

**EXPERIENCES OF PROFESSIONAL AUTONOMY AMONG NURSES IN A
CRITICAL CARE UNIT IN NYERI COUNTY, KENYA**

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University

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This thesis has been submitted for review with our approval as the University supervisors.

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ABBREVIATIONS AND ACRONYMS

ACLS-	Advanced cardiac life support
BLS-	Basic Life Support
CCU-	Critical care unit
ICN-	Intensive care Nurses
ICU-	Intensive care unit
NACOSTI-	National Commission for Science, Technology and Innovation

OPERATIONAL DEFINITION OF TERMS

Autonomy- state of being independent in decision making

Barrier- a hindrance to exercising the knowledge and skills acquired

Experiences- occurrences or events in a setting that leaves an impression on someone

Facilitator-enablers of exercising the knowledge and skills in a given profession.

Patient outcome- refers to the status of the patient at the end of hospitalization

Perception- refers to regard attached to a phenomena

Professional autonomy-state of freedom among professionals in their conduct without the influence of the external factors based on the level of education, scope of practice and the working experience.

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TABLE OF CONTENTS

DECLARATION	ii
ABBREVIATIONS AND ACRONYMS	iii
OPERATIONAL DEFINITION OF TERMS	iv
ACKNOWLEDGEMENTS	v
LIST OF TABLES	viii
ABSTRACT	ix
CHAPTER 1: INTRODUCTION	1
1.1 Background of the study	1
1.2 Problem statement	2
1.3 Research questions	3
1.4 Research objectives	3
1.4.1 Broad objective	3
1.4.2 Specific objectives	3
1.5 Justification of the study	4
1.6 Significance of the study	4
1.7 Theoretical framework	5
CHAPTER 2: LITERATURE REVIEW	6
2.1 Introduction	6
2.2 Perception of professional autonomy in nursing	6
2.3 Facilitators of professional autonomy	8
2.4 Barriers to professional autonomy	9
CHAPTER 3: METHODOLOGY	12
3.1 Introduction	12
3.2 Study design	12
3.3 Study area	12
3.4 Study population	13
3.5 Sampling procedures	13
3.5.1 Sample size determination	13
3.5.2 Sampling methods	13
3.6 Inclusion and Exclusion criteria	14
3.7 Study concepts	14
3.8 Data collection methods	14

3.8.1 Instruments	14
3.8.2 Data collection process	14
3.8.3 Data management	15
3.8.4 Data analysis	15
3.8.5 Rigor	16
3.9 Ethical consideration	16
3.10 Limitations	17
CHAPTER 4: RESULTS	18
4.1 Introduction	18
4.2 Social demographic characteristics of the participants	18
4.3 Perception of professional autonomy among critical care nurses in Nyeri County Referral Hospital	19
4.4 Facilitators of professional autonomy among critical care nurses in Nyeri County Referral Hospital	21
4.5 Barriers to achieving professional autonomy among critical care nurses in Nyeri County Referral Hospital.	24
4.6 Summary and conclusion	28
CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS	29
5.1 Discussion	29
5.2 Conclusions	31
5.3 Recommendations	32
REFERENCES	34
APPENDICES	37
APPENDIX I: INFORMED CONSENT FORM	37
APPENDIX II: INTERVIEW GUIDE	39
APPENDIX III: MAP OF NYERI COUNTY REFERRAL HOSPITAL	42
APPENDIX IV: LETTERS OF AUTHORITY	43

LIST OF TABLES

Table 4.1: Social demographic characteristics of the participants	19
Table 4.2: Themes on perception of professional autonomy	20
Table 4.3: Themes and subtheme on facilitators of professional autonomy	22
Table 4.4: Themes on barriers to achieving professional autonomy	24

ABSTRACT

Practicing autonomy provides an avenue for nurses to showcase their knowledge and incorporate it in their practice. The resultant effect is the improvement in the quality of care delivered to patients including reduced mortality in a resource limited institution. However, little is known about the critical care nurses' perceptions of their professional autonomy in rural areas. The objective of the study was to explore the perceptions, facilitators and barriers of professional autonomy among critical care nurses in a rural hospital, Kenya. The hermeneutic phenomenological study design was used in this study. Data were collected in a critical care unit using a semi-structured interview guide. A sample of 10 participants were recruited. The study was conducted in Nyeri County Referral Hospital. Themes from the study on the nurses' experiences of professional autonomy are based on the perceptions of autonomy; facilitators of autonomy; and barriers to autonomy. Facilitators and barriers to professional autonomy are dependent on the context under study. Facilitators of autonomy such as collaboration, support from administration acted as promotional factors for professional autonomy among critical care Nurses. Autonomy as a key ingredient in upholding one's professional status was not acknowledged. Perceptions, facilitators and barriers to professional autonomy forms the background of the current professional status. This study contributes to the body of knowledge by highlighting the experience of professional autonomy among critical care nurses in context-based institutions. Nurses therefore exercise autonomy effectively when it aligns with the needs of patient care and when it is supported by a conducive environment.

CHAPTER 1: INTRODUCTION

1.1 Background of the study

Autonomy involve making independent decisions within the scope of practice and acting as required without seeking authority from another healthcare worker(Both-Nwabuwe et al., 2019; Nibbelink & Brewer, 2018; Shohani et al., 2018). Shohani et al., (2018) specifically highlights that nurses should exercise autonomy in their nursing interventions as per their scope of practice as prescribed by the regulatory body in a country. Autonomy is further classified into work autonomy, professional autonomy, clinical autonomy, individual autonomy and organization autonomy which can be used interchangeably (Clark, 2015; Rouhi Balasi et al., 2022)

Professional autonomy is a key feature in defining professionalism. The practice of autonomy remains a great challenge (Oshodi et al., 2019). Practicing autonomy provides an avenue for nurses to showcase their knowledge and incorporate it in their practice. The resultant effect is the improvement in the quality of care delivered to patients including reduced mortality in a resource limited institution (Rao et al., 2017). A study by Labrague et al. (2019) indicates that nurses who are empowered with high levels professional autonomy, demonstrated job satisfaction and excellent work performance . Autonomy should be incorporated into the clinical practice rather than being practiced occasionally in special occasions as it is the current situation (Oshodi et al., 2019). The author states from the study, there is no consensus among nurses in England and America on the definition and extent of autonomy. Team work is the expected work relations between members of different disciplines. Patients benefit from the collaborative care delivered through interdisciplinary approach (Poghosyan & Liu, 2016). The authors continue to indicate that professional autonomy of nurses

has improved the team work spirit in the clinical area. Fragmented care has been seen in institutions faced with low levels of professional autonomy (Poghosyan & Liu, 2016) In this context, the research aims to explore the lived experience of critical care nurses practicing professional autonomy. In particular, the researcher wants to determine their understanding of autonomy and how it has influenced their work relations with other healthcare workers. The researcher argues there is need to explore and understand the experiences of critical care nurses in practicing professional autonomy so as to delineate the prescribed autonomy in the scope of practice guideline and autonomy practiced in clinical area. The results form a basis of addressing the issues revolving practice of professional autonomy in the upcoming generation of nurses.

