Exploring Professional Nurse Autonomy: Balancing Expectations And Realities

Abdullah Mohamad Alamer[1*] Ghurmullah Mukharrib Khalaf Almalki[2,] Mohmmad Saeed Mordi Al Dawseri[3,] Fahaad Saeed Mordi Al Dawseri4, Mohammed Abdullah Alharbi[5,] Rafal Ahmad Hussin Damad[6,] Emad Hazib Al Darraj[7,] Fahad Ali Alshamrani[8,] Ashwaq Hajji Alanazi[9,] Ali Mohmmad Alghamdi[10,]Khaled Hamoud Al Sofayany[11,] Tahani MOHMMAD Alghammdi[12,] Saad Mohammed Saad Lajhar[13,] Saleha Hassan Abdul Rahman Al-Asmari[14,] Abdullah Farhan Alanazi[15,]Saeeda Hanen Sofyani[16]

[1* ,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16]Ksa , ministry of health

***Corresponding Author**: Abdullah Mohamad Alamer
*Ksa , ministry of health

Abstract:
The notion of professional nurse autonomy is examined in this essay. It opens by drawing attention to the conflict that exists between the professional expectation of autonomous decision-making and the practical limitations that nurses frequently encounter. After that, the authors provide a framework for examining professional nurse autonomy that incorporates ideas from education, psychology, sociology, and nursing. The concept of professional nurse autonomy provided in the article places a strong emphasis on the client's centrality, responsible decision-making, and advocacy. It examines the relationship between professional nurse autonomy and variables including education, work environment, and personal traits by reviewing the literature on the subject. The authors present a type of autonomy for professional nurses and provide case studies to support their ideas. In their final section, they address the consequences for nursing education and offer curriculum modifications that can support the growth of professional nurse autonom.

Keywords: client care, advocacy, decision-making, nursing education, and professional nurse autonomy

Introduction:
Even after possible discrepancies have been investigated, they have been discovered to be incompatible with one another (Gardner 1992). Given that care is the foundation of nursing, the implications of this would be especially interesting in relation to the identity of the nurse (Watson 1988; Benner & Wi 1989). The notion of the professional identity of the nurse is discussed in this article, and an effort is made to develop precise, concise conceptualizations of it within the nursing practice knowledge domain (Kim 1987). The purpose of this research was to draw attention to the idea of a nurse's professional identity in order to advance theoretical clarity. It also aimed to make suggestions for potential changes or improvements to the idea that could advance our understanding of nursing practice.Based on Hardy's (1974) observation that theory development requires a thorough understanding of ideas, Schwartz-Barcott & Kim (1986) created a hybrid model for concept formation. The hybrid paradigm combines theoretical analysis with fieldwork, whereas idea development has traditionally been thought of as theoretical work based upon an analysis of literature. Nyström (1995). The benefits of combining theoretical and empirical analysis for the creation of nursing knowledge and the production of concepts relevant to nursing practice have been demonstrated by a number of authors, including Madden (1990) and Phillips (1991). The literature is in agreement that the process of developing an idea should be rigorous, linguistic, and methodical. The stages of the procedure are not discrete chronological segments, but rather linked portions. As a result, theoretical, empirical, and practical development will take a hesitant stride forward (Swartz-Barcott & Kim 1986; Walker & Avant 1988; Rodgers 1989; Chinn & Kramer 1995).
Applying the hybrid model of Schwartz-Barcott & Kim (1986)signifies going through three connected stages. Fieldwork phase, a theoretical phase, and a concluding analytical phase. stage. Walker & Avant's (1988) analytical goals and Rodgers' (1980) model development were modified and combined for the analytical approach. These analytical objectives were (a) identifying and labeling the phenomena of interest. These objectives were applied to both the literature analysis and the interview analysis. The process involves several steps: (b) identifying and choosing relevant literature and information; (c) determining the concept's current meanings, uses, dimensions, attributes, antecedents, and consequences; (d) locating related concepts, definitions, and developing theoretical frameworks; and (e) developing the concept, including providing a thorough description. Statements from the informants are used to demonstrate the analysis of the interviews. As such, a typology of cases (Walker & Avant 1968; Swartz-Larcott & Kim 1986) has been removed from the analysis (Rodgers 1989). A comprehensive analysis of the literature in the fields of nursing, psychology, sociology, and Education was completed with an emphasis on the phenomenon.
intriguing. But nursing literature revealed that provide the greatest contribution to the analysis. The hybrid model obviates empirical support for the idea under investigation. As a result, studying a lot of instances is not required for the fieldwork phase (Swartz-Barcott & Kim, 1686). Six female and two male registered nurses, whose duties included short-term wards in somatic clinics in Sweden, served as the study's informants. Four of them work as staff nurses, two as nurse educators,

