



## Original article

## Enfermería neurológica: opinión y perspectivas sobre las habilidades y destrezas para ejercer la autonomía de práctica en un instituto de alta especialidad

### Neurological nursing: opinion and perspectives on the skills and abilities to exercise autonomy of practice in a highly specialized institute

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#### Resumen

**Introducción:** la historia de la enfermería nos muestra un avance muy importante en cuanto al ejercicio de la profesión. Lo precedente, ha permitido la incorporación de conceptos que cobran relevancia, entre ellos, la autonomía.

**Objetivo:** identificar la opinión y perspectivas de los profesionales de la enfermería sobre sus habilidades y destrezas para ejercer la autonomía de práctica dentro de una institución de alta especialidad.

**Material y métodos:** estudio cuantitativo, descriptivo, observacional, de corte transversal. La finalidad es describir la frecuencia y las características más importantes de un fenómeno particular en una población (profesionales de enfermería).

**Resultados:** los resultados han identificado diferentes dimensiones que tienen que ver con la autonomía profesional de enfermería, en donde en la mayoría de los ítems evaluados en el instrumento destacan con porcentajes que van desde el 60 % hasta el 80 % en rubros como la libertad en la planificación de cuidados que tienen los enfermeros dentro de su centro de trabajo o en que toman decisiones independientes dentro del mismo.

**Discusión:** en un estudio chileno reportado por Triviño Vargas la población estudiada se concentró bajo los 30 años de edad, en este rango es de esperarse que el profesional de enfermería viva y actúe en la sociedad según su propia responsabilidad y no bajo la tutela de otros, como reporta el presente estudio.

**Conclusiones:** este estudio permitió identificar el nivel de autonomía que ejercen y perciben los profesionales de enfermería en el cuidado de las personas, esto con el fin de develar, conocer y explorar la forma en cómo el enfermero percibe la autonomía en su práctica clínica. En el ejercicio cotidiano y el quehacer diario los profesionales aún tienen limitaciones en el ejercicio de la autonomía.

**Palabras clave:** cuidado de enfermería, autonomía, autonomía profesional, enfermería.

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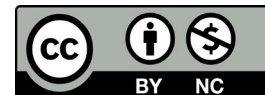
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## Abstract

**Introduction:** the history of nursing shows us a very important growth in terms of the practice of the profession. The above has allowed the incorporation of concepts that become relevant, among them, autonomy.

**Objective:** identify the opinion and perspectives of nursing professionals about their abilities and skills to exercise autonomy of practice within a highly specialized institution.

**Material and methods:** this is a quantitative, descriptive, observational, cross-sectional study. The purpose of the study will be to describe the frequency and the most important characteristics of a particular phenomenon in a population (nursing professionals).

**Results:** The results have identified different dimensions that have to do with nursing professional autonomy, where in most of the items evaluated in the instrument they stand out with percentages ranging from 60% to 80% in areas such as freedom in the care planning that nurses have within their workplace or in how they make independent decisions within it.

**Discussion:** in a Chilean study reported by Triviño Vargas, the population studied was concentrated under 30 years of age. In this range, it is expected that the nursing professional lives and acts in society according to his own responsibility and not under the tutelage of others, as reported in the present study.

**Conclusions:** this study made it possible to identify the level of autonomy that nursing professionals exercise and perceive in caring for people, in order to reveal, understand and explore the way in which nurses perceive autonomy in their clinical practice. In daily practice and daily tasks, professionals still have limitations in the exercise of autonomy.

**Keywords:** nursing care, autonomy, professional autonomy, nursing.

## Introducción

This paper reflects the importance of the phenomenon of autonomy as an important element in the daily work of the people who practice nursing in health institutions; it analyzes the fundamental role of autonomy as a tool to improve the quality of care, as well as some of the most relevant characteristics that revolve around this important concept.

In this context, and for the current analysis, autonomy in nursing will be understood as decision-making and the execution of acts of care, in which without requiring for supervision

from a professional of the interdisciplinary team. To this end, the professional will base his/her actions on the knowledge of their discipline and draw upon other fields that allow a comprehensive approach to the person, family, group, or community receiving such care.<sup>1</sup>

Autonomy facilitates the application of knowledge generated through research, further enhancing the value of nursing as a profession and enabling it to develop its own body of knowledge to deliver health care to individuals, families, groups, and communities.