1.2 Problem statement

Nurse autonomy is a significant factor among other factors that contribute to quality nursing care(Maharmeh, 2017; Rao et al., 2017). Autonomy and education are closely related and have direct effect on patient outcome. Professional autonomy is a key aspect that healthcare providers rely on in defining professionalism. Clear and concrete clinical decision based on collaborative consultations should be respected and honored(Maharmeh, 2017; Setoodegan et al., 2019; Shohani et al., 2018). In ideal situation, nurse autonomy can be felt if their decisions and interventions are honored and respected.

A historical study conducted at the Hospital of the Holy Spirit in Barcelona by Galbany-Estragués & Comas-d'Argemir (2017), the participants confirmed that nurses continue to struggle for recognition of their autonomy in the value of care rendered to patients. The nurses continue to claim the professional role but are filled with fear and insecurity to confront and argue with the doctors. The nurses continue to feel their profession is undervalued.

Several studies have been done to explore nurse autonomy. However, little is known about their experience of the professional autonomy among critical care nurses in Kenya. This study therefore aims to explore the experiences of professional autonomy among critical care nurses in Nyeri County Referral Hospital.

1.3 Research questions

This study sought to answer the following question:

- i. What is the perception of professional autonomy among critical care nurses in Nyeri County Referral Hospital?
- ii. What are the facilitators of professional autonomy among critical care nurses in Nyeri County Referral Hospital?
- iii. What are the barriers to achieving professional autonomy among critical care nurses in Nyeri County Referral Hospital?

1.4 Research objectives

The objectives of this study are categorized into broad and specific objectives.

1.4.1 Broad objective

To explore the nurses' experiences of professional autonomy among critical care nurses in Nyeri County Referral Hospital.

1.4.2 Specific objectives

- i. To explore the perception of professional autonomy among critical care nurses in Nyeri County Referral Hospital.
- ii. To explore the facilitators of professional autonomy among critical care nurses in Nyeri County Referral Hospital.
- iii. To explore the barriers to achieving professional autonomy among critical care nurses in Nyeri County Referral Hospital.

1.5 Justification of the study

The study is an eye opener on the experiences of professional autonomy among critical care nurses. There are several studies on autonomy among nurses. This study aims to delve into the experiences of the critical care nurses on practicing professional autonomy. The study results will contribute to policy development through the recommendations. The study will also influence the practice of nurses by shining light on the need to exercise their professional autonomy as guided by their scope of practice.

1.6 Significance of the study

This study contributes valuable knowledge on the nature and level of nurses' autonomy practiced in Kenya public health care setting. This study is a useful material for future researchers exploring the professional autonomy and other practitioners in general. To the knowledge of the researcher, this is the only study exploring the experiences of nurses on practicing professional autonomy in Kenya.

The study is also expected to contribute to policy development through the recommendations. The study will also influence the practice of nurses by playing the central role in patient care. The clinical setting if structured to incorporate the collaboration from other professionals, team work and positive patient outcomes will be realized.

Understanding the experiences on professional autonomy among critical care nurses will contribute to appreciating the value of nurses who are endeavoring to provide the quality care to patients. In addition, exploring the experience of professional autonomy will help reduce the role confusion, acts that demean nursing profession and growth of the profession will be evident.

1.7 Theoretical framework

This study is guided by the Heidegger framework advanced by Martin Heidegger in 1927 (Huttunen & Kakkori, 2020). The framework has been utilized in several studies to explore the lived experiences of the research participants. Several tenets come to play in utilizing this framework which include the 'being in the world', 'being with', 'encounters with entities', 'concept of being', 'temporality', 'spatiality' and 'care structure'. The tenets help create meaning in the accounts of the study participants on their everyday experience (Miles et al., 2013; Suddick et al., 2020). The framework is mainly concerned with the description of the lived human experience in the interpretive phenomenology. The fundamental aspect of Heidegger framework is allowing the study participants who have the experience during their existence to narrate using their own words and give meaning to this lived experience.

The Heidegger framework was preferred over Jamous and Pelloile theory which the researcher felt cannot fit well in describing the human experience. The theory focuses on describing the technicality and indeterminacy of an occupation which awards it the professional autonomy. The best approach in understanding the professional autonomy is through interrogating the experience of the key players.

As adapted in this study, the framework holds that nurses are in a better position to explain their experience of autonomy in the clinical setting.

However, in adopting the Heidegger framework for this study, the researcher is cognizant of its shortcomings. The philosophical approach of this framework in explaining the lived experience of the study participants is complex and difficult to be understood. This framework requires good understanding of the tenets identified to explicitly describe the lived human experience.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter discusses the literature related to the experiences of professional autonomy among critical care nurses. The review is particularly focused on the perception of professional autonomy in nursing, its facilitators and barriers among critical care nurses.

2.2 Perception of professional autonomy in nursing

According to Labrague et al. (2019), professional autonomy can be regarded as practicing ones role as per education qualification and members of the profession taking control of their scope of practice without influence from external environment while Oshodi et al.(2019) and Rao et al.(2017), define professional autonomy as being in possession of authority to deliberate on decisions and act in line with the education qualification. These definitions agree that professional autonomy is characterized by making decisions and acting in accordance to education preparation. However, they fail to identify that professional autonomy is a key mandate of every nurse as enshrined in the scope of practice prepared by the country nurses' regulatory body. Inclusion of this aspect of the profession autonomy is a useful ingredient in formulating a comprehensive definition.

Labrague et al.(2019) investigated the predictors and outcomes of professional autonomy among nurses in Philippines with a response rate of 83% for a period of four months using a sample of 166 nurses. The authors found out those nurses showed moderate level of autonomy. The level of education and the hospital bed capacity was found out to be key predictors of professional autonomy. Oshodi et al.(2019) conducted a similar study in England exploring the professional autonomy studied 48 registered nurses in two National Health Service hospitals using semi-structured questionnaires

and concluded that autonomy was being exercised occasionally and not being integrated in the daily practice.

A study conducted in England among nurses showed that professional autonomy failed to be integrated at the professional context and could be switched on and off.(Oshodi et al., 2019). The author confirms that the view of autonomy differs from one to another. Others view autonomy as working independently while a section of the group relates autonomy as working as a team. This difference contributes to the need for validation of their actions and decisions by the medical doctors.

Ko et al.(2018) argue that there is a positive relationship between work autonomy and safety of the patients. The author did the cross-sectional descriptive study in South Korea, where a sample of 290 nurses from nine acute care hospital participated in the study. The author confirms that the nurse managers and hospital executives have a role in promoting work autonomy at work place.

A study conducted in Iran by Setoodegan et al.(2019) among nurses between 2016 and 2018 in facilities affiliated to Shiraz University of Medical Sciences, highlights that patient autonomy had been extensively studied leaving out the nurses autonomy. The findings revealed that during patient-nurse interaction quality care is achieved only if the professional autonomy is practiced. The authors postulate that the hospital administrators and the nurse service managers should create a framework that allows practical exercise of professional autonomy in all their undertakings.

The above studies have a common finding that nurses need to be allowed to practice autonomy in their area of specialization. However, the studies do not indicate the role of the regulatory authorities and the academic institutions in embracing the professional autonomy among nurses.

