greater job satisfaction and reduce turnover intention among nursing staff (Wong & Cummings, 2007 and Duffield, Roche, O’Brien-Pallas & Catling-Paull, (2009). When nurses recognized by nurse managers, provided a constructive feedback and shared in decision making, they become more satisfied, committed and retained (Schmalenberg & Kramer, 2009 and Duffield, Roche, Blay & Stasa, 2010). Additionally, other studies were in the same line with the findings of the current study as Casida & Parker (2011), Mah’d Alloubani, Almatari & Almukhtar (2014) and Karadag (2015 ) Whose findings supported the relationship between nurse managers practices and staff nurses satisfaction.

In relation to autonomy and satisfaction, the current study indicated a positive statistical significant correlation between staff nurses’ autonomy subscales and staff nurses satisfaction. Also the study revealed a positive correlation between nurses’ autonomy and satisfaction. These findings were consistent with the findings of Unruh & Zhang (2013) and Santos Alves, Silva& Brito Guirardello (2017) who indicated that improved nurses’ autonomy increased nurses’ satisfaction. Staff nurses autonomy considered as a predictor for nurses’ satisfaction and job retention. Staff nurses had a positive attitude towards autonomy in terms of independent decision making, had self confidence and job satisfaction. In the same line with these findings, Giles, Parker, Mitchell & Conway (2017) , Asegid, Belachew & Yimam (2014), Athey et al (2016) and Halcomb, Smyth & McInnes (2018) supported that nurses autonomy and job satisfaction are related, autonomy is vital for nurses satisfaction, nurses who have higher levels of autonomy within their work practice are satisfied with their jobs.

As regards relationship between the variables of current study and personal data of study sample, the current study showed that there is no statistical significant correlation between nurse manager practices, autonomy and satisfaction and all personal data of staff nurses as age, gender, marital status, educational level, years of experience in nursing profession and years of experience at unit. The study findings were inconsistent with the findings of Cajulis and Fitzpatrick (2007) and Papathanassoglou, Karonikola, Kalafati , Giannakopoulu , Lemonidou & Albarran (2012) which demonstrated reverse relationship between age and work experience of staff nurses and autonomy. They added that the older and more experienced nurses are more autonomous. Moreover, these findings were incongruent with the findings of (Supametaporn, 2013) which indicated that autonomy was directly correlated with the age and experience of staff nurses. They revealed that nurses age and work experience play a critical role in enhancement of nurses’ autonomy.

Furthermore, the findings of (Dorgham & Al.Mahmoud, 2013 and Motamed-Jahromi, Jalali, Eshghi, Zaher & Dehghani, 2015) weren’t in the same line with the findings of this study. They indicated a relationship between nurses’ autonomy and their educational level; they found that nurses who had higher educational level had professional autonomy. AllahBakhshian, Alimohammadi, Taleghani, Nik, Abbasi & Gholizadeh. (2017) and Georgiou, Papathanassoglou, & Pavlakis (2017) supported that highly educated nurses possesses the knowledge and skills that enable them to be autonomous. However, a study carried out by Morgan & Taylor (2008) showed no relationship between nurses’ autonomy and degree of education.

The results of Afroz & Mittra (2010) and Kahiga (2018) were incongruent with the results of the current study. They found a relationship between staff nurses satisfaction and personal characteristics of staff nurses. They revealed that younger and unmarried nurses had higher job satisfaction. Also nurses who had higher educational level with great experience had higher job satisfaction. Moreover, a study conducted by Echevarria, Patterson and Krouse (2017) indicated a relationship between staff nurses’ educational level and their job satisfaction. They found that bachelor nurses had higher satisfaction.

CONCLUSION

It was concluded that there was a highly statistical significant relationship between all subscales of nurse managers’ practices and all subscales of staff nurses autonomy. Moreover, there was a highly statistical significant relationship between nurse managers practices, staff nurses autonomy and satisfaction. It was found that there is a statistical significant correlation between all subscales of nurse manager practices and nurses satisfaction and between staff nurses autonomy and satisfaction. However the study revealed no statistical significant relation between staff nurses’ personal characteristics and nurse manager practices, staff nurses autonomy and satisfaction.

