

The Influence of Nurse Manager Actions on Nurses' Autonomy in Lahore, Pakistan

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ABSTRACT:-

Introduction: The managers' actions are fundamental to ensuring their subordinates' acceptance of change, and to motivating them to achieve established goals as well as a high quality of care. Nurse managers' actions in the current study are operationally defined as actions that are conducive for nurses' autonomy. In this respect, nurses' autonomy is defined as a process of allowing nurses to have substantial control over professional practice, including significant room for exercise of their judgment. Many researchers concluded that nurse managers' practices have been shown to have an effect on nurses' working environment and their performance, the quality of care delivered the use of research and on their continuing professional development

Methods: This quantitative cross-sectional study used with convenient sampling.

Results: Nurses highly scored their nurse managers' action (68.9 ± 18.3), while the unit operation autonomy was scored the lowest with a mean percentage of (51.0 ± 15.8). The nurse managers' actions had proved to be positively correlated with patient care autonomy ($r= 0.358$, $p= 0.000$), and unit operation autonomy ($r= 0.447$, $p= 0.000$) as well as the total nurses' autonomy ($r= 0.453$, $p= 0.000$).

Conclusions: A positive significant correlation was found between nurse managers' actions and nurses' patient care and unit operation autonomy. Also, the study findings proved that nurses scored highly their nurse managers' action, while they scored lowly their unit operation autonomy.

Keywords:- Nurse managers' actions, nurses' autonomy, patient care autonomy, unit operation autonomy.

I. INTRODUCTION

Nurse manager is a first leader's role in health care organization system has a responsibility to induce changes in the clinical environment. A nurse manager action is defined as work performed by supervision in the clinical setting. The responsibilities include, oversees staff, staff recruitment, training, budgetary accountabilities, resolve conflicts, encourage leadership, establishing standards of care (Merali, 2005).

Nursing manager have been increasingly relating leadership to the innovative behavior of nurses in the work environment, as the managers seek in these professionals a broad knowledge and professional performance in the different organizational aspects(Weng, Huang, Chen, & Chang, 2015).

Nurse Manager take part a vital role in promoting their status. This purpose requires a lot of time and need to set priorities. The strategy can influence in making nursing autonomy. Nurse manager can play multiple roles to produce satisfaction and making developmental decisions regarding their work for this responsibility, various strategies have been implemented to develop nurse managers' abilities to promote change. Nurse manager leadership programs have been developed in some countries (Kodama & Fukahori, 2017).

Research findings have accentuated the vital role of nurse managers in influencing staff nurses' autonomy, work environment and quality of working life, and in facilitating patient care. Nurse managers exert a powerful influence on key nurse and patient outcomes, both directly and through the professional practice environment they create in their units. The researchers also looked at the direct effect of nurse management on nurse and patient outcomes. The analyses showed that nurse managers have a strong influence on workforce

measures. Some patient outcomes were also influenced directly by nurse manager ability. Specifically, (Siddiqui, Zuccarelli, Durkin, Wu, & Brotman, 2015).

Autonomy link to being human and deserving of respect. In a functional sense, it is the capability of a person to coordinate how he or she lives on an everyday premise as indicated by individual values, beliefs. In wellbeing and social care, this includes the individual who utilizes administrations settling on educated choices about the care, support or treatment that he or she gets. The capability to be autonomous, and make decision, can be encourage and progress (Kelly, 2014).

Autonomy in nurses' are also seen as a fundamental aspect in the professional practice of the nurse and as a pillar of the quality of care, considering that autonomy in the professional practice provides a higher degree of satisfaction for the nurse, which directly interferes in patient safety. It is defined, therefore, as freedom to act and to make independent clinical decisions in the nursing sphere of practice and interdependent decisions in interdisciplinary spheres, all based on scientific evidences (Twigg & McCullough, 2014).

Nurses are autonomous, self-regulating health professionals with a distinct body of knowledge and practice in clinical care. Greater autonomy for nurses improves patient care; patient satisfaction rates, and elevates the status of the profession. Nursing autonomy increases when nurses and nursing work are respected and valued. Increasing autonomy for nurses is related to recruitment, retention, workload, stress, violence in the practice environment and more (Twomey, 2015).