2.3 Facilitators of professional autonomy

Nurses are stationed to provide continuous care to a patient round the clock (Rao et al., 2017). They are positioned to influence the outcome of the patient which may be positive or negative. Mortality is the dreaded outcome of every patient. A study conducted by Rao et al., (2017) exploring the relationships between 30 day mortality and failure to thrive and nurse autonomy among 20,684 nurses in 570 hospitals showed clearly that in cases where nurses autonomy was practiced, a decline in 30 day mortality was evident. This is in consideration of inherent characteristic of a patient that may contribute to poor outcome and the structural characteristics of the health facility.

According to Poghosyan & Liu (2016) in a survey done in Massachusetts among 163 primary care practitioners, the good relationship between nurse practitioners and the leadership promoted teamwork and improvement in patient care was noted which is linked to better patient outcome. The studies done showing the relationship of professional autonomy and patient outcomes are all in agreement. The studies fail to establish the generalization of the findings among other countries and states. The view of other primary care providers has not been explored to shine light on impact of nurses being professionally autonomous on the teamwork.

Autonomy is a precursor to satisfaction and meaning attached to nursing profession (Both-Nwabuwe et al., 2019; Klein, 2015; Setoodegan et al., 2019). The authors conclude that the professionals should be allowed to prepare and execute their tasks without being subjected to hierarchal channels of interventions implementations. The conferred freedom yields job satisfaction and quality patient care.

Nurses must win the trust and respect of the colleagues by demonstrating the skills and competence of their area of specialization. The nurse must be confident with their actions and support with a rationale.(AllahBakhshian et al., 2017; Rouhi Balasi et al.,

2022). However, the absence of trust and respect from the colleagues contributes to high turnover as a result of job dissatisfaction. The nurses migrate to other work environments that does not demand their professional autonomy (Rouhi Balasi et al., 2022).

A profession with clearly spelt out scope of decision making and task description impacts the job security and confidence of the nurses (Rouhi Balasi et al., 2022). The author also identified clinical educators as key player in instilling the sense of professional autonomy among students. The educator must possess the capability to model the professional nurse gradually.

2.4 Barriers to professional autonomy

Nurses role in healthcare setting is widely appreciated due to their key role in patient care as the first contact (Both-Nwabuwe et al., 2019). The nature of nurses intervention in patient care require greater professional autonomy to save life and hasten clinical decision making (Labrague et al., 2019b; Maharmeh, 2017; Papathanassoglou et al., 2012). Happiness is the dream of every nurses which can be accomplished by practicing professional autonomy in their daily duty .This is curtailed by the bureaucracy installed in the healthcare institutions.(AllahBakhshian et al., 2017).

Maharmeh (2017) assessed the understanding of the nurse's autonomy of critical care nurses in Jordan among 110 registered nurses and who met the inclusion criteria. The study was done in intensive care unit assessing the nurses who had Bachelor's or masters in nursing and had worked for at least three months in the intensive care unit. The findings of this study indicated autonomy in clinical decision making was being practiced in various sections of the hospitals. However, the practice of autonomy was influences by the area of practice and the gender.

Papathanassoglou et al.(2012) studied the European critical care nurses on professional autonomy collaboration with physicians. The study was done on 255 delegates who attended the European critical care conference and met the eligibility criteria. The participants were required to respond to the questions in the questionnaire. The study findings indicated that the increased frequency of moral distress among nurses and the low level of nurse-physician collaboration contributed to the reduced level of job satisfaction.

After studying the clinical nurses in the in 21 educational hospitals in Iran identified the mismatch in the professional roles as compared to the training provided to the nurses. Nurses reported to be denied freedom to exercise their skills due to presence of the restrictive guidelines in the clinical area (Elahi et al., 2022). However, Baykara & Şahinoğlu (2014) concluded that the presence of professional boundaries help protect the nurses and ensure they remain physician dependent. Baykara & Şahinoğlu interviewed 30 nurses in three different hospitals in Turkey and found out that the professional autonomy was restricted by the need to be dependent on physician during the nursing implementation.

Nouri et al.(2017) defined specialization as an active factor the professional autonomy. The profession specialties need clear scope of practice and decision making. The lack of clarity in the scope of practice contributes to role confusion. The professional organizations must devote energy and resources to promote professional autonomy to directly enhance positive work outcomes (Both-Nwabuwe et al., 2019).

Shohani et al.(2018) conducted a study among Iranian nurses and confirms nurses experience distress at work due to the dynamic work environments. The nurses end up searching for other job opportunities with conducive work environment. However, the

author concludes that nurses accorded high professional autonomy demonstrates authority and accountability at work.

A study conducted by AllahBakhshian et al.(2017) categorized the barriers into two, professional barriers and organizational barriers. The author indicated the barriers vary with countries and situations revolving around the work environment. Professionalization of nursing by employing graduate nurses and incorporating them in decision making will help break the barrier limiting professional autonomy (Galbany-Estragués & Comas-d'Argemir, 2017)

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter presents a detailed description of the research design adopted for the study, study population, sampling technique, sample size, data collection process and analysis.

3.2 Study design

This study was conducted through hermeneutic (Interpretive) phenomenology. Hermeneutic phenomenology explores the phenomena at its natural setting uncovering the hidden meaning from the accounts of the respondents on the lived experiences. The formulation of meaning from the data collected is arrived at by reading and rereading the respondent's statements until an understanding of the experiences is arrived at (Miles et al., 2013; Suddick et al., 2020). The study participants are in a better position to expound their experience as they have encountered the phenomena through their existence and thereafter interpreted into meaning (Huttunen & Kakkori, 2020; Miles et al., 2013). Hermeneutic phenomenology is suitable in exploring the lived human experience where the participants give firsthand accounts of what they have gone through and meaning is made from the data collected. In this study, the nurses were interviewed to give their experience of professional autonomy at their clinical area,

3.3 Study area

The study was done at Nyeri County Referral Hospital, critical care unit. The critical care unit currently has a bed capacity of six beds. The Nyeri County Referral Hospital is a level five facility located in Kangemi sub location, Mukaro location in Nyeri Town constituency. The hospital is the largest in the county and a public facility. The facility was purposefully selected. Nyeri County is among the four pilot counties selected for primary health care in Kenya.

3.4 Study population

The study population comprised all qualified nurses working in the critical care unit approximated to be eighteen. This target population has been chosen because they are suitable to give account of the phenomena under investigation through their existence. Availability of the highly qualified nurses was an added advantage in ensuring credibility of the findings.

3.5 Sampling procedures

3.5.1 Sample size determination

The sample size was determined by saturation during data collection when the participants started repeating the same information from previous participants. The number of interviewees was ten. Previous qualitative studies had a range of five to twenty participants in phenomenological studies (Galbany-Estragués & Comas-d'Argemir, 2017; Setoodegan et al., 2019).

3.5.2 Sampling methods

The respondents were sampled using purposive and convenience sampling techniques. The sampling technique is suitable in picking participants with typical characteristics and also when dealing with small sample size in determining the understanding of a phenomena under investigation. Purposive sampling allows maximum variation for comparability. The researcher booked appointments with the ICU incharge to discuss the plan and purpose of the study. Convenience sampling technique was adopted as the data collection was being done on different days and the nurses available during the shift were recruited once they met the inclusion criteria.

The ICU incharge passed information of intended interviews during shift handovers to nurses and seek their interest to participate in the study. Approaching the ICU incharge

first enabled the researcher to gain entry to the unit. The researcher recruited the first participant who had met the inclusion criteria to the interview with the help of the ICU incharge. The researcher then organized on the suitable time as agreed with the first participant to conduct the interview.