RECOMMENDATIONS

Based on the findings of the current study, the following recommendations have been generated:

1. A training program should be provided for nurse managers about actions and practices that should be carried out to promote staff nurses’ autonomy.
2. Organizations should identify strategies that support nurse managers practices that promote staff nurses autonomy and satisfaction.
3. Health care organizations should identify challenges that influence staff nurses’ autonomy and satisfaction and develop strategies that overcome these challenges.
4. Training programs should be implemented to teach nurses how to be more autonomous at their work.
5. Further research is needed to:
   - replicate the study on large sample of staff nurses to generalize the results.
   - compare the perception of nurses who working at general and private health care organizations.
   - investigate the relation between nurse manager practices and other variables as staff nurses turnover, absenteeism, performance and quality of work life.
REFERENCES

[1]. Abd el Aal, N and Zein ElDin, Y. (2013). The Influence of Nurse Managers’ Actions on Nurses’ Autonomy at Damanhour National Medical Institute. Research gate. 1-18

[2]. Abdullah, MT and Shaw, J. (2007). A review of the Experience of Hospital Autonomy in Pakistan. The International Journal of Health Planning and Management. vol. 22 (1). 45-62

[3]. Afroz, N & Mittra, R. (2010). Higher Education and Professionalism: Through the Lens of Self-Actualizing. Dimensions of Education. vol.137–139

[4]. AllahBakhshian, M., Alimohammadi, N., Taleghani, F., Nik, A. Y., Abbasi, S., & Gholizadeh, L. (2017). Barriers to intensive care unit nurses’ autonomy in Iran: A qualitative study. Nursing Outlook, 65, 392–399. https://doi.org/10.1016/j.outlook.2016.12.004

[5]. Amini, K., Negaranideh, R., Ramezani-Badri, F., Moosaeeifard, M and Fallahah, R. (2015). Nurses’ Autonomy Level in Teaching Hospitals and its Relationship with the Underlying F. Int J Nurs Pract. vol.21(1).52-59

[6]. Ann, MT. (2009). Guide to Nursing Management and Leadership. 8th ed. St. Louis: Mosby Elsevier

[7]. Asegid, A., Belachew, T & Yimam, E. (2014). Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. Nursing Research and Practice.

[8]. Athey, E., Leslie, M., Briggs, L., Park, J., Falk, N., Pericak, A., … Greene, J. (2016). How Important Are Autonomy and Work Setting to Nurse Practitioners' Job Satisfaction? Journal of the American Association of Nurse Practitioners. vol. 28. 320–326

[9]. Atwater, L. E., Brett, J & Charles, C. (2007). Multisource Feedback: Lessons Learned and Implications for Practice. Human Resource Management. vol. 46(2). 285—307

[10]. Bach, M and Kerzner, L. (2014). A New Paradigm for Protecting Autonomy and the Right to Legal Capacity: Law Commission of Ontario.

[11]. Blegen, M., Goode, C., Johnson, M., Maas, M., Chen, L & Moorhead, S. (1993). Preferences for decision-making. Journal of Nursing Scholarship 25, 339–344

[12]. Bonfada, M., Pinno, C and Camponogara, S.(2018). Potentials and Limits of Nursing Autonomy in a Hospital Environment. Journal of Nursing. vol. 2(8). 2235-2246

[13]. Bono, J., Foldes, H., Vinson, G., & Muros, J. (2007). Work-place Emotions: The Role of Supervision and Leadership. Journal of Applied Psychology. vol.92(5). 1357–1367

[14]. Cajulis, CB & Fitzpatrick, JJ. (2007). Level of Autonomy of Nurse Practitioners in an Acute Care Setting. Journal of the American Academy of Nurse Practitioners. vol.19(10). 500-07

[15]. Carsten, C., Schermuly, C, Draheim, M., Glasberg, R., Stantchev, V., Tamm, G., Hartmann, M and Hessel, F. (2015). Human Resource Crises in German Hospitals—an Explorative Study. Human Resources Health. vol. (13): 40 doi: 10.1186/s12960-015-0032-4.

[16]. Casida, J and Parker, J. (2011). Staff Nurse Perceptions of Nurse Manager Leadership Styles and Outcomes. Journal of Nursing Management. vol.19(4). 478–86.