two as clinical experts, and two as head nurses. These eight aggressive professional identity and/or for showing interest in the growth of nurses' identities as professionals. As supervisors, three of them work in clinical process-oriented nursing supervision. Semi-structured interviews were carried out to explore the significance and development of nurses' professional identities. The informants were asked to provide instances that could exemplify the relevant phenomenon. Inquiring questions centered on traits and requirements of barriers to and effects on the nurse's professional identity. Alternative and preferred concepts were also looked for. The data obtained influenced the data that was collected later. According to the eight nurses surveyed, professional identity is a well-known, intriguing, and pertinent idea. Together, they provided concept descriptions that were illustrative. They differed in terms of expressiveness, nevertheless. There were no discernible disparities between the responses provided by the male and female nurses. The tape recordings of the interviews were verbatim transcribed. To find content in the data, an open coding system was initially used. Comparisons of the codes, the data, and the theoretical analysis of the literature came next. The theoretical analysis and the knowledge obtained from the empirical descriptions were compared in the last analytical stage.

The Nurse's Compass: Personal Identity and the Journey to Professional Autonomy

Interpretations of the notion of interest surfaced, arranged into two interrelated dimensions surrounded by socio-historical elements. As a result, the following presentation is structured around the socio-historical and personal facets of the nurse's professional identity. Related ideas and newly developing theoretical frameworks come next. Under these themes, the analyses of the literature and the interviews are merged. The analytical statements are illustrated with quotes from the interviews. According to Carlsen et al. (1984), a nurse's personal identity is fundamental to their professional identity, and the formation of a professional identity is contingent upon the presence of a personal identity (Hermansen 1967). It's defined as possessing the sense of someone who can practice nursing responsibly and skillfully. Additionally, it suggests being conscious of one's own resources and constraints [Svedberg 1981; Stenbock-Hult 1985]. The universality of the nursing profession and the unique ways in which nurses use this commonality within the nursing profession are references to the professional identity of the nurse. Therefore, one can approach the idea from either the goals applications of the idea, establishing the empirical references, creating demonstrative cases, and outlining the characteristics, antecedents, and consequences. A discussion of the concept's application to nursing education wraps up the piece.

Distinguishing between personal and professional autonomy The Greek terms autos and nomos, which mean "self" and "to rule, hold away," are the origin of the term "autonomy," a multifaceted and intricate concept (Curtin 1982; Dempster 1994). "The right of self-government: personal freedom; freedom of will; and a self-governing community" is how the dictionary defines autonomy (Fowler & Fowler 1995, p. 85). Independence, liberty, freedom, self-determination, self-government, self-rule, and sovereignty are some synonyms [Kipper 1992]. Several forms of professional autonomy are explored in order to differentiate the concept of interest from personal autonomy and other related theories. Many fields base their conceptions of professional autonomy on Hall's (1968) categorization of it as a structural or attitudinal attribute. The ability of an employee to make decisions based on the demands of their job is known as structural work autonomy (Hall 1968, Engel 1970, Batey & Lewis 1982, McKay 1983). The power and accountability of the individual are determined by the bureaucratic structure. Individuals' attitudes toward the work of their profession are reflected in their attitudes toward attitude autonomy, which is the conviction that one is free to use judgment while making decisions (Hall 1968).

The socially and legally recognized freedom of self-governance and control of the profession's operations without influence from outside forces is known as aggregate professional autonomy, which includes structural and attitudinal components (McKay 1983; Chitty 1993). Total professional autonomy is unachievable due to the increasing involvement of government bodies (Curtin 1982; Cherow 1994; Dempster 1994).Individuals may display attitudes toward professional nursing autonomy and have an impact on structural autonomy even in the face of organizational limitations (Hall 1968). The definition of professional nursing autonomy for the sake of this analysis is the acceptance of the client's centrality in the process of making responsible decisions during dialogue, both independently and collaboratively, that demonstrate the client's advocacy. The main concepts and empirical foundation for the developed definition of professional nurse autonomy are reflected in the literature review that follows.