Autonomy in nurses is a dominant element in job happiness and staff possession. Successful manager is linking relationship between, job satisfaction, and autonomy. According to lots of studies which tell that nurses were unsatisfied during work, and wish best working situation and enhance autonomy in their filed. The job satisfaction of nurses is known to play an important role in enhancing their performance and improving the quality of patient care in hospitals and as well as in reducing nurses' turnover intention. Thus, the promotion of nurses' job satisfaction should be considered an important task in hospital management (Kvist, Voutilainen, Mäntynen, & Vehviläinen-Julkunen, 2014).

AIMS OF THE STUDY

The purpose of this study is to examine the influence of nurse manager actions on nurses' autonomy in Lahore, Pakistan.

SIGNIFICANCE OF THE STUDY

The importance of this study is to focuses on nurse manager actions that can use to enhance the nurses' autonomy in clinical side. Today, researches regarding nurse manager actions role on nurses' autonomy as a potentially useful occurrence in an organization, because, if nurses' autonomy enhance appropriately, it can enhance job satisfaction, improve the quality of care and decision making and provide for mutual understanding.

Patients

The result of this study will improve the quality of care which provided to the patients, moreover through the finding of study patients satisfaction enhance, solve complaint, possible reduce the morbidity rate in health care system.

Health Care Provider

This study of finding, will help the health care provider to think positively and display positivism in their hospital environment in this way, they will begin to feel better about their career. Then he will produce the opportunity career up gradation for their employer. This data result utilize in planning for future and make policy making protocol.

Management

This study result will provide the baseline data regarding the nurses' autonomy in clinical setting. This study will also provide the nurse manager action insight to the organization. In addition to this the management can disseminate the results of the study through workshops and seminars to formulate the strategies for better nurse manager actions and up gradation of nurses' autonomy. Strategies that Management uses to enhance nursing autonomy include: Nursing leadership to set expectations for independent actions and to support them. Decentralizing control over patient care decisions to frontline clinicians and nurse-managers. Initiating patient care programs at the unit level. Empowerment for taking decision. Management can utilize the data from this study at the clinical site which enhance the nurses' autonomy which is best for taking good decision and resolve the conflict in patients and physician. Greater autonomy for nurses improves patient care; patient satisfaction rates, and elevates the status of the profession. Reduce autonomy of nurses related to recruitment, retention, workload, stress, violence in the practice environment.

Policy Maker

The study finding will help policy maker to understand preferred reduce the influence of nursing manager action on nurse's autonomy. Autonomy is dominant indicator for encouraging work situation and favorable patients, institution outcome, collaboration with staff. This study will help the policy maker to design strategies and put into practice to improve the working environment for the nurses, improve their job satisfaction, and improve their performance. Accordingly, organization productivity and quality of care may be increased.

Future Researchers

The result of this study will give direction to the future researcher to utilize this study as a literature and guidance. Additionally study will help them to identify the study gap. The findings of the study can be used as secondary data for future research scholars.

II. LITERATURE REVIEW

The nurse manager role is currently seen as one of the hardest, most complex roles in health care nurse manager at health-care institutions have responsibility for a unit, with specific tasks and a role that comes with the position. Autonomy as a process of allowing nurses to have substantial control over professional practice, including significant room for exercise of their judgment.(Currie, Harvey, West, McKenna, & Keeney, 2005)stated that for autonomous practice to flourish, it is necessary that supportive work environments with flexible policies are provided. The below mention literature review support the study regarding the nurse manger action and nurses' autonomy is a strong relationship in health care setup.

Communication and nurses' autonomy

A nurse manager should play a role of well-designed communicator. In such way he needs to introduce well designed programs and activities among his/her nurses for development of effective communication. This will enhances ability of effective communication and polish autonomy(Bello, 2017) .