3.6 Inclusion and Exclusion criteria

All qualified nurses with over six months experience working in the Intensive Care Unit (ICU). Student nurses on the clinical area were excluded.

3.7 Study concepts

The study explored the experiences of professional autonomy, its facilitators and barriers among critical care nurses.

3.8 Data collection methods

3.8.1 Instruments

The data was collected using the semi-structured interview guide. The semi-structured interview guide contained open ended questions. The responses were probed further and the responses were recorded using audio-recorder. The semi-structured interview guide was suitable for this kind of study as the experience of each participant was different. It creates room for probing and deriving an understanding of their accounts. A Mock interview was conducted with peers and supervisors to fine tune the tool.

3.8.2 Data collection process

The participants were recruited by the help of the ICU incharge. The researcher booked appointment with the ICU incharge to discuss the plan and purpose of the study. The ICU incharge passed information of intended interviews during shift handovers at 12:30 pm and 6:30 pm to nurses and sought their interest to participate in the study. The

researcher organized on the suitable time as agreed with the ICU incharge to conduct the interviews. The interviews were conducted in a private room that was well ventilated to ensure privacy and confidentiality. All participants were required to have face masks, perform hand hygiene and maintain a distance of 1.5 meters with the interviewer. Informed consent was sought and then proceeded to a private room that is convenient to the participant to conduct the interview. After the first interview, the next available participant who met the inclusion criteria was invited to the private room for the interview. Questions were read out to participant and the responses audio recorded.

3.8.3 Data management

The participant responses were saved in the audio recorder. The audio recorder was under the responsibility of the researcher and no authorized person gained access to them. The recordings were derived and saved in the computer and protected with password. The data could only be accessed by the researcher. This ensured data confidentiality.

3.8.4 Data analysis

The data collected was analyzed thematically. The data collected in audio form was transcribed in Microsoft word and read several times the accounts of the respondents and got the meaning of their accounts. The researcher thereafter identified relevant statements of the respondents relating the experiences of autonomy. The identified statements were then used to formulate meaning from their account of the experiences of autonomy. The meanings formulated were then clustered into themes that are similar across all the respondents' accounts. The researcher then embarked into writing a descriptive experience of the respondents in relation to the themes identified relating the phenomena under investigation.

3.8.5 Rigor

The legitimacy and quality standards of the study was guided by adopting the five expressions of rigor in interpretive phenomenology consistent with the Heidegger framework. The expressions of rigor include balanced integration, openness, concreteness, resonance and actualization. Balanced integration was ensured by striking a balance between the philosophical explanations and the participants' voice. This ensured the human experience of being is understood. Openness was ensured by maintaining a clear scrutiny of the steps followed in the conduction of research guided by the research methodology. Concreteness was ensured by providing examples of the patient responses to the reader in manner he/she will feel the impact of the phenomena as if in the natural setting. Resonance was ensured by vividly writing the participant experience in the research findings to bring out self-understanding of the phenomena. Lastly, actualization was ensured by publishing the study findings implying the future readers will continue to interpret their understanding of the phenomena as derived from resonance.

3.9 Ethical consideration

Approval from Kenyatta University Graduate School and Kenyatta University Ethical Review Committee was sought before commencement of data collection (approval no: PKU/2467/11599). A permit from National Commission for Science, Technology and Innovation (NACOSTI) was sought (License No: NACOSTI/P/22/16985) and then proceed to seek approval from the Nyeri County, health department. COVID-19 health guidelines as provided by ministry of Health of Kenya were observed. All participants were required to have face masks, perform hand hygiene and maintain a distance of 1.5 meters with the interviewer. Informed consent was sought from the participants who met the criteria set. Confidentiality and privacy of the participant information was

ensured by conducting the study in the private room and using codes to label respondents responses. All respondent information was under the care of the researcher, saved in password protected folders. Participant identity remained anonymous through the use of codes to identify the respondents. The information obtained from the participant was used solely for the purposes of this study.

3.10 Limitations

The researcher used the purposive sampling technique in participant selection. This technique is prone to judgmental bias. The researcher utilized the help of ICU incharge who had substantial knowledge on the unit and the staff working in the unit. This approach reduced the bias in participant selection and maintained credibility of the findings. The study area was limited to public health facility therefore excluding the nurses in private institutions. Personal biases were eliminated by reflection and noting them on the field journal.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter presents detailed findings based on the three study objectives. The study sought to explore the experiences of professional autonomy among nurses in the critical care unit in Nyeri County Referral Hospital, Nyeri County, Kenya. The objectives of the study were to explore the perception of professional autonomy, to explore the facilitators of professional autonomy and to explore the barriers to achieving professional autonomy among critical care nurses in Nyeri County Referral Hospital.

Data was collected through interviews from ten participants; one participant withdrew from the study due to fear of being recorded as she cited it may lead to victimization by the administration.

The responses from the participants were analyzed thematically. Each theme is discussed under the study objectives with an illustration of the participant quotes. Each quote is assigned a code illustrating the participant number, designation and years of working experience respectively

4.2 Social demographic characteristics of the participants

The demographic profile of the ten participants was obtained before conducting the interview. There were two male participants and eight female participants. All the participants had a minimum of two years working experience in critical care unit. The participants trained at higher diploma level in Kenya Registered Critical Care Nursing (KRCCN) were four; on job trained nurses were six as shown in table 4.1

Table 4.1: Social demographic characteristics of the participants

Characteristic	Value	percentage
Gender		
Male	2	20
Female	8	80
Age in Years		
25-29	1	10
30-34	3	30
35-39	5	50
≥40	1	10
Marital status		
Single	3	30
Married	7	70
Others	0	0
Designation in the unit		
Supervisor	2	20
Staff nurse	8	80
Level of education		
Kenya registered Nurse	0	0
Kenya Registered Community Health Nurse	6	60
Higher National Diploma Critical Care Nurse	3	30
Bachelor of Science in Nursing	1	10
Master of Science in Nursing	0	0
Years of service		
≤2	2	20
3-8	5	50
9-14	2	20
≥15	1	10

4.3 Perception of professional autonomy among critical care nurses in Nyeri County Referral Hospital

The participants were asked to describe what they perceived professional autonomy to be. From their responses the major themes that emerged are summarized in Table 4.2.