Autonomy of professional nurses While the definition of autonomy provided by Batey & Lewis (1982) is widely referenced in nursing literature; neither advocacy nor the client's centrality are included by the term. Any profession could benefit from autonomy, which is defined as the "freedom to make discretionary and binding decisions consistent with one's scope of practice and the freedom to act on those decisions" (Batey & Lewis 1982, p. 15). Gonzalez (1989) expands on this notion by adding the ability to act freely, as long as it is done responsibly and with consideration for others. Lach (1992) recognized that choices could entail collaboration with other members of the healthcare team.

The Multifaceted Nature of Professional Nurse Autonomy

The most recent definitions of professional nurse autonomy, notwithstanding differing opinions on the subject, are grounded in feminist ideas and Gilligan's (1982) female model of moral growth. Schutzenhofer (1987), for instance, asserted that her definition is grounded in feminist theory. "Practicing one's occupation in accordance with one's education, with members of that occupation governing, defining, and controlling their own activities in the absence of external controls" is the definition of professional nurse autonomy.as well as divergent expectations. Individuals are challenged and stimulated by interdependence. Viewpoint, directs and enhances initiative, and makes requests The importance of knowledge is illustrated in Kramer & Schmalenberg's (1993, p. 59) simplistic definition of autonomy as the freedom to act on what you know. Nurses must have confidence in their knowledge and be cognizant of the boundaries dictated by

the scope of their practice (Schutzenhofer 1992). Individual responsibility and accountability are attributes strongly associated with professional nurse autonomy (Grinnell, 1989; Schmalenberg, 1993).

In contrast, autonomous decision-making requires self-direction and intellectual flexibility to negotiate and compromise (Coser 1991; Holden 1991; Kramer & Schmalenberg 1993). Discretionary decision-making is essential to autonomous practice (Batey & Lewis, 1982; Benner, 1984; Holden, 1991). Competent nurses exercise discretionary decision-making by using the critical conscience to select a course of action consistent with the nods of the client. Professional nurse autonomy is characterized by people who are courageous enough to make decisions and take accountability for their actions (Holden 1991; Cherow 1994). However, self-responsibility is a prerequisite for taking responsibility for others (Holden 1991; Boughn 1995). Making responsible decisions requires people to reflect on their ethical values and to support ethical conduct; these decisions are not based on force or emotional attachments (Pinch 1985, Holden 1991, Chally 1993). Rather, autonomous decisions are based on knowledge, reason, and deliberation. Consequences of professional nurse autonomy include

Accountability is sometimes mistaken for responsibility (Batey & Lewis, 1962; Chitty, 1993). Being responsible for one's actions and decisions implies disclosure to oneself, the client, the employing agency, and the profession. True accountability results in a sense of personal efficacy and empowerment. People who feel empowered have a positive attitude about their work and can potentially impact the work environment (Alexander et al., 1982; Dwyer et al., 1992; Blegan, 1993; Kramer & Schmalenberg, 1993; Dempster, 1994; Pearson, 1995). Moreover, feelings of empowerment reinforce a professional nurse's dedication to the nursing profession and, ultimately, the professionalization of nursing (Styles 1082).Discretionary decision-making, a crucial aspect of professional nurse autonomy, is based on nursing knowledge rather than feelings or the performance of routine tasks. Autonomous nurses are accountable for their decisions, feel empowered, and may have an impact on the professionalization of nursing. In summary, the theoretical literature describes professional nurse autonomy as a unique phenomenon that involves affiliative relationships with clients and collegial relationships with others.

Studies on the autonomy of professional nurses The majority of reported research is descriptive, examining relationships between the concept and personal or work-related characteristics of students and nurses; the research literature on the effects of basic education on professional nurse autonomy for both student and registered nurse (RN) samples is inconclusive; despite the fact that there is a wealth of information on autonomy in nursing, only studies that are frequently cited and recent dissertations that relate specifically to professional nurse autonomy were examined. However, during the baccalaureate educational experience, autonomy may be formed. Rhorer's(1989) cross-sectional simulated time series Using a convenience sample of 213 entry-level AD and BS students as well as a random sample of 102 recent graduates and 123 experienced RNs, the study looked at the relationship between education, work experience, and autonomy. A statistically significant (DF = 45 - 1 P< 0.05) main effect due to experience was, however, moderated by a statistically significant interaction effect between basic education and experience [F = 44. P < 0.05 \ A comparison of the mean scores of students with the scores of experienced RNs from both educational groups revealed a greater increase in autonomy scores for the experienced BS group. These findings suggest that the foundation for professional nurse autonomy may be established with baccalaureate education. No significant differences were found among the four groups regarding basic educational preparation (tF = 26 P0871) as measured by the Pankratz Nursing Attitude Scale (PNAS).