In Health institutes effective communication plays a survival role for patients. Sometime Communication gap results in form of demise which is totally against nature and ethics. So, a nurse manager has to play a social and friendly behavior with their nurses to avoid such kind of incidents. If a nurse manager gives an effective supervision and guidance to his/her nurse then it will be resulted as healthy and progressive environment for practicing nursing autonomy. Autonomy demonstrated that nurses' job had a positive association with organizational commitment, collaboration, communication and autonomy (Saber, 2014) .

Resolve conflict and nurses' autonomy

Conflict usually develops due to altered interpersonal relationship among coworkers or unequal distribution of tasks or lack of understanding of situation by employees. So relationship plays significant role in causing, and resolution of conflict in effective way, that relationships are a main source of pleasure and provide defense against stress and because of good relationships, individuals receive active help for difficult tasks and challenges in jobs, emotional support in their daily lives. Conflicts and management issues are everywhere when nurse manager gives we feeling, self-respect and friendly atmosphere to his/ her nurses ultimately it enhances nurse's autonomy among them. This ability improves power to reduce issues and resolves conflicts. As a result patients and physicians gets hazard free environment.(Shah, 2017).

Leadership and nurses' autonomy

Autonomous nurse leader are more able to cultivate a strong and vibrant nursing community. For nurse leader, autonomy is related to having power at the senior executive level(Twomey, 2015).

Courage and attitude are the core attributes which take a simple nurse to its peak. If a nurse manger cares these two he really promotes confidence and leadership among their nurses and if he doesn't care he proves as spoiler. In current Era job description of nursing is going worse and complicated with every passing day. Nurses, who are born leaders of the nursing team, should work their potentialities in order to develop the necessary skills related to leadership, particularly in the performance of the communication process and the development of a supportive environment for the exercise of leadership, leading to an improvement in the role model and management style of the nurse in different organizations(Llapa-Rodriguez, de Oliveira, de Aguiar Campos, & Neto, 2015) .

Self-schedule of work and nurses' autonomy

Nurse's autonomy is also affected by nurse's individual self-schedule. Studying these associations is essential to developing policies and regulations that keep our nurses as healthy as possible. Because we assume employee satisfaction is associated with scheduling requests and preferences, we assess the proportion of employee requests and preferences that are honored in a given schedule. Avoid excessive consecutive hours (for example, a 16-hour double shift) overtime (Bae & Fabry, 2014).

Support staff nurses' decision making and nurse's autonomy

Clinical decision-making plays an intimate role in the quality of care that nurses provide to patients. Poor decision-making can lead to adverse events and have negative consequences for patients. It is estimated that up to 65% of adverse events could have been prevented had nurses made better decisions. Given that the decisions nurses make have such high consequences, it would be prudent to understand what factors contribute to clinical decision-making. The role of nurse manager is like a backbone as a backbone helps in standing same nurse manager's role carries nurse's autonomous power. Many healthy and progressive activities are needed for the development of autonomous practice. Accurate and effective policies are required to make autonomous practice flexible but it should be cared that those policies must be cost effective. (Bae & Fabry, 2014).

Establishing standard of care for nurses' autonomy

Some well-defined and established standards are dire need of time to promote autonomy for nurses. In old time there was a patient centered policy only but it's a scientific age. So Technology, Research, trainings, and need of time policies should be fabricated for supporting and establishing the standards. Autonomy is dominant indicator for encouraging work situation and favorable patients and institution outcome (Abdullah & Shaw 2007, Britnell 2007).

The nurse managers' actions had proved to be positively correlated with patient care autonomy ($p=0.000$). Self commitment about quality and care with solid determination is the basic need for a nurse. These things are the core keys for a progressive and autonomous career (Supametanorn, 2013).