This research reveals that autonomy has interrelationships with other factors, which

demonstrates the recognition given to it by people in the same profession and other professions, and which, in turn, reflects that autonomy has been seen as an indicator of the professionalization of the discipline.<sup>2</sup>

Autonomy not only implies the exercise of independent practice but also the application of critical judgment based on knowledge established throughout the nursing experience.<sup>3</sup>

The history of nursing shows us a very important growth in terms of the practice of the profession. This has allowed the incorporation of concepts that become relevant, among them autonomy, which will be understood as the application of critical judgment based on knowledge established by nursing personnel in their actions, which was not always considered with the value that perhaps it is now given.<sup>4</sup>

These changes meant the growth of nursing as a profession closer to being autonomous in its practice. For this, studies have been conducted to analyze this variable that could support nursing to continue meeting the needs of care and assuming the responsibility of leading the management of the same in individuals, families, groups and communities, according to their standards. Autonomy corresponds to a necessary concept in nursing because the profession has been challenged by other disciplines within the health care system.<sup>5</sup>

This meant moving from a place of ignorance and lack of professional identity, produced by the lack of a body of nursing knowledge, to positioning itself as a profession whose center of study is care, an act of fundamental responsibility of the nursing discipline.<sup>6</sup>

In this transition, shortly before modern nursing, the characteristics of submission, docility, and lack of questioning of medical work were considered unnecessary in the

training of other professionals. Care was performed in a dependent manner, where they were subordinated to medical indications and those of other health professionals.<sup>7</sup>

Even with the current documented progress of modern nursing, the problem of nursing care is partly a product of the perception of nursing as a profession. The opinion that nurses have of themselves as professionals does not always coincide with the definition that other people give to this profession.<sup>8</sup>

Some studies find the lack of autonomy as one of the greatest sources of suffering for nurses since they must face the exercise of power by multiple actors, a matter that can lead to a lack of critical thinking and questioning capacity that evokes dogmatic nursing and alienation that translates into submission and abnegation. Therefore, nursing then responds to institutional purposes and not to the interests of the profession or society.<sup>9</sup>

This work is of significant importance as nurses have become more professionalized, and autonomy in practice and in applying a single body of disciplinary knowledge has been seen as an important indicator that nursing is a growing profession. Autonomy has been related to nurses' quality of life, job satisfaction, positive professional practice environments, and perceptions of quality of care, all of which encompass having the freedom to act on what one knows, how much independence one has in one's work or initiative, or the ability to perform functions independently, without close supervision.<sup>10</sup>

However, the interest of this paper is not only in the theoretical or conceptual aspects of nursing autonomy. This paper also focuses on facts related to the exercise of autonomy or the practice of autonomy in professional work. In

the complex practice environments dominated by the current healthcare system, professionals are challenged to practice autonomy as members of a group or team, and sometimes the distinctions about the roles that each professional plays within the multidisciplinary are blurred.<sup>11</sup>

The new professional profiles of nursing, such as Advanced Practice Nursing require that they must meet, among other characteristics with a high degree of autonomy and that their professional practice is fully independent. They must manage cases by putting into practice recognized advanced clinical competencies for assessment, diagnostic reasoning, and decision-making, provide consulting services to the nursing professionals around them, and develop action plans, as well as implement and evaluate educational programs.<sup>12</sup>

## Objective

To identify nursing professionals' self-perception of their skills and abilities to exercise practice autonomy within a high specialty institution.

### Specific objectives

1. To recognize the level of autonomy of nursing professionals within a high specialty institute.
2. To measure the level of autonomy of nursing professionals.
3. Recognize the data obtained by identifying the advantages and limitations of the study.

## Material and method

This is a quantitative, descriptive, observational, cross-sectional study.

The purpose of the study is to describe the frequency and most important characteristics of a particular phenomenon (autonomy) in a population (nursing professionals) and to provide data on which some conclusions can be drawn.