The Antecedents and Consequences of Professional Nurse Autonomy

Using Schutzenhofer's (1987) Nursing Activity Scale (NAS) (Keely 1990), another cross-sectional study (n = 570) of AD students and graduates and RN students and graduates enrolled in traditional and non-traditional BS programs produced similar results. A one-way analysis of variance (ANOVA) and post hoc analysis revealed that AD students scored significantly higher than BS students (F = 7696, P<001); however, when the post-graduation scores of AD students were compared with those of BS alumni, BS alumni scored significantly higher. Lach (1902) used the NAS to study a random sample of 230 hospital and 115 home health nurses in order to clarify the relationship between personal, work, and professional nurse autonomy. Regression analysis showed that personal autonomy (lr = 0.5, P < 0.01) accounted for 25% of the variance in professional nurse autonomy, while work autonomy and employment setting accounted for 7% and 2% of the variance, respectively. Home health nurses had significantly higher personal ft = -3eee P = 0 * 21.

professional autonomy (ft = -663 P<0-001) and work (t = - 11. P < 0.001) ratings. Using a convenience sample of 100 BS students, one month The stronger relationship between personal and professional autonomy in Lach's (1992) study may have reflected the influence of work experience on the RN population. Husted (1993) also found a significant relationship (tr = 0 * 29 P 0-003) between personal autonomy and professional nurse autonomy as measured by the NAS. Regression analysis revealed that 8% of the variance in professional nurse autonomy was associated with personal autonomy. Protectenhofer and Musser (1994) used the Nursing Activity Scale (NAS) with a random sample of 542 RNs to find no significant relationship between basic education and mean professional nurse autonomy. The findings of this comprehensive study of nurse characteristics and professional nurse autonomy were compared with those of other related studies.

ANOVA using post hoc analysis, however, revealed a significantly higher mean NAS score for individuals with an MSN degron (F-200, P004). These results are in line with previous research that suggests a connection between advanced education and professional nurse autonomy (Pankratz & Pankratz 1974; Cassidy & Oddi 1991; Collins & Henderson 1991; Lach 1981).

1992). A comparison of practice settings revealed that rural health nurses had significantly higher autonomy scores than did hospital-based nurses (12–79, P = 0 * 1 \ Again, these findings are supported by other studies that identify public health nurses as more autonomous than hospital-based nurses (Wood et al., 1986; Lach, 1992). Although the type of hospital and staffing model were not significantly related to autonomy, clinical specialization was significantly related to the NAS score, OF = 2 * 32 * P = 41. Post hoc analysis revealed that psychiatric and mental health nurses had significantly higher NAS scores when compared to medical-surgical, matornal-newborn, and critical care nurses, findings consistent with those of Pankratz & Pankratz (1974). Akoma (1993), however, reported no differences (KW 343, P = 0 * 181) in NAS scores for a convenience sample of modical/surgical \{n = 30\}, critical care \{n = 30\}, and physician office nurses (4n - 30). Sample size and composition, as well as the use of a less sensitive non-parametric statistical test, may have influenced these findings.

The research literature suggests, in summary, that a bachelor's degree may serve as a basis for professional autonomy. On the other hand, higher education is strongly linked to autonomy. Work and personal autonomy are also strongly linked to the autonomy of professional nurses. The fact that people with strong requirements for autonomy and achievement typically choose higher education and settings that allow them to use their skills may mask these factors. The most common traits that set professional nurse autonomy apart from other related phenomena are: (i) proactive client advocacy; (ii) responsible discretionary decision-making; (iii) collegial interdependence with members of the health care team; and (iv) compassionate, affiliative relationships with clients. Examples show how these traits differ from one another. The model case satisfies all of the criteria and is a "real-life example of the concept" (Walker & Avant 1995). In the borderline case, the nurse could have stayed with the child and asked someone else to get the medication needed, so responsible discretionary decision-making is not evident. The related case demonstrates work autonomy; however, the essential elements are not evident. The contrary case is an example of a case that does not illustrate professional nurse autonomy.
Premises, Expectations, and Repercussions The educational environment and individual characteristics preceding professional nurse autonomy are predicated on the following underlying assumptions: (1) competence predicated on a strong knowledge base; (2) a clear understanding of the scope of nursing practice; and (3) a baccalaureate or higher degree in nursing. Personal attributes preceding professional nurse autonomy include: (i) self-respect or caring for oneself; (ii) personal autonomy; and (iii) androgyny. All of these presumptions support the professional nurse autonomy claims. The main effect of independence is accountability. The relationship between work autonomy and professional nurse autonomy is reflected in job satisfaction, dedication to the profession, and eventually the professionalization of nursing. Professional nurse autonomy leads to empowerment of self and others and may influence the individual's ability to change the work environment.