[17]. Castaneda, G and Scanlan, J. (2014). Job Satisfaction in Nursing: A Concept Analysis. Nursing Forum. vol. 49(2). 130-138. doi:10.1111/nuf.12056

[18]. Courvoisier, D., Achorishtas, T., Perneger, T., Schmidt, R. & Cullati, S. (2011). Regrets Associated with Providing Healthcare: Qualitative Study of Experiences of Hospital-Based Physicians and Nurses. PLOS ONE. vol. 6(8).

[19]. Despres, K. (2011). Perceived Leadership Styles of Nurse Managers’ and Nurses’ Job Satisfaction: A correlational study. University of Phoenix.

[20]. Dorgham, ShR & AlMahmoud, SA. (2013). Leadership Styles and Clinical Decision Making Autonomy among Critical Care Nurses: A Comparative Study. IOSR J Nurs Health Sci. vol. 1(4). 71-83

[21]. Duffield, C., Roche, MA., Blyay, N & Stasa, H. (2010). Nursing Unit Managers, Staff Retention and the Work Environment. J Clin Nurs. vol.20(1–2). 23–33

[22]. Duffield, C., Roche, MA., O’Brien-Pallas L & Callig-Paul, C. (2009). The Implications of Staff ‘churn’ for Nurse Managers, Staff, and Patients. Nurs Econ. vol. 27(2). 103–110

[23]. Echevarria, IM., Patterson, BJ & Krouse, A. (2017). Predictors of Transformational Leadership of Nurse Managers. Journal of Nursing Management. vol. 25(3). 167-175

[24]. Enns, V., Currie, S., Wang, J. (2015). Professional Autonomy and Work Setting as Contributing Factors to Depression and Absenteeism in Canadian Nurses. Nurs Outlook. vol.63(3).269-277

[25]. Fantahun, A., Demessie, A., Gebrekirstos, K., Zemene, A and Yetaye G. (2014). A Cross Sectional Study on Factors Influencing Professionalism in Nursing among Nurses in Mekelle Public Hospitals, North Ethiopia

[26]. Feather, R., Ebright, P & Bakas, T. (2014). Nurse Manager Behaviors That RNs Perceive to Affect Their Job Satisfaction. Nursing Forum: An Independent Voice for Nursing. vol.1-12

[27]. Georgiou, E., Papathanassoglou, E. D., & Pavlakis, A. (2017). Nurse-Physician Collaboration and Associations with Perceived Autonomy in Cypriot critical care nurses. Nursing in Critical Care, vol.22(1). 29–39 https://doi.org/10.1111/nicc.12126

[28]. Giles, M., Parker, V. & Mitchell & Conway, J. (2017). How Do Nurse Consultant Job Characteristics Impact on Job Satisfaction? An Australian quantitative study. vol.11

[29]. Halcomb, E., Smyth, E & McInnes, S. (2018). Job satisfaction and career intentions of registered nurses in primary health care: an integrative review. BMC Family Practice. vol. 19 (136).

[30]. Hamdan, Z., Bawadi, H., Bawadi, H & Mrayyan, M. (2013). Nurse Managers’ Actions (NMAs) Scale to Promote Nurses’ Autonomy: Testing a New Research
[31]. Iliopoulou, KK and While, AE. (2010). Professional Autonomy and Job Satisfaction: Survey of Critical Care Nurses in Mainland Greece. Journal of Advanced Nursing. vol.66 (11). 2520–31

[32]. Jahromi, M., Jalali, T., Esghii, F., Zaher, H and Dehghani, S. (2015). Evaluation of Professional Autonomy and the Association with Individual Factors among Nurses in the Southeast of Iran. Journal of Nursing and Midwifery Sciences. vol. 2(4). 37-42

[33]. Kahiga, K. (2018). Factors influencing the job satisfaction of nurses working in obstetric units in public hospitals in Kenya. Journal of Nursing Education and Practice. vol.8(2). 132- 146

[34]. Karadağ, E. (2015). Leadership and Organizational Outcomes: Meta-Analysis of Empirical Studies: Springer

[35]. Kelly, B. (2014). Dignity, Human Rights and the Limits of Mental Health Legislation. Irish Journal of Psychological Medicine. vol.31(2). 75-81