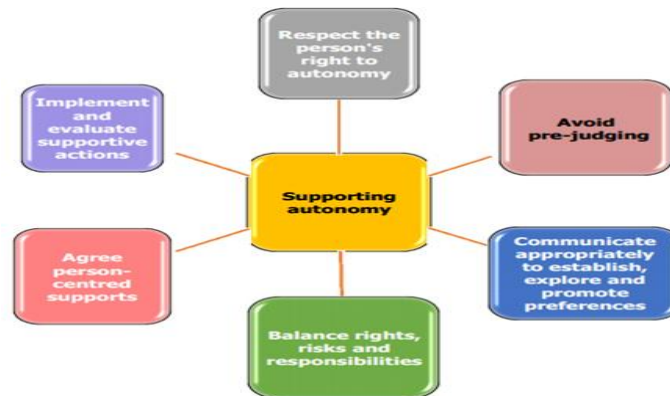
CONCEPTUAL FRAMEWORK

The framework can help health and social care providers to balance respect for autonomy with professional responsibility and for a quality service. The framework is based on experiences of autonomy in everyday life (Bach & Kerzner, 2014). In this sense, autonomy is viewed as a dependent process that involves our relationships with other people. The framework is compatible with a human-rights approach of supported decision-making (Flynn & Arstein-Kerslake, 2014). This framework consists of Communication, Responsibilities, Making Decision, Supportive action, Person right, which supports the autonomy.

Effective communication with people who use services is a core aspect of the framework. Promoting autonomy requires an ongoing process of communication to address individual need. It is important that people are supported in the decision-making process but are not subjected to undue influence. When health and social care providers share information, give advice, or assist in the decision-making process, it should be with the intention of promoting the autonomy of the person receiving care, support and or treatment. The will and preferences of the individual is central to the process. Respecting a person's autonomy includes respecting what others may consider to be unwise decisions.

It is essential that people who use services are aware of their right to an active role in deciding the care, support and treatment they receive. Service providers are required to appreciate the power imbalances that can occur within services and take the lead in promoting autonomy.

Every person who uses health and social care services has the right to have his or her autonomy respected. This includes respect for their dignity, privacy and personal preferences. Autonomy can be respected in simple ways in the care setting. This could involve assisting a person to carry out their daily activities in a manner that suits their individual needs. The process of informed consent is an important practical application of respect for autonomy in health and social care.



(Bach & Kerzner, 2014) (as cited in (HIQA, 2013)

III. METHODS

SETTING

This research was conducted in the Nawaz Sharif social security hospital Lahore.

RESEARCH DESIGN

This quantitative analytic descriptive cross-sectional study

POPULATION

The target populations were both male and female.

SAMPLING

Respondents' selection was 114.

RESEARCH INSTRUMENT

A questionnaire was designed for this study to gather data to answer the research questions. The data were collected by face-to-face interviews in the respondents' clinical site. Responses were recorded on a hard copy of the questionnaire

DATA GATHERING PROCEDURE

Participants were informed about the aim of the study.

METHODS USED TO ANALYZE DATA

Data was analyzed by SPSS version 21. Statistical analysis for study was Descriptive Statistics.

STUDY TIMELINE

The data was collected from May, 2018.

ETHICAL CONSIDERATION

A formal written letter of permission to conduct the research including pilot-testing was.

I. RESULTS

This section presents the outcomes of the study.

PROFILE OF THE RESPONDENTS

Respondents were taken both from government and private institutions.

Research Question

What is the influence of nurse manager actions on nurses' autonomy?

Table# 1 Demographic Information of Participants

Table# 1 reveals the demographic characteristics of staff nurses, more than half 57 (49.1%) of staff nurses were in the age from 36 to less than 45, while the lowest percentage (8.6%) were in the age group from 40 to less than 60 years. Regarding the gender, the highest percentages of staff nurses were females (98.3%) respectively. In relation to educational qualification, 91.4% of staff nurses have a secondary nursing school diploma. Regarding the years of experience in nursing and units, the highest percentage of staff nurses were (59.9%) respectively have 11-35 years' experience in clinical field.