Table 4. 2: Themes on perception of professional autonomy

Theme	Sample Quotes
Stick to your lane	<i>“As long as you know your line of duty for example a nutritionist should stick to that line, anesthetist to deal with his line of care, as a nurse I should deal with nursing care. Everyone to stick to his area of work.” (P1SN08Y).</i>
Filtering feedback	<i>“You are allowed to change but immediately inform the doctor.” (P1SN08Y).</i>
Unfamiliarity with autonomy	<i>“No, it is a new term” (P1SN08Y) “Autonomy? I think of it like transference where you keep the patient’s information confidential.” (P2SN03Y)</i>

Stick to your lane

The theme stick to your lane depicted issues that have warranted the need to adhere to the scope of practice for the critical care nurses: *“As long as there is no challenge of personnel, let everyone **stick to his profession and to his line of duty**, so that everyone can be accountable” (P1SN08Y); “As long as you know your line of duty for example a nutritionist should **stick to that line**, anesthetist to deal with his line of care, as a nurse I should deal with nursing care. **Everyone to stick to his area of work.**” (P1SN08Y).*

Filtering Feedback

Five (5) participants confirmed they sought feedback in their practice. Positive feedback may be perceived as a confirmation of their competence. The filtering process is a perceptual bias which has an impact on the professional autonomy:

*“You are allowed to change **but immediately inform the doctor**, the doctor always listens to you.” (P1SN08Y). The doctor has to sign the action of a nurse for it to be acceptable: “Oh okay, a time during resuscitation, you find that you are calling for the anesthesiologist, may be the anesthesiologist is maybe in theatre, is busy, so you find that instead of losing a patient you just intubate the patient then you stay calm, **then after the consultant comes, he/she signs that you have done the correct thing, yeah.**”*

(P3SN07Y). The decision of the nurses is pegged on the opinion of the doctor. This is evident from the discussion of a nurse and a doctor on extubating a patient: *“Yes, like right now we have just discussed on extubating that child and **he has agreed.**”* (P1SN8Y); *“There is a certain patient, **we agreed that he is not supposed to be discharged** to the ward but to stay in the unit for a bit, and after staying for some time, the patient condition improved and later was discharged to the ward.”* (P1SN08Y)

Unfamiliarity with autonomy

Five participants noted that they were not aware of the definition of term autonomy. The term was new to them. *“No, it is a **new term**”* (P1SN08Y); *“Autonomy? **am not quite sure right now**”* (P9NI22Y).

One participant thought it is keeping patient information confidential is what autonomy is. *“Autonomy? **I think of it like transference where you keep the patient’s information confidential.**”* (P2SN03Y)

However, two of the participants was able to identify the correct meaning of autonomy; *“Autonomy? Well, I have not heard of it, but I want to believe it is the where a nurse now **how I can work without supervision** so that I can deliver with minimal supervision, I think that is it. **If am not wrong**”* (P8SN04Y)

4.4 Facilitators of professional autonomy among critical care nurses in Nyeri County Referral Hospital

The participants were asked to describe the enablers of professional autonomy in their work place. From their responses two major themes emerged which were; working in consultation and work experience. The themes under this objective are summarized in Table 4.3.

Table 4.3: Themes and subtheme on facilitators of professional autonomy

Theme	subtheme	Sample quote
Working in consultation	<i>Team work and collaboration</i>	<i>“I would say mostly we work as a team because in the care of this patients include others people like doctors, anesthetist, and so and so forth. We consult each other and we are never alone here so we work as a team.” (P7SN02Y).</i>
Work experience		<i>“Despite the fact that there are challenges here and there because most of the time becomes difficult, but I would say my experience, it is not a like ward set up patient comes here when very critical and then when you see then move out you feel well.” (P7SN02Y).</i>

Working in consultation

Most of the participants emphasized that they consult the persons from different disciplines while making decisions: *“I would say mostly we work as a team because in the care of this patients include others people like **doctors, anesthetist**, and so and so forth. **We consult each other and we are never alone here so we work as a team.**” (P7SN02Y); “Yes, for instance you will see patient struggling in a vent, for you know we need to wean off the patient, **what we do is we recommend to our consultants**, if it is nutritionist, we also guide them on what is good for the patient, because every patient will have his or her own needs.” (P2SN03Y); “we don’t make decisions alone; you discuss on your thinking then you come into a conclusion. **You always ask and consult and then come into an agreement.**” (P1SN08Y)*

Working as a team and collaboration

The participants confirmed that the critical care unit is made of multidisciplinary team which work together to provide care to the patients. The participants noted; *“Let me say it is basically a **multidisciplinary**, it is more of **team work**, sometimes even the*

doctors they fully depend on us when it comes to how the patient is fairing.”
(P8SN04Y).

The participants strongly emphasized that a nurse can't work in isolation in the critical care unit: *“What we do, **we don't make decisions alone**, you discuss on your thinking then you come into a conclusion. **You always consult** and come into an agreement.”*
(P1SN08Y)

The participants noted that the encouragement from the seniors to intervene and improve the outcome of patients was evident: *“most of **our seniors encourage us that we should intervene** through the patient, it is not good to see the patient die, so most of our seniors they encourage us.”* (P6SN02Y).

Team work bores the spirit of collegiality. This aspect is realized when the team players accept their roles and appreciate the impact of their colleagues in the different discipline. For instance, one participant commented: *“As I said we have team work because you get to **learn new things from your colleagues**, from fellow nurses and also from doctors.”* (P7SN02Y).

Autonomy is given and not earned. This is gotten form the trust won from the administration and the anesthesiologist to make decisions: *“The consultant, the anesthesiologist, **had given me that autonomy** and also the **hospital** had given me the right to make decisions.”* (P4SN10Y)

Work experience

The participant noted that work experience exposes them to different work conditions enabling them to be confident in handing challenging situations: *“despite the fact that there are challenges here and there because most of the time becomes difficult, but I*

would say my experience, it is not like ward set up, patient comes here when very critical and then when you see them move out you feel well. “(P7SN02Y).

4.5 Barriers to achieving professional autonomy among critical care nurses in Nyeri County Referral Hospital.

The participants were asked to describe the hinderances of professional autonomy in their work place. From their responses six themes emerged which were; medical legal issues, scope of practice, acquisition of skills and knowledge, fear of autonomy and staff shortage. The themes under this objective are summarized in Table 4.4

Table 4.4: Themes on barriers to achieving professional autonomy

Themes	Sample quotes
Medical legal issues	<i>“I would say, because of the medical legal issues and also being in a government institution there is the political part of it.”</i> (P3SN07Y)
Scope of practice	<i>“There are some procedures like intubation due to the scope of practice, you cannot intubate a patient, secondly, there are some procedures unless it is under supervision of the anesthesiologist it will not be possible”</i> (P4SN10Y)
Acquisition of Skills and knowledge	<i>“Sometimes you have the patient who may be benefiting with something like intubation, and the doctor is not around, even if you have the skills, you don’t have the right to intubate that patient.”</i> (P2SN03Y); <i>“The fact that I continuously get updates on ACLS and BLS has helped me a lot so that now am able to practice my CPR according to the guidelines.”</i> (P9NI22Y)
Fear of autonomy	<i>“We will always work as a team, and in collaboration with our doctors, because everywhere there must be order, so you see, there is no way as a nurse I can only make decisions regarding the nursing care. Keeping to your lane and having the freedom is tricky.”</i> (P2SN03Y)
Staff shortage	<i>“Activities here are so many and you have to do it professionally but despite doing it professionally challenges are there like shortage of staff.”</i> (P5SN08Y)

Medical legal issues

One of the participants links the many legal cases to politics in the government institutions. The presence of medical legal issues limits the nurses to exercise their freedom to practice as required. The participant commented: *“I would say, because of*

the medical legal issues and being in a government institution there is the political part of it." (P3SN07Y);

Scope of practice

The scope of practice identifies the working boundaries to prevent role confusion and cases of litigation. The participants perceived scope of practice as a major hindrance to performing interventions that may save the life of patients: *"there are some procedures like intubation due to the scope of practice, you cannot intubate a patient, secondly, there are some procedures unless it is under supervision of the anesthesiologist it will not be possible"* (P4SN10Y).