Measuring and Fostering Professional Nurse Autonomy

Content validity was based on a review of current nursing literature and a survey of deans, directors of nursing services, and clinical specialists at major hospitals in a large metropolitan area. Reported reliability from the initial two-stage tool development study and more recent studies is acceptable. The NAS measures the RN's exercise of autonomy in clinical situations (Schutemhofer 1987). A recent factor analysis with a sample of 334 home health and hospital nurses revealed that two factors explain 30% of the variance (Lach 1992). Simple, independent, autonomous decisions require basic knowledge about specific aspects of client care. Global-interdependent autonomous decisions are based on a broader knowledge base, require input from other disciplines, and affect wider areas of practice. Although the ACP has not been used in other studies, its reliability and validity are well supported. The moderately high significant relationship (r056, P<0-01) between the NAS and the ACP indicates that it measures autonomy-related attitudes and behaviors of nursing students (Boughn 1995). Autonomy is demonstrated through regard for oneself, rogards for others, advocacy and activism for oneself, and advocacy and activism for others. Reliability and validity were established over a 3-year period with a sample of 400 baccalaureate nursing students.
Based on students' ACP scores, it might be able to predict autonomy in practicing nurses. To sum up, two tests examine attitudes and/or Actions linked to professional autonomy in the case of practicing nurses. The ACP, created especially Professional nurse autonomy is a concept based on the distinct development of autonomy in female nurses; common empirical referents are advocacy and care, as well as independent and interdependent decision-making. Students are congruent with the construct measured by the NAS. Curriculum design provides security for students as they integrate the diverse knowledge associated with nursing practice (Perry & Moss, 1989). Courses that address professional issues, leadership, change theory, and role theory should also be an integral part of the curriculum (Schriner & Harris 1984; Schutzenhofer 1992). Because of the increased use of technology and changes in the age and health status of clients, curricula must also address sophisticated technical skills.
Caring should also be a core value espoused throughout the curriculum (Tanner 1000). Caring, however, can only be learned by experiencing caring between faculty and students in an environment that supports caring among faculty, so a major emphasis of the curriculum is on the processes that promote transactions between students and faculty. Adoption of the AACN's seven essential values promotes a sense of commitment and social responsibility, as well as sensitivity and responsiveness to the needs of oneself and others. Furthermore, these values reflect the androgynous qualities of the autonomous professional nurse. own experience and knowledge production. To realize professional nurse autonomy, the relationships between faculty and administrators, faculty and faculty, and faculty and students must emphasize collegiality, cooperation, and shared governance (Purry & Moss 1989; Schutzenhofer 1992; Koerner & Karpiuk 1994). Involvement in decision-making at all levels of the educational institution is essential. Faculty must not be viewed as

distributors of knowledge but as individuals who present various theoretical positions and interpretations for exploration. Designing a curriculum that enhances professional nurse autonomy is not easy, considering that most of the learning occurs in highly bureaucratic institutions (McDaniels 1983; Clare 1993). The separation of nursing education from the service arena also creates barriers (Moloney, 1992).

Changing the curriculum without changing the conditions of practice will probably increase frustration without empowering anyone (Clare 1993). Unification models that Supporting joint appointments between academic institutions and service settings fosters teamwork and cooperation across all domains of practice, research, and teaching. The experiences gained in the clinical area are essential for the development of decision-making skills. Laboratory experiences that simulate situations requiring the exercise of professional nurse autonomy should be a prelude to the clinical practicum (Schutzenhofer 1988). Experiences in community and public health nursing familiarize students with the more autonomous role of community nurses [Hallsworth 1993]. For the final clinical practicum, students should select a clinical agency and a preceptor who demonstrates professional nurse autonomy. Clinical conferences, conducted by students and facilitated by faculty, promote exploration and discussion of clinical experiences and practice constraints. By encouraging students to engage in reflection and systematic inquiry about their experiences, they may be empowered to transform some of the contradictory aspects of their education and practice. Autonomous inquiry also encourages students to recognize that knowledge is socially constructed and open for debate and critique. With a process-oriented curricular design, the outcome of learning is self-development and internal self-regulation, behaviors essential for the practice of professional nurse autonomy.