The universe of the study is considered to be all nursing professionals working in a third-level institution; however, it is suggested that the instrument, among other elements, could be applied to populations of nurses working in second and first-level institutions, respectively, since some of their professional and training characteristics are shared by many of them and would help to unify some criteria that would serve to consolidate the growth of the profession.

Subjects should be included in the study depending strictly on the research question and objectives, for the particular case of this study, nursing professionals working in a high specialty institution will be taken into account. The inclusive criteria will be that they have a bachelor's degree or higher and that they have at least 3 years of work experience; both men and women will be taken into account. The exclusion criteria are personnel with only a technical degree and who have less than 3 years of work experience, while the elimination criteria will be people who do not wish to participate in the questionnaire and who do not respond completely to the questionnaire.

The population of professionals was made up of all nurses, both general nurses and specialists of the National Institute of Neurology and Neurosurgery. The selection of the sample did not require calculation since other criteria were used as described in the following section to select the participants. All the services of the Institute were selected.

The Nursing Activity Scale was used, which was developed to measure the level of autonomy in nursing professionals. The scale is a revision of Schutzenhofer's for which it is now named

the Schutzenhofer Professional Nursing Autonomy Scale (SPNAS).<sup>13</sup>

The items of this scale are brief descriptions of situations that are not specific to any clinical area in which a nursing professional must take some action, but that do require the exercise of professional nursing judgment. It consists of 30 constructed items, together with a free-response question in which the professional qualifies his/her autonomy in a self-perception exercise.<sup>14</sup>

Content validity was assessed through a review by PhD-prepared nursing faculty to ensure a range of autonomous behaviors. The nursing literature base was also reported as a priori evidence of content validity. They were also given the working definition of professional autonomy used in the development of the instrument because previous work had indicated low levels of understanding of professional autonomy. Cronbach's alpha value is 0.92.<sup>15</sup>

The data collection and analysis were carried out through the *Google Forms* platform. This platform was chosen because it is free to use, multiple users can access it simultaneously, it is easy to access through a mobile device or from a computer, and allows obtaining data in real-time about the answers given by each of the participants in the questionnaires. In addition to this, the same questionnaire was prepared in a physical format, since some people preferred to respond in this way. The data were transferred

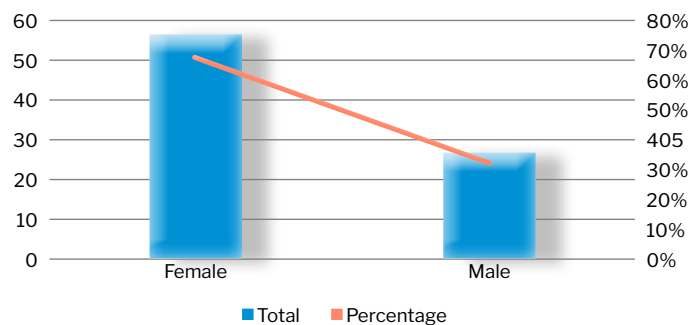
to the SPSS program, version 21, to obtain various measures of central tendency and dispersion. The final data were copied to a *Microsoft Excel* file where more detailed graphs were obtained and aggregated in the results of this study.

## Results

This section presents the data obtained through the application of the scale in digital format and physical format. The answers obtained from the questionnaires were made through the mobile devices of the participants in a relaxed environment, while the questionnaires applied physically were applied during the professional work within the participant's shift. For a better understanding of the results, they are divided into 2 parts: characterization of the sample, which includes gender, age, academic degree, service, shift, and seniority, while in the second part, an analysis is made using graphs where the 3 variables that are part of the study and which in turn represent the items answered in the questionnaire are visible in an overall score and an analysis is made of the free response question added at the end of the questionnaire.

**Gender.**- Eighty-four nursing professionals were surveyed, of which 57 participants were women (68%) and 27 were men (32%) (Graph 1).