[36]. Konstantinou, C and Prezerakos, P. (2018). Relationship between Nurse Managers’ Leadership Styles and Staff Nurses’ Job Satisfaction in a Greek NHS Hospital. American Journal of Nursing Science. vol. 7(3). 45-50

[37]. Kouzes, J and Posner, B. (2002b). The Leadership Practice Inventory: Theory and evidence behind the five practices of exemplary leaders. Retrieved January 12, 2006 from http://www.theleadershipchallenge.com

[38]. Krairiksh, M & Anthony, M. (2001). Benefits and Outcomes of Staff nurses’ Participation in Decision-Making. Journal of Nursing Administration. vol. 31 (1). 16-23

[39]. Kramer, M., Maguire, P., Schmalenberg, C., Brewer, B., Burke, R., Chmielewski, L & Waldo, M. (2007). Nurse Manager Support. What is it? Structures and Practices that Promote it. Nursing Administration Quarterly. vol.31(4). 325–340

[40]. Kramer, M & Schmalenberg, C. (2004). Development and Evaluation of Essentials of Magnetism tool. Journal of Nursing Administration vol.34(7/8). 365–378

[41]. Kvist, T., Mantynen, R., Vehvilainen-Julkunen. K. (2013). Does Finnish Hospital Staff Job Satisfaction Vary Across Occupational Groups? BMC Health Services Research. vol. 13. 376

[42]. Kvist, T., Voutilainen, A., Mäntyinen, R., & Vehviläinen-Julkunen, K. (2014). The Relationship between Patients’ Perceptions of Care Quality and Three Factors: Nursing Staff Job Satisfaction, Organizational Characteristics and Patient Age. BMC health services research, vol. 14(1). 466

[43]. Labrague, L., McEnroe-Petitte, D& Tsaras,k. (2018). Predictors and Outcomes of Nurse Professional Autonomy: A Cross-Sectional Study. International Journal of Nursing Practice. 25. 1-8

[44]. Lake, E & Friese, C. (2006). Variations in Nursing Practice Environments. Nursing Research, vol. 55(1). 1–9.

[45]. Lee, H.K and Yang, M. (2015). Influence of Professional Self Concept and Professional Autonomy on Nursing Performance of Clinic Nurse. International Journal of Bio-Science and Bio-Technology. 297- 310

[46]. Libano, M .(2017). Registered Nurse Job Satisfaction and Nursing Leadership. Walden University. Walden Dissertations and Doctoral Studies Collection

[47]. Mah’d Alloubani, A., Almatari, M &Almukhtar, MM. (2014). Effects of Leadership Styles on Quality of Services in Healthcare. European Scientific Journal, ESJ. vol.10(18)

[48]. Masih, O., Sehar, S. , Afzal, M and Gilani,S. (2019). The Influence of Nurse Manager Actions on Nurses’ Autonomy in Lahore, Pakistan. American Research Journal of Humanities & Social Science. vol 2 (4). 46-55

[49]. Masum A., Azad, M., Hoque, K., Beh, L., Wanke, P and Arslan, Ō. (2016). Job Satisfaction and Intention to Quit: An Empirical Analysis of Nurses in Turkey. PeerJ. 4: e1896.

[50]. McGlynn, K., Griffin, M., Donahue, M., & Fitzpatrick, J. (2012). Registered Nurse Job Satisfaction and Satisfaction with the Professional Practice Model. Journal of Nursing Management. vol. 20(2). 260-265

[51]. McHugh, M., Kutney-Lee, A., Cimiotti, J., Sloane, D., & Aiken, L. (2011). Nurses’ Widespread Job Dissatisfaction, Burnout, and Frustation with Health Benefits Signal Problems for Patient Care. Health Affairs (Project Hope).vol. 30(2). 202-210

[52]. Motamed-Jahromi, M., Jalali, T., Esghii, F., Zaher, H., & Dehghani, L. (2015). Evaluation of Professional Autonomy and the aAssociation with Individual Factors among Nurses in the Southeast of Iran. Journal of Nursing and Midwifery Sciences, 2. 37–42. https://doi.org/10.18869/acadpub.jnms.2.4.37

[53]. Morgan, A & Taylor, M. (2008). The Relationship between Autonomy and Job Satisfaction among Registered Nurses. Master Thesis. University of New Hampshire, Durham