Despite the scope being a limiting factor, some nurse work beyond the boundaries to save the life of the patients. One of the participant recounts: *"I know my scope and the only far I can go for myself is to intubate, further than that I don't, but at times you find I can paralyze a patient, I can do that especially if the patient is intubated."* (P3SN07Y)

The training institution goes ahead to caution the trainees to stick to the policies of specific institution. Participant P9NI22Y recounts: *"When we were being trained, we were told to go and do what is allowed in that hospital."*

Acquisition of skills and knowledge

The participants were cognizant of the importance of possessing the updated skills set and the requisite knowledge. The possession of this competency creates confidence in executing the roles of a nurse. One of the participants despite having the skills to intubate, the duty can only be performed by other professionals: *"sometimes you have the patient who may be benefiting from intubation, and the doctor is not around, even if you have the skills, you don't have the right to intubate that patient."* (P2SN03Y).

Acquisition of knowledge in the critical care unit was acquired through observation and coaching for the on job trained nurses. The level of training to a large extent affected the practice of the nurses. The participants illustrate their experiences: *“let me say sometimes the machines the ventilator they alarm and what is in the screen are those ones you don’t know why and how do I intervene. Now you see **I go for a critical care nurse who at least tries to guide. I think I need to go back to class and also perfect in that.**”* (P8SN04Y).

However, the encouraging finding from the participants is that they take time to update their knowledge and skills: *“I continuously get **updates on ACLS and BLS has helped me a lot so that now am able to practice my CPR according to the guidelines**”* (P9NI22Y);

In addition, the participants noted there is a conflict between the practice and the training. The participant recalls the instructions provided during training: *“we were taught how to intubate but now even when we were being trained, we were told to go and do what is allowed in that hospital. So here there are those who do the intubation e.g., the clinical officers and the anesthesiologist. For intubation we were taught but we are not doing it.”* (P9NI22Y)

Fear of autonomy

The participants’ indicated autonomy is important but to have it was tricky. The fear was attributed to the nurses sticking to their lane. A typical description of fear by one of the participants confirms this: *“We will always work as a team, and in collaboration with our doctors, because everywhere there must be order, so you see, there is no way as a nurse I can only make decisions regarding the nursing care. **Keeping to your lane and having the freedom is tricky.**”* (P2SN03Y)

The doctor prescribes what must be followed. One of the participants confirms there is no freedom in ICU: “*you still have to stick to what the doctor said, you don’t have the freedom.*” (P2SN03Y)

Lack of confidence and training was another major factor that contributes to fear of exercising autonomy: “*if you lack confidence, then you will panic in such like situations, and when you panic you will not deliver or perform. People who lack confidence, you can’t trust them with anything.*” (P10NI13Y); “*you see am not a critical care nurse so if I was one, I think I would be more confident and fearless.*” (P7SN02Y)

However, one of the participants contradicts the presence of fear while providing care to the patient: “*I think there are times we have a have resuscitation and I take charge of the resuscitation process.*” (P9NI22Y)

Staff shortage

The participants hold it firmly that nurse: patient ratio need to be considered so as to provide quality care. Staff shortage for all disciplines has contributed to stress among the nurses. The participants’ recounts: “*Activities here are so many and you have to do it professionally but despite doing it professionally challenges are there like shortage of staff.*” (P5SN08Y); “*we are very equipped and being in a government institution we do personalized care, despite that we are under staffed, we don’t have 1:1 or 1:2 ratio*” (P3SN07Y)

The staff shortage has therefore not limited the nurses to provide the holistic care to the patients. This keeps the hope of the clients seeking service in the critical care unit: “*we work hard despite the shortage we don’t leave the care of the patient just in the middle*

because our shift is over, despite the pressure, we try to give the care, we don't need relatives to be here for us to perform.” (P5SN08Y)

However, despite the challenge of personnel the participants confirm they get satisfaction due to availability of resources: *“I feel am satisfied, unlike other wards, here we have most of the machines that you require when you are working and also the administration ensure we have especially the critical drugs.” (P5SN08Y)*

4.6 Summary and conclusion

In summary, the themes were developed from perceptions, facilitators and barriers to professional autonomy. The nurses demonstrated the understanding of autonomy by insisting the ability to work freely without being influenced by external forces was impactful. The nurses continue to wish to have that freedom to practice or perform procedures that they feel would save the life of patients. Team work and support from the administration was evident as it contributes to the practice of autonomy at the level accepted. The level of training and acquisition of continuous skills and knowledge hindered the practice of the on job trained nurses as they provided care to the patients. In conclusion, the data collected is significant to be utilized in the decision making regarding improving the state of professional autonomy at the critical care unit. Limitation of the professional autonomy contributes to loss of life of the patient and dissatisfaction among the critical care nurses.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

The chapter presents the discussion of the study findings. The study aimed at exploring the experiences of professional autonomy among nurses in the critical care unit in Nyeri County Referral Hospital, Nyeri County, Kenya.

Heidegger framework advanced by Martin Heidegger in 1927 (Huttunen & Kakkori, 2020) guided the study to explore the experiences of the participants. Several tenets come to play in utilizing this framework which include the 'being in the world', 'being with', 'encounters with entities', 'concept of being', 'temporality', 'spatiality' and 'care structure' (Miles et al., 2013; Suddick et al., 2020). These tenets helped create meaning in the accounts of the study participants on their everyday experience.

The findings from the study indicate independence and freedom are the key ingredients in defining the term autonomy. The nurses strongly emphasized that the level of training is a major determinant in executing the professional autonomy. During training, the learner acquires the skills and knowledge which guarantees confidence in handling the complex needs of the patient as it may be demanded in the critical care unit. This finding agrees with the finding of the study done by Labrague et al. (2019), where professional autonomy is regarded as practicing one's role as per education qualification and members of the profession take control of their scope of practice without influence from external environment. Labrague et al. (2019) noted also the level of education and the hospital bed capacity was key predictors of professional autonomy in a study done in Philippines among 166 nurses.

However, the nurses confirmed to exercise their autonomy during unique circumstances that presented when the doctors or anesthesiologist were not in the unit. This is an

indication autonomy was not incorporated in their daily practice. The finding is further supported by a study by Oshodi et al.(2019) who conducted a similar study in England exploring the professional autonomy studied among 48 registered nurses in two National Health Service hospitals and concluded that autonomy was being exercised occasionally and not being integrated in the daily practice.

Promotion of Professional autonomy through administrative support and working as team work yielded the spirit of collegiality and led to provision of quality and highest standard care. This approach builds strong relationship by embracing other disciplines in the provision of patient care. The finding concurs with the study done by Rao et al., (2017) and Poghosyan & Liu (2016) on the facilitators of autonomy. The studies indicated that nurses spend much of the time interacting with the patients and therefore determine the outcome of the patients. Leadership and team work played a great role in harnessing the unity and thereby boosting the confidence of the nurse to practice autonomy.

Level of training, Limitations by the scope of practice and presence of medical legal cases stood out as barriers to practicing professional autonomy. The hierarchal approach in ensuring order in an institution is two sided. The approach yields order and unity of command. On the hand, bureaucracy limits innovations and practicing of the skills and knowledge acquired. This finding is supported by AllahBakhshian et al. (2017) who found that happiness of the nurses was curtailed by the bureaucracy in the healthcare institutions.