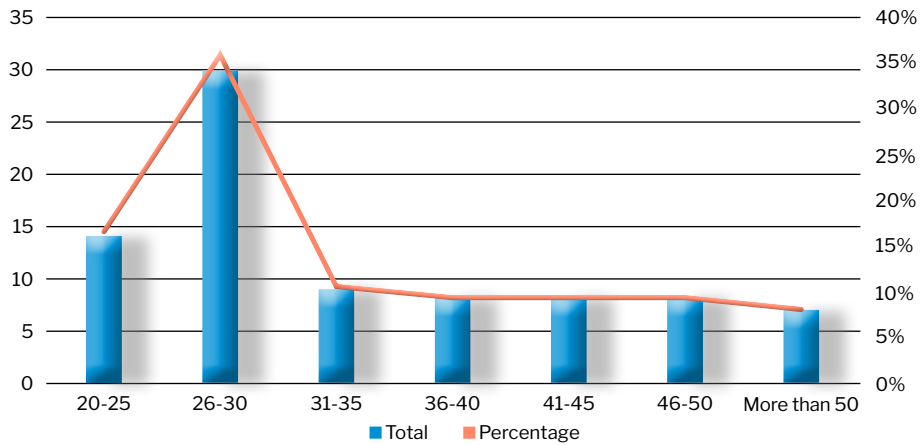
Graph 1. Gender



Source: SPNAS Questionnaire

**Age.-** Concerning age, participants were identified in age groups ranging from 20-25 years (14), 26-30 years (30), 31-35 years (9), 36-40 years (8), 41-45 years (8), 46-50 years (8) and over 50 years (7). (Graph 2).

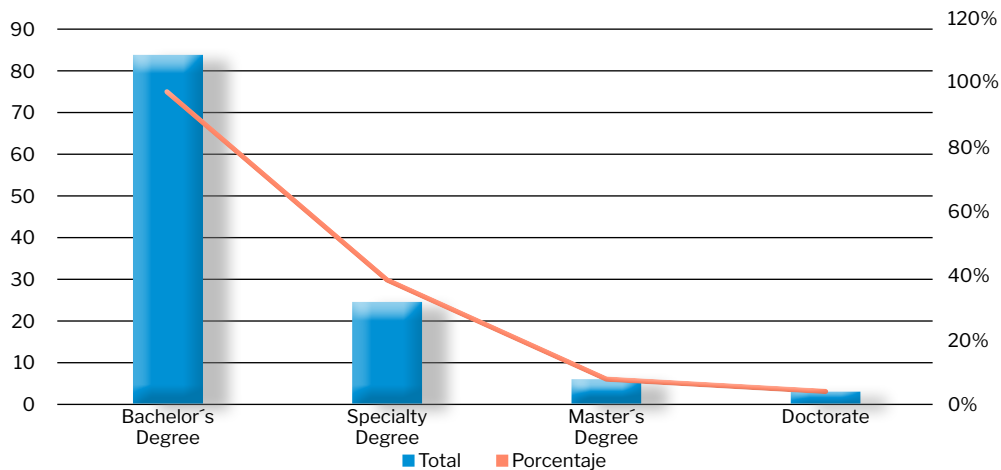
Graph 2. Age



Source: SPNAS Questionnaire

**Academic degree.-** Regarding the academic degree, one of the inclusion criteria is that the respondents have a bachelor's degree, so 100% of the participants meet this criterion. However, 25 of them have a specialty degree, 6 have a master's degree and only 3 have a doctorate (Figure 3).