Gender Male/Female	Female=113 98.3% Male=1(.9%)	(1.01 ± .094)
Age 21-35years 36-45 years 40-60 years Total	1=47(40.5%) 2=57(49.1%) 3=10(8.6%) 114(98.3%)	(1.68± .631)
Education General nursing diploma (POST RN) (MSN)	1=106(91.4) 2=8 (6.4) 0	(1.07± .257)
Experience 2-10 years 11-35years 36-60years	1=45(38.8%) 2=59(50.9%) 3= 10(8.6%)	(1.69 ± .626)

Table#2: Nurse Managers’ action scale Items

Table 2 illustrates the mean score of the nurse manager actions. Nurses reported that their nurse managers support their autonomy in the following actions which received high mean scores, namely; encouraging nurses to communicate openly with health care team members (2.22 ± 1.135), supporting nurses to resolve conflicts with physicians, patients and relatives (2.00 ± 1.135), encouraging leadership among nurses (2.15 ± 1.138) as well as stimulating nurses’ intellectual discussion about work (2.32 ± 1.080). On the other hand, nurses stated that the nurse managers did less to encourage them to involve nurses in planning the capital expenditures (2.15 ± 1.099), to develop plans to meet their educational needs (2.16 ± 1.027) and to participate in research project and use research (2.26 ± 1.031).

Does not do=1, Seldom=2, Sometime=3, Usually=4, Always=5

Table 2

Sr.N	Questions	1 F%	2 F%	3 F%	4 F%	5 F%
1	Encourages nurses to communicate openly with members of the health care team?	35 30.2%	41 35.3%	22 29.0%	10 8.6%	6 5.2%
2	Supports nurses to resolve conflicts with physicians ,patients, and colleagues	46 39.7%	40 34.5%	13 11.2%	12 10.3%	3 2.6%
3	Encourages leadership among nurses?	40 34.5%	37 31.9%	23 19.8	8 6.9%	6 5.2%
4	Stimulates nurses’ intellectual discussions about work?	26 22.4%	45 38.8%	29 25.0%	6 5.2%	7 6.0%
5	Consults nurses while establishing standards of care?	46 39.7%	32 27.6%	20 17.2%	11 9.5%	5 4.3%
6	Allows staff nurses to self-schedule?	29 25.0%	41 35.3%	30 25.9	6 5.2%	8 6.9%
7	Supports staff nurses’ autonomous decision-making?	32 27.6%	45 38.8%	25 21.6	9 7.8%	3 2.6%
8	Delegates to nurse’s 24-hour responsibility about their unit’s decisions	30 25.9%	38 32.8%	25 21.6	13 11.2%	8 6.9%
9	Helps nurses to develop plans to meet their educational needs	33 28.4%	46 39.7%	22 19.0%	10 8.6%	3 2.6%
10	Involves staff nurses in planning the capital expenditure	39 33.6%	36 31.0%	27 23.3%	7 6.0%	5 4.3%
11	Encourages nurses to participate in research projects and use research	27 23.3%	47 40.5%	28 24.1%	7 6.0%	5 4.3%

Table#3: Patients care autonomy scale items

Shows the result of patient care autonomy arranged in a descending order. Nurses reported that they had the most autonomy when making decisions about the following patient care activities, namely; preventing patient falls (2.68 ± 1.237), serving as patient advocate (2.41 ± 1.181) and questioning physician orders (2.55 ± 1.065), prevent skin breakdown ($2.68 + 1.185$). Teach self-care ($2.58 + 1.159$), teach about patient medication ($2.58 + 1.159$), teach health care promotion ($2.55 + 1.137$). On the contrast, nurses reported low autonomy in relation to informing patient about surgical risks (2.36 ± 1.090), handle Individuals patients complain (2.38 ± 1.092) and make decision for pain management (2.33 ± 1.028), plan with patient care ($2.36 + 1.114$), develop patient education materiel ($2.63 + 1.131$).