Conclusion:

The socialization of women and the professional socialization of nurses have been cited as factors that may inhibit the development of professional nurse autonomy. The derived definition of professional nurse autonomy, however, supports these attributes: caring, affiliative relationships with clients, responsible discretionary decision-making, collegial interdependence with members of the health care team, and proactive advocacy for clients. For nurses to function as independent yet collaborative practitioners who advocate for clients and are accountable, further research is needed to clarify the concept and its value to nursing education and practice. Nursing students who successfully integrate the behaviors associated with professional nurse autonomy into their belief system perceive that they are in control of the work environment and ultimately their profession. If professional nurse autonomy is a key component of professionalism, then curricular evaluation must include criteria related to the development of attitudes toward professions. A curriculum that enhances professional nurse autonomy must change from an emphasis on training to education, from technique to understanding, from a focus on content to one that endorses autonomous decision-making, and finally from ritualistic thinking to one that embraces inquiry.

References:

1. attitudes and behaviors in women nursing students. Journal of Nursing Education 34, 106-113. Bradley 11 (1993) Autonomy through androgyny Nursing
2. Management 24(10), 64)-640 Bramlett. MH, Gueldner S.H. & Sowell R.L. (1990) Consumer centric advocacy: its connection to nursing frameworks.
3. Nursing Science Quarterly 3, 156-161. Cassidy V.R. a Oddi L.F. (1988) Professional autonomy and ethical decision-making among graduate and undergraduate nursing majors.
4. Journal of Nursing Education 27. 405-410 Cassidy V.R. & Odds L.F. (1991) Professional autonomy and othical decision-making among graduate and undergraduato nursing majoen: a mplication,
5. Journal of Nursing Education 30, 149-152 Chally PS. (1993) Nursing ethics. In Professional Nursing: Concepts and Challenges Chitty K.K. ed.), W.B. Saunders, Philadelphia, pp. 363-384
6. Clare (1993) A challenge to the rhetoric of emancipation: recmating a professional culture. Journal of Advanced Nurs . Collins SS. & Henderson MC. (1991) Autonomy part of the nursing role? Nursing Forum 288(2), 21-29
7. Coser R.L. (1991) In Defense of Modernity: Role Complexity and Individual Antonomy. Stanford University, StanfCartin L. (1982) Autonomy, accountability and nursing praction, Topics in Clinical Nursing 4(1), 7-13
8. Dempster 15. (1954) Autonomy a professional issue of com carm for narse practitioners. Nurse Practitioner Forum 3 . Dwyer D.J. Schwartz R.H. & Fox M.I. (1992) Decision-making autonomy in nursing Journal of Nursing Administration 22(2) ,Engel G. (1970) Professional autonomy and bureaucratic organi zations. Administrative Science Quarterly 1503), 12-21.
9. L. & Pankratz D. (1974) Nursing autonomy and patients rights: development of a nursing attitude scale. Journal of Health and Social Behavior 15, 211-216. Pearson C. (1995) The prediction of teacher autonomy from a set of work-related and attitudinal variables.
10. Journal of Research and Development in Education 20(2), 70-85 Party & Moss C. (109) Generating alternatives in nursing: turning curriculum into a living process. Australian Aurnal of Advanced Nursing (2), 35-40. Pinch W.J. (1985) Ethical dilemmas in nursing: the role of the nune and perceptions of autonamy, Journal of Nursing Educa

11. tion 24, 372-378 Rhoter J.H. (1989) An examination of the relationship between. munes educational preparation, work experience and attinadi nal autonomy. Doctoral Dissertation, University of Houston,