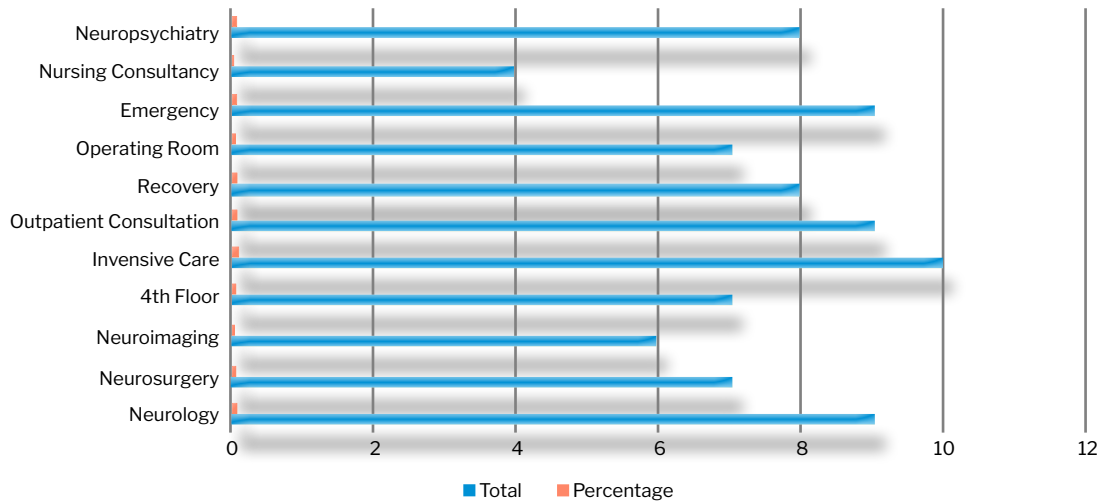
Graph 3. Academic degree



Source: SPNAS Questionnaire

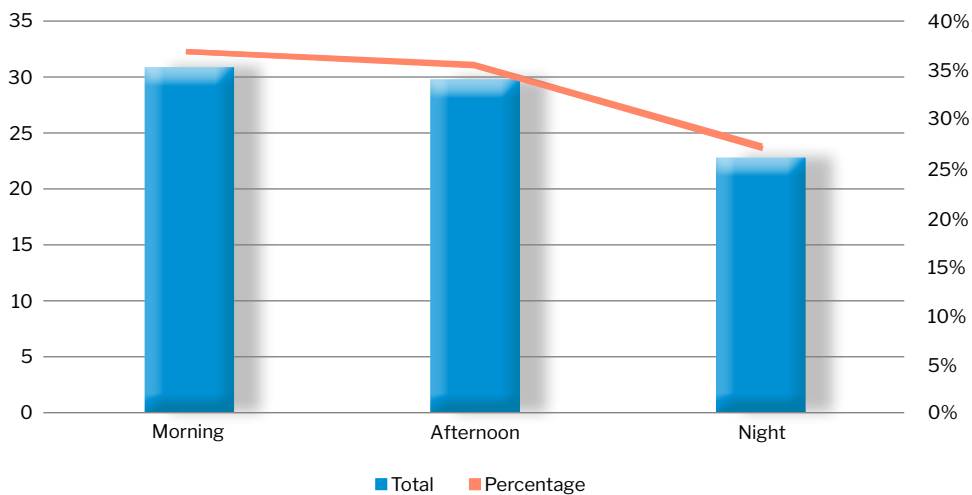
**Services of the institute.**- All the services of the Institute where the questionnaire was applied were taken into account. The participants from each service are shown (see Graph 4).

Graph 4. Services of the institute



**Shift.**- Regarding the shift, 31 participants belong to the morning shift, 30 participants belong to the afternoon shift and 23 participants belong to the night shift (Graph 5).

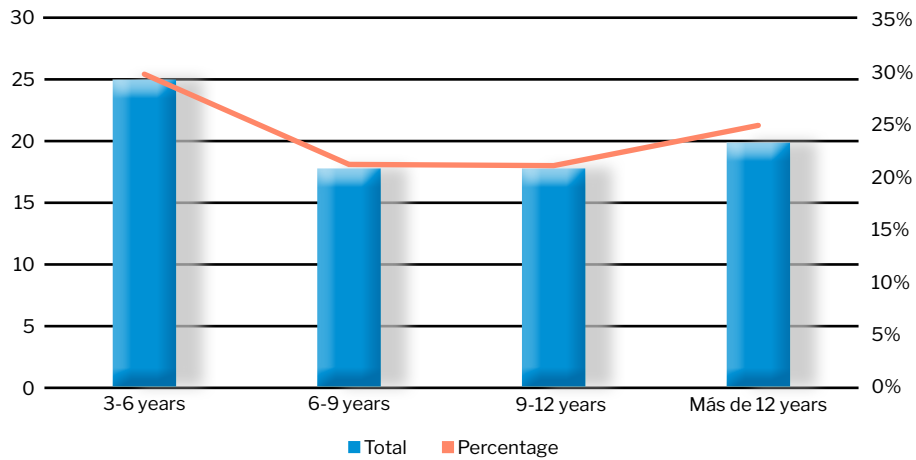
Graph 5. Shift



Source: SPNAS Questionnaire

**Length of service.**- The length of service, which also serves as an important inclusion criterion for the resolution of the questionnaire, was classified into the following categories: 3-6 years, 6-9 years, 9-12 years, and more than 12 years (Graph 6).