Does not do=1, Seldom=2, Sometime=3, Usually=4, Always=5

Table 3

Sr.N	Questions	1 F%	2 F%	3 F%	4 F%	5 F%
12	Prevent patient falls?	21 18.1%	37 31.9%	25 21.6%	20 17.2%	11 9.5%
13	Serve as patient advocate?	33 28.4%	27 23.3%	34 29.3%	14	6 5.2%
14	Question physician orders?	16 13.8%	45 38.8%	35 30.2%	10 8.6%	8 6.9%
15	Prevent skin breakdown	20 17.2%	36 31.0%	25 21.6%	26 22.4%	7 6.0%
16	Teach self- care activities?	26 22.4%	26 22.4%	38 32.8%	18 15.5%	6 5.2%
17	Teach about patient medication?	22 19.0%	36 31.0%	26 22.4%	21 18.1%	9 7.8%
18	Consult with MD and other professionals.	27 23.3%	30 25.9%	39 33.6%	14 12.2%	4 3.4%
19	Teach heath care promotion activities?	23 19.85	35 30.2%	32 27.6%	18 15.5%	6 5.2%
20	Discuss alternatives with physician?	23 (19.8%)	33 (28.4)	32 (27.6%)	19 (16.4%)	7 (6.0%)
21	Decide time to administer care?	20 17.2%	41 35.3%	39 33.6%	12 10.3%	2 1.7%
22	Refer to other health care professionals	26 22.4%	40 34.5%	21 18.1%	19 16.4%	8 8.9%
23	Handle physician complaints?	25 21.6%	33 28.4%	34 29.3%	18 15.5%	4 3.4%
24	Refuse to carry out physicians orders?	25 21.6%	36 31.0%	30 25.95	19 16.4%	4 3.4%
25	Plan care with patient?	29 25.0	38 32.8%	29 25.0%	13 11.2%	5 4.3%
26	Handle individual patient's complaints?	27 23.3%	42 36.2%	22 19.0%	21 18.15	2 1.7%
27	Make decision for pain management?	28 24.1%	38 32.8%	31 26.7%	16 13.8%	1 (.9%)
28	Develop patient education material?	19 16.4%	37 31.9%	32 27.6%	19 16.4%	7 (6.0%)
29	Inform patient of surgery risks?	27 23.3%	41 35.3%	29 25.0%	12 10.3%	5 (4.3%)

30	Order diagnostic test?	21 18.1%	43 37.1%	34 29.3%	11 9.5%	5 (4.3%)
31	Determine day of discharge?	27 23.3%	34 29.3%	25 21.65	22 19.0%	6 (5.2%)

Table#4: Unit operation autonomy scale items

In relation to nurses' autonomy in unit operation, table 04 shows that nurses reported high autonomy in determining delivery of care method (3.2 ± 1.0), implementing new ideas (3.1 ± 1.0), developing unit goals (3.0 ± 1.2) as well as developing and revising unit procedures (3.0 ± 1.1), make patient assignment (2.43 ± 1.089), schedule own hours (2.54 ± 1.098). On the other hand, nurses had low autonomy in determining staff meeting agendas (2.1 ± 1.2), identifying causes for unit budget variance (1.9 ± 1.2) and planning yearly unit budget (1.8 ± 1.2).

Does not do=1, Seldom=2, Sometime=3, Usually=4, Always=5

Table 4

Sr.N	Questions	1 F%	2 F%	3 F%	4 F%	5 F%
31	Determine delivery of care method?	27 23.3%	33 28.4%	36 31.0%	15 12.9%	3 2.6%
32	Implement new ideas?	35 30.2	35 30.2%	25 21.65	12 10.3%	7 6.0%
33	Develop unit goals?	27 23.3	32 27.6%	34 29.3%	18 15.5%	3 2.6%
34	Develop and revise unit procedures	25 21.65	39 33.6%	31 26.7%	12 10.3%	7 6.0%
35	Develop and revise standards of care?	29 25.0%	40 34.5%	28 24.1%	13 11.2%	3 2.6%
36	Make patient assignment?	27(23.3%)	34(29.3%)	33(28.4%)	17(14.3)	3(2.6%)
37	Schedule own hours?	17(14.7%)	48(41.4%)	26(22.4%)	16(13.8)	7(6.0%)
38	Serve on department committee?	31 26.7%	22 19.0%	33 38.4%	18 15.5%	10 8.6%
39	Develop and revise unit policies?	28(24.1%)	32(27.6%)	33(28.4%)	11(9.5%)	10(8.6 %)
40	Arrange for trading hours?	21(18.1%)	50(43.1%)	25(21.6%)	16(13.8)	2(1.7%)
41	Determine quality assurance indicators?	21 (18.1%)	37 (31.9%)	41 (35.3%)	12 (10.3)	3 (2.6%)
42	Choose new equipment and supplies?	39 33.6%	30 25.9%	26 22.4%	12 10.3%	7 (6.0%)
43	Decide own break and lunch time?	31 26.7%	35 30.2%	31 26.7%	14 12.1%	3 (2.6%)
44	Present unit in service?	30 25.9%	33 28.4%	28 24.1%	15 12.9%	8 (6.9%)
45	Develop peer review evaluation?	22(19.0%)	57(49.1%)	19(16.4%)	11(9.5%)	5(4.3%)
46	Staff nurse job description?	52(44.8%)	40(34.5%)	12(10.3%)	5(4.3%)	5(4.3%)
47	Interview and select new staff?	30(25.5%)	39(33.6%)	26(22.4%)	15(12.9)	4(3.4%)
48	Initiate research activities?	42(36.2%)	37(31.9%)	25(21.6%)	8(6.9%)	2(1.7%)
49	Determine staff meeting agendas?	60(51.7%)	32(27.6%)	12(10.3%)	7(6.0%)	3(2.6%)
50	Identify causes for unit budget variance?	49(42.2%)	37(31.9%)	14(12.1%)	9(7.8%)	5(4.3%)
51	Plan yearly unit budget?	31(26.7%)	44(37.9%)	29(25.0%)	6(5.2%)	4(3.4%)