Scope of practice is a guideline highlighting boundaries of a professional. When boundaries are not clearly spelt out, it breeds conflicts and confusion. Lastly, medical legal cases are the dreaded phenomena by any professional. The cases have claimed the

profession of some nurses and tainted the name of the individual affected. It is linked to politics and disunity in an organization. The three barriers were found to be extensively instilling fear on the nurses to an extent they demanded to remain in status quo so as to be in a safe place. The distress realized is confirmed by the study done by Papathanassoglou et al.(2012) who studied the European critical care nurses and found that the increased frequency of moral distress among nurses and the low level of nurse-physician collaboration contributed to the reduced level of job satisfaction.

5.2 Conclusions

Facilitators and barriers to professional autonomy are dependent on the context under study. Facilitators of autonomy such as collaboration, support from administration acted as promotional factors for professional autonomy among critical care Nurses.

Autonomy as a key ingredient in upholding one's professional status was not acknowledged. The moral stress emanating from the barriers to professional autonomy namely limiting scope of practice, staff shortage and level of training has cultivated the spirit to remain in the status quo. This indicated that nurses are afraid to confront and fight for their professional autonomy.

The study notes the regulatory authority, Nursing Council of Kenya, professional bodies such National Nurses Association of Kenya-Critical Care Nurses Chapter and academic institution have a role in embracing the professional need by nurses.

Gender didn't suffice as determinant factor of experiencing professional autonomy. However, place of work was linked to influencing professional autonomy. The study area being a government institution, politics were cited to be influencer of professional autonomy.

This study contributes to the body of knowledge by highlighting the experience of professional autonomy among critical care nurses in context-based institutions.

5.3 Recommendations

1. Recommendations for practice

The study recommends to Nursing Council of Kenya and the National Nurses Association of Kenya-Critical Care Nurses Chapter to share and sensitize the nurses on the newly launched scope of practice for different cadres on periodic basis or as need arises. This will address the concern of intubation. The current scope of practice indicates nurses can perform intubation with assistance.

The study also recommends to the hospital management to facilitate recruitment of trained critical care nurses to who will exercise the professional autonomy as per the scope of practice. In addition, the study recommends encouragement of participative decision making at all levels of management by nurses to get insights on the status of the profession.

2. Recommendations for policy

From the study findings, the hospitals were found to have different policies in regard to the scope of practice for cadre. The study therefore recommends to hospital management to review policies on scopes of practice and ensure they are in tandem with the current guidelines by the regulatory authority.

3. Recommendations for research

The study recommends further research to be carried out on comparative experiences of professional autonomy for nurses working in public institutions and private institutions. A study on the perceptions of professional autonomy among nurses by other health care providers is warranted to shine light on its impact.

4. Recommendations for education

The academic institutions are entrusted to ensure the trainees get the core competencies of skill, knowledge and attitude. Acquisition of these competencies will instill confidence to the nurses and win trust from the other professionals. This will help bargain for their professional autonomy at the work place. The study therefore recommends the academic institutions to develop robust evaluation tools for the trainees to meet the expectations of the market demands.

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APPENDICES

APPENDIX I: INFORMED CONSENT FORM

My name is Njoroge Karuga, a master's student at School of Nursing- Kenyatta University. I am conducting a study entitled "**experiences of professional autonomy among nurses in the critical care unit in Nyeri County Referral Hospital, Nyeri County, Kenya.**" The information will be used in policy formulation in regard to practicing professional autonomy and adding to literature on professional autonomy among nurses.

Procedure to be followed.

The study will be conducted through interview lasting approximately 30 minutes. The responses will be audio recorded for purposes of reference.

Voluntarism

Your participation is voluntary and you can withdraw from the study at any time.

Discomfort and risks

The study poses no risk to the participant

The interview questions may be personal and uncomfortable. You can withdraw at any time or fail to answer the question asked.

Benefits.

The study has no direct individual benefits. The study will give you chance to reflect on the practice in the critical care unit.

Reward.

If you agree to participate in the study, transport and lunch charges incurred for the purposes of this study will be refunded at ksh 500 per visit. No direct payment will be provided.

Confidentiality

Your identity will remain anonymous. The information will be treated with utmost confidentiality and will be used solely for the purpose of this study. The audio recordings will be secured with password and put under the care of the researcher.

Contact information

If you have concern or questions about this study, feel free to contact the researcher (Njoroge Karuga) via mobile no-0706007125 or Email-20015.2020@students.ku.ac.ke. Or Dr. Onsongo via email ONSONGO.LISTER@ku.ac.ke or Dr. Githemo via email Githemo.grace@ku.ac.ke.

If you wish to confirm about your rights as a participant contact Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke , secretary.kuerc@ku.ac.ke.

Participant’s statement

The information concerning the study has been clearly explained to me. All my questions have been answered to my satisfaction. I understand my participation is voluntary and can withdraw at any time. The audio recording will be in the hand of authorized persons only as indicated by the researcher.

Signature.....Date

Investigator’s statement

I, the undersigned, have explained fully to the participant in the language he/she understands to his/her satisfaction, the procedure to be followed, the purpose and the risks or discomfort that may be involved.

Name of the researcher.....

Signature.....Date.....

APPENDIX II: INTERVIEW GUIDE**PART A: DEMOGRAPHIC QUESTIONNAIRE**

- i. Informant code.....
- ii. What is your gender? (select the correct option)
 - a. Male
 - b. Female
 - c. Others
- iii. How old are you in years?.....
- iv. What is your marital Status? (select the correct option)
 - a. Single
 - b. Married
 - c. Others
- v. What is your designation in the unit? (select the correct option)
 - a. Supervisor (in charge)
 - b. Bedside nurse (Staff Nurse)
- vi. What is your highest level of education in nursing? (select the correct option)
 - a. Kenya Registered Nurse [KRN]
 - b. Kenya Registered Community Health Nurse [KRCHN]
 - c. Bachelor of Science in Nursing [BScN]
 - d. Master of Science in Nursing [MScN]
 - e. Higher Diploma in Critical Care
- vii. How long have you been working in the ICU/CCU?.....

PART B: INTERVIEW QUESTIONS

1. Briefly help me understand about the ICU/CCU unit you work in?
2. Tell me briefly about your career so far as a nurse, how did you end up in the ICU/CCU?
3. What does professional autonomy mean to you?

Probes.

- i. Have you heard of the term autonomy?
 - ii. Using your own words what is your understanding of autonomy?
4. How do you enhance professional autonomy in your daily work?

Probe: Tell me about a memorable experience you had with professional autonomy.

5. How do you evaluate the professional autonomy among critical care nurses?

Probe.

- i. Share with me some examples of professional autonomy that you have seen in your clinical practice?
 - ii. What factors enabled autonomous practice in this unit you are working in? Can you share an example?
6. What factors impede autonomous practice in your setting?

Probe: Tell me about a time when you wished you could have been more autonomous with your decision-making but felt there were barriers that prohibited your actions.