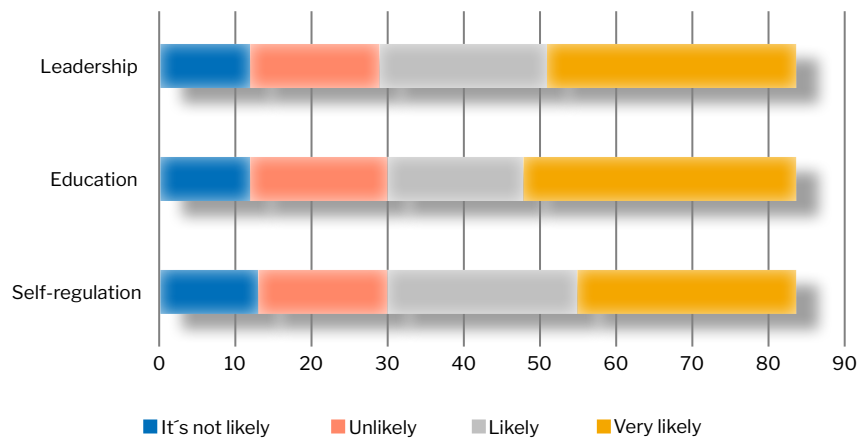
Graph 6. Length of service



Source: SPNAS Questionnaire

**Dimensions.**- Three dimensions were identified that play a very important role in the autonomy of nursing practice: self-regulation, education, and leadership. Concerning the instrument, to each of them belong 10 questions regarding the SPNAS instrument. To the first of them (self-regulation) belong questions 1-6, 12-13, 19 and 30, to the second measured variable (education) belong questions 7, 11, 14, 17, 20, 22, 23, 23, 25, 26, 29 and to the last variable (leadership) belong questions 8, 9, 10, 15-16, 18, 21, 24, 27-28. The answers were as follows (Graph 7).

Graph 7. Responses by dimension



Source: SPNAS Questionnaire

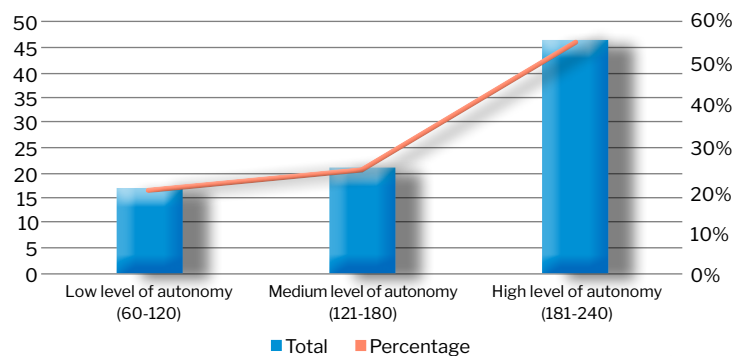


In the 3 dimensions, less than 16% of the participants responded that it is not likely that their actions will be carried out according to the *items* answered, however, the response that had the highest value was that it is very likely that the participants will act according to the items answered, with a high percentage.

**Level of autonomy.**- Derived from the above and according to the evaluation method of the

instrument where the responses are weighted at three levels of autonomy ranging from 1 = low level of autonomy, 2 = medium level of autonomy, and 3 = high level of autonomy, to achieve the weighting, the numerical score of each respondent's *item* is multiplied by the weight of each *item*, either by 3, by 2, or by 1, as appropriate, then the adjusted scores of the items are added together so that the total scores produced can range from 60 to 240. (Graph 8).