12. Dissertation Abstracts International 50, 2341. Salladay S.A. (1991) World views apart nursing practice and new age therapies.
13. Journal of Christian Narsing (3), 14-18, Sartar B. (1988) Philosophical sources of nursing theory, Nursing Science Quarterly 1, 53-59. Schriner JC. & Harris 1. (1084) Professionalism among nurse educators, Journal of Nursing Education 23, 252-258 of professional Schutzenhofer K.K. (1987) The measurement matonomy, Journal of Professional Nursing 3, 278-283. Schutzenhofor K.K. (1988) The problem of professional autonomy in nursing.
14. Health Care for Wonwn Laternational 9, 53-106. Schutzenhofer K.K. (1992) Narsing education and professional autonomy. Reflections 10(4), 7. Schatzenhofer K.K. & Museer D.R. (1994) Nurse characteristics and professional autonomy. Innage Journal of Nursing Schol arship 26, 201-205
15. Senneker P. & Hendrick C (1983) Androgyny and helping behavior. Journal of Personality and Social Psychology 45. 916-425 .Stylns MM. (1982) On Nursing: Toward a Niw Endowment. Mosby, St Louis.
16. Tanner CA. (1990) Caring as Nursing Outlook 38, 70-72. value in nursing education .Walker L.O. & Avant KC (1995) Strategies for Theory Construc- tion in Nursing 3rd edn. Applaton Lange, Norwalk,
17. Connecticut Watts RJ. (1990) Democntization of health cane challenge for nursing. Advanos in Nursing Science 12(2), 37-46. Wood JE. Tiedjo L.B. & Abraham L.L. (1906) Practicing autono- mously: a comparison of nurses Public Health Nursing of Carmat English ath odn. Clarendon, Oxford.
18. Gilligan C. (1982) In a Different Voice: Psychological Theory and Warmen's Development. Harvard University, Cambridge ,Massachusetts.
19. Gonzalez L.W. (1949) Professional women's perceived autonomy related to autonomous behavior among nurses and touchers Doctoral Dissertation, Texas Woman's University. Dissertation Abstracts International 50, 3767.
20. Goosen CM. (1980) Concept analysis: an approach to teaching physiologic variahlm. Journal of Professional Nursing 3, 31- 38
21. Grinnell S.K. (1989) Post conference reflections: autonomy and independence for bealth professionals? Journal of Allied Health Hall R.H. (1968) Professionalization and bureaucratisation.
22. ican Socialogical Brview 92-104. Hallsworth 5.G. (1993) Comparative effects of baccalaureate and associate degree nursing education on senior students level of professional autonomy, Doctoral Dissertation.
23. University of Massachusetts. Dissertation Abstructs International 34, 2006. Holden R.J. (1991) Responsibility and autonomous nursing practice. Journal of Advanced Narsing 16, 398-403
24. Hurley-Wilson B.A. (1988) Socialization for roles. In Role Theory: Perspectives for Health Professionals (Hardy M.E. & Conway M.E. eds). Appletun & Lange. Norwalk, Connecticut, pp. 73-110 Husted M.E. (1991) Stages of ego devolopment: relationships with personal autonomy and professional autonomy in female senior baccalaumate nursing students.
25. Dissertation Abstracts Interna tional, 25/06, Widener University, Chester, Pennsylvania Jacox A. (1978) Professional socialization of nurses. In The Nursing Profession: Views Through the Mist (Chaska N.L. ed.).
26. McGraw-Hill, New York, pp. 10-20 Keely B.R. (1900) Differenom in the degree of professional socialization in registered nurse students. Doctoral Disserta tion, Claremont. Dissertation Abstracts laternational 51, 2995. Kipper B.A. (1002) Roget's 21st Century Thesaurus in Dictionary Form. Dell, New York.
27. Koerner LG. & Karpiuk K.L. (1994) Implementing Differentiated Nursing Practice: Transformation by Design. Aspen. Gaithersburg Kramer M. & Schunalenberg C. (1963) Learning from success autonomy and empowerment.
28. Nursing Management 24(5) .,Kurtines W.M. (1978) A measure of autonomy. Journal of Personality Assessment 42. 253-257.
29. Lach R.M. (1992) Professional nurse autonomy: instrument development and identification of mlated variables. Doctoral
30. Dissertation, The University of Illinois at Chicago. Dissertation Abstructs International 54, 106. McDaniels O.B. (1983)
31. Existentialism and pragmatism: the effect of philosophy on methodology of teaching, kournal of Nursing Education 22, 62-66 McKay P.S. (1983) laterdependent decision making: redefining professional autonomy. Nursing Administrotion Quarterly 7(4).