[54]. Mrayyan, M.T. (2004). Nurses’ Autonomy: Influence of Nurse Managers’ Actions. Journal of Advanced Nursing. vol. 45 (3). 326-336

[55]. Mudihanselage, H and Chamaru, A. (2015). The Nursing Shortage Impact on Job Outcome (the case in Sri Lanka). Journal of Competitiveness. vol.7(3). 326-336

[56]. Naseem, S., Afzal, M., Sehar, M and Gilani, S (2018). Relationship between Leadership Styles of Nurse Managers and Staff Nurses Job Satisfaction in Public Hospital of Punjab, Pakistan. International journal of social science and management. Vol. 5 (3). 201-208

[57]. Papathanassoglou, EDE., Karanikola, MNK., Kalafati, M., Giannakopoulou, M., Lemonidou, C & Albarran, JW. (2012). Professional Autonomy, Collaboration with Physicians, and Moral Distress among European Intensive Care Nurses. American Journal of Critical Care. vol. 21(2). e41-e52.

[58]. Perez, J. (2014). Impact of Nurse Managers’ Leadership Styles on Staff Nurses’ Intent to Turnover: Gardner-Webb University.

[59]. Roche, M., Duffield, C., Dimitrelis, S & Frew, B .(2015). Leadership skills for nursing unit managers to decrease
intention to leave. Nursing: Research and Reviews. vol. 5. 57-64

[60]. Santos Alves, D. Silva, D & Brito Guirardello, E. (2017). Nursing Practice Environment, Job Outcomes and Safety Climate: A Structural Equation Modelling Analysis. Journal of Nursing Management. vol. 25. 46–55

[61]. Schmalenberg, C & Kramer, M. (2009). Nurse Manager Support: How Do Staff Nurses Define It? Crit Care Nurse. vol.29(4). 61–69

[62]. Schwart, D., Spencer, T., Wilson, B and Wood, K. (2011). Transformational Leadership: Implications for Nursing Leaders in Facilities Seeking Magnet Designation. AORN Journal. vol. 93 (6). 737–48

[63]. Shohani, M., Rasouli, M and sahebi, A. (2018). The Level of Professional Autonomy in Iranian Nurses. Journal of Clinical and Diagnostic Research. vol.12(5). 1-4

[64]. Siddiqui, Z., Zuccarelli, R., Durkin, N., Wu, A and Brotman, D. (2015). Changes in Patient Satisfaction Related to Hospital Renovation: Experience with a New Clinical Building. Journal of hospital medicine. vol. 10(3).165-171

[65]. Spector, P. (1985). Measurement of Human Service Staff Satisfaction; Development of the Job Satisfaction survey. American Journal Of Community Psychology.13,693-713

[66]. Supametaporn, P. (2013). The Conceptualization of Professional Nurse Autonomy. Journal of Nursing Science. vol.31(1).80-86

[67]. Traynor, M., Boland M and Buus, N. (2010). Autonomy, Evidence and Intuition: Nurses and Decision-Making. Journal of Advanced Nursing. vol. 66(7). 1584-1591

[68]. Twigg, D., & McCullough, K. (2014). Nurse Retention: a Review of Strategies to Create and Enhance Positive Practice Environments in Clinical Settings. International journal of nursing studies. vol. 51(1). 85-92

[69]. Twomey, M. (2015). Why Worry About Autonomy? Ethics and Social Welfare. vol.9 (3). 255-268

[70]. Unruh, L and Zhang, NJ. (2013). The Role of Work Environment in Keeping Newly Licensed RNs in Nursing: A Questionnaire Survey. Int J Nurs Stud. vol.50(12).1678-88

[71]. Varjus, S., Kilpi, H and Suominen, T. (2011). Professional Autonomy of Nurses in Hospital Settings – a Review of the Literature. Scandinavian Journal of Caring Sciences. 25. 201-207

[72]. Weng, R., Huang, C., Chen, L., & Chang, L. (2015). Exploring the Impact of Transformational Leadership on Nurse Innovation Behavior. Journal of Nursing Management. vol. 23(4). 427-439

[73]. Wong, CA & Cummings, GG. (2007). The Relationship between Nursing Leadership and Patient Outcomes: a Systematic Review. J Nurs Manag. vol.15(5).508–521