Graph 8. Level of autonomy



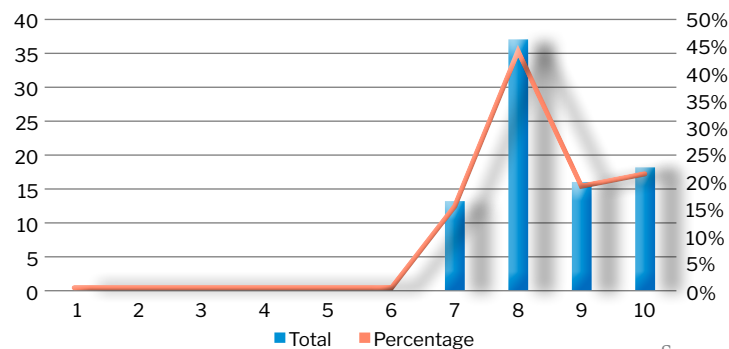
Source: SPNAS Questionnaire

As can be seen, 54.7% of the participants think that they have a high level of autonomy in the different services where they exercise their professional activity, 25% have a medium level of autonomy, and 20.2% exercise a low level of autonomy.

**Free response question.**- In addition to the SPNAS instrument, a free-response question

was added in which each participant answered according to his or her perception. The question was as follows: On a scale of 1 to 10, how do you consider your level of autonomy within the service where you work taking into account your professional activity? The results were as follows (Graph 9).

Graph 9. Free response



Source: SPNAS Questionnaire

It is observed that 44% of the participants are located on a scale of 8/10 as autonomous professionals within their professional practice, 19% are located on a scale of 9/10, 21.4% are located on a scale of 10/10, while 15.4% are located on a scale of 7/10, so a high level of autonomy is observed in each of the different services where autonomy of practice is exercised within the institute.

## Discussion

The link between autonomy and involvement with activities is also related to the age of the nursing professionals. Thus, it is reported that different levels of involvement are linked to age, highlighting that in professionals younger than 25 and older than 30 years of age the level of work involvement is higher than in nurses between 25 and 30 years of age.<sup>16</sup>

This coincides with the findings that the older and more senior the nurse, the higher the level of autonomy in activities inherent to the profession. The relationship between age and work experience with the level of autonomy was also reported in nursing professionals in Iran, finding a higher level of autonomy between 30 and 40 years of age and with more than 10 years of work experience.<sup>17</sup>

Continuing with the results of professional autonomy in a second-level institution analyzed by Kramer, he emphasizes three dimensions very similar to those described in this paper: **a.** Control over practice: (this dimension mentions that these items can be linked to a greater extent with the term “*worker independence*” to be able to plan and develop their functions). **b.** Clinical or practical autonomy: highlights the importance of decision-making on the part of professionals concerning the care they provide to the patient and **c.** Institutional autonomy: has to do with

decision-making concerning the organization of the institution where the professional works.<sup>18</sup>

These three dimensions together form the construct that the researcher wants to measure, autonomy, which is closely related to the degree of independence to plan and develop their work, taking into account the decision-making of the person and the opportunity for the organization or institution where they work to positively impact the level of independence of the nursing professional.<sup>19</sup>

A free-response question was added to the instrument presented, which consisted of rating from 1-10 the degree of autonomy that the nursing personnel perceive of themselves, which obtained high levels in terms of its qualification, where the highest perceived was 8, followed by 10, and finally 9, in that order. In a Chilean study reported by Triviño Vargas, the population studied was concentrated under 30 years of age; in this range, it is to be expected that the nursing professional lives and acts in society according to his responsibility and not under the tutelage of others, as reported in the present study; however, upon becoming a nursing professional, the respective level of autonomy will be partly determined by the conception that society has of the nursing profession, which is influenced by the concept that they attribute to their professional activity.<sup>20</sup>

## Conclusions

The findings of this research allowed us to determine the self-perception of the level of autonomy of nursing professionals in the care of people in a tertiary hospital in Mexico City.

We explored how nurses construct this perception in their clinical practice.

In their daily practice and daily work, professionals still show limitations in the exercise of autonomy, particularly in activities of an administrative nature.

The existing empowerment of professionals in decision-making on education, prevention, and health promotion actions and choice in interventions and follow-up for both patients and family members is recognized.

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