V. DISCUSSION

Based on the final data analysis, the

Strength of the study

- There was high response rate.

Limitations

- The study used non-probability sampling (convenient sampling method) hence the results could be bias and may not be generalized.
- Sample size was small due to which true result to assess the influence of nurse manager action on nurses' autonomy may not be attained.
- Staffs were busy in their work due to which they don't give enough time to understand and then answer the questions.
- Data was collected from only one hospital.
- Likert scale questionnaire has been used in this study.
- Data collection was faced lot of issues.
- The respondents of the study have very careless attitude regarding filling questionnaire.

VI. CONCLUSION

This is a descriptive analytic study of a convenience sample of hospital bed side staff nurses. The perceptions of staff nurses about the influence of nurse managers' actions on nurses' autonomy are described. Nurses reported their autonomy to be at a moderate level. Changes in health care systems demand new nursing roles and autonomous decision-making. The roles of nurse managers are becoming increasingly important in today's complex and changing health care environment. The study results highlight the importance of nurse managers' actions on nurses' autonomy. Given the complexity of today's health care environment, it is a challenge to encourage and maintain nurse autonomy. Nurse manager have significant roles to play in enhancing staff nurses' autonomy. This can be accomplished by practicing participative management, trusting nurses' ability to make decisions, and delegating authority and responsibility for decision-making to staff nurses. Staff nurses and their nurse managers can do much to manipulate the environment to enhance nurses' autonomy in making both patient care decisions and unit operational decisions.

ACKNOWLEDGEMENT

First of all, I raise my heart in gratitude to God Almighty who has been the guiding force and light behind all my Efforts.

- The present study has been undertaken and completed under the inspiring and valuable guidance and supervision of my Guide Ms. Sana Sehar, Assistant Professor, Lahore school of nursing University of Lahore Pakistan. I express my deep sense of gratitude for her expert guidance, valuable suggestions, encouragement and keen interest in conception, planning and execution of the study.
- I would like to express my heartfelt thanks to my Nursing Department H.O. D Mr. Muhammed Afzal, Lahore school of Nursing, Lahore University for her continuous support and guidance throughout my Post RN BSN. Nursing carrier.
- I express my sincere thanks to all the concerned authorities of the Lahore University school of nursing for granting me permission to conduct the study.
- I express my thanks to Mr. Muhammed Hussain, Assistant Professor for her expert guidance, suggestions and support for statistical analysis of the data.
- I owe my success to my parents, for their patience, blessings and constant encouragement throughout my research project.
- It is my proud privilege to express my deepest sense of Gratitude to, Mr. Muhammed Sabir, Lecturer for their support in English corrections, cooperation, love and prayers, without whom the study would not have been a fruitful one.

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