7. Do you think nurses' autonomy have a role on patient outcome?

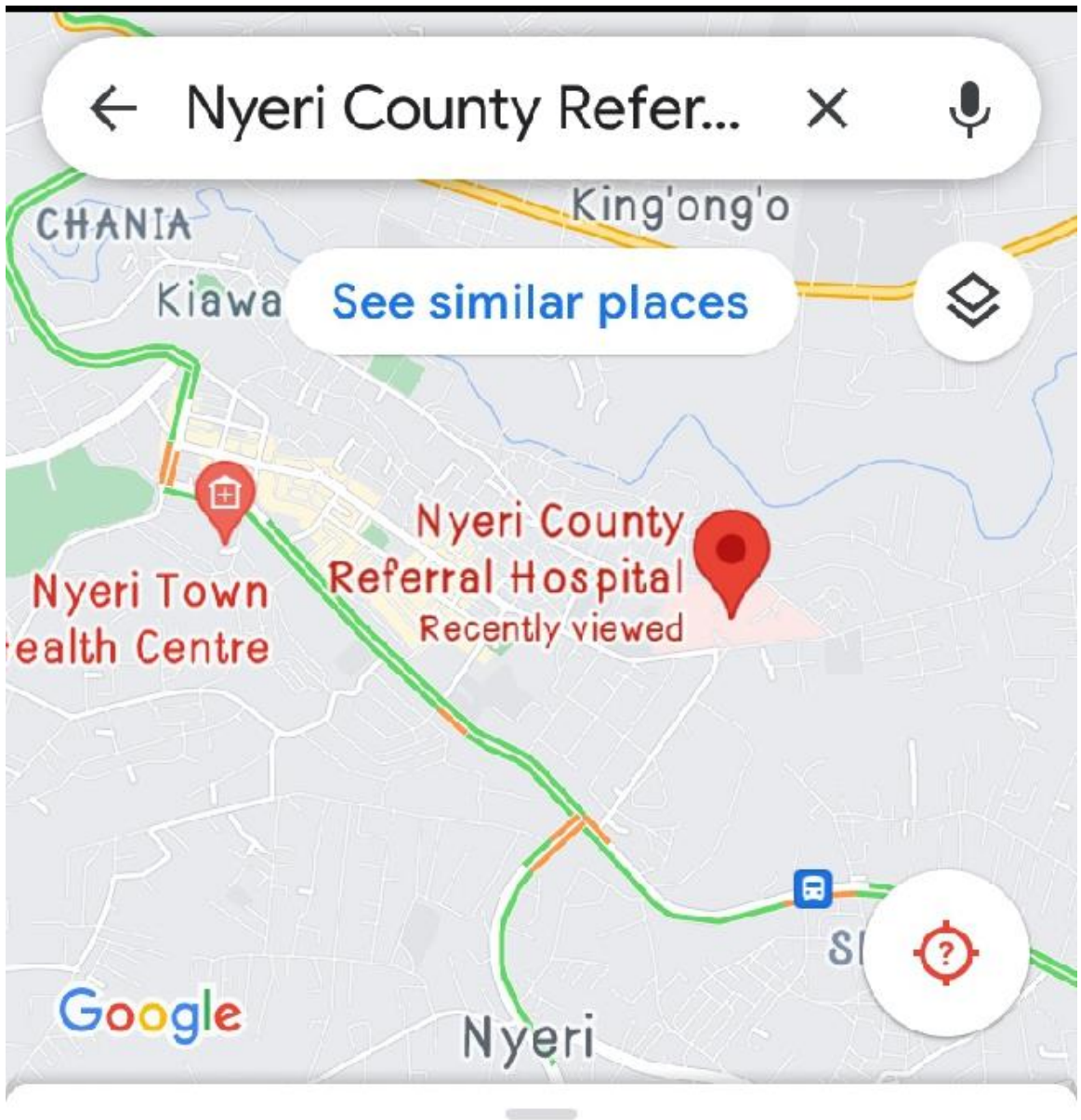
Probe-Please tell me more, give me example or a situation you have experienced.

8. Do you think nurses' autonomy has a role on your job satisfaction?

Probe: Please explain how?

Thank you for participating in this interview. Be blessed.

APPENDIX III: MAP OF NYERI COUNTY REFERRAL HOSPITAL



(Adapted from Google maps; retrieved 11-07-2021)

APPENDIX IV: LETTERS OF AUTHORITY


REPUBLIC OF KENYA
National Commission for Science, Technology and Innovation


NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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This is to Certify that Mr. JOSPHAT KARUGA NJOROGE of Kenyatta University, has been licensed to conduct research in Nyeri on the topic: EXPERIENCES OF PROFESSIONAL AUTONOMY AMONG NURSES IN THE CRITICAL CARE UNIT - IN NYERI COUNTY, KENYA. for the period ending : 22/April/2023.

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National Commission for Science, Technology and Innovation
off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke



KENYATTA UNIVERSITY
CENTRE FOR RESEARCH ETHICS AND SAFETY

Fax: 8711242/8711575
Email: chairman.kuerc@ku.ac.ke
Nairobi, 00100

P. O. Box 43844,

Tel: 8710901/12

Website: www.ku.ac.ke
Our Ref: KU/RRC/APPROVAL/VOL.1

Date: 28th /03/2022

Njonoge Karuga
P.O BOX 43844-00100
Nairobi.

Dear Mr. Karuga,

APPLICATION NUMBER: PKU/2467/1599 - EXPERIENCES OF PROFESSIONAL AUTONOMY AMONG NURSES IN THE CRITICAL CARE UNIT IN NYERI COUNTY, KENYA

This is to inform you that **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE** has reviewed and approved your above research proposal. Your application approval number is **PKU/2467/1599**. The approval period is **28th /03/2022 to 28th /03/2023**

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE**
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.

- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to **KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://researchportal.nacosti.go.ke> and also obtain other clearances needed.

To serve you better, researchers are kindly requested to access and complete a customer feedback form and sent it back online as you continue with research and upon completion of data collection found on the following website link; https://docs.google.com/forms/d/1xjWefDwvyyz5h1oz_VIn0xbxg3j0GdIDzMXF'WNdsMrRPC/edit?usp=sharing

Yours sincerely



Prof. Judith Kimiywe

Director: Centre for Research Ethics and Safety

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF NYERI
DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE DIRECTOR

Email: nyericountyhealth@yahoo.com

COUNTY COMMISSIONER'S HQ
BLOCK 'A'
P.O. Box 110 - 10100

REF: CGN/HEALTH/HRM/5/VOL.II

Date: 28th April 2022

Medical Superintendent
County Referral Hospital
NYERI

RE: RESEARCH AUTHORIZATION

The bearer of this letter, Josphat Njoroge Karuga is a master's student at Kenyatta University specializing in Critical Care Nursing.

He is hence introduced to carry out a research on "Experience of professional autonomy among nurses in the critical care unit at the Nyeri County Referral Hospital".

Kindly accord him the necessary assistance.

The researcher must deposit a copy of the final report with the department following completion of the study.

Date:
Oscar Agoro
D/O. Box 110, NYERI
County Director for Health

NYERI

COUNTY GOVERNMENT OF NYERI

P.O. Box 27 - 10100

Telephone: 061-2030819
Fax No: 061-2032185
Mobile No: 0724249693



"Email" pgmyeria@yahoo.com
nyeripgh16@gmail.com

DEPARTMENT OF HEALTH SERVICES

Medical Superintendent

Nyeri County Referral Hospital

Research, Ethics and Review Committee

AUTHORITY TO CONDUCT RESEARCH

Study title: EXPERIENCES OF PROFESSIONAL AUTONOMY AMONG NURSES IN CRITICAL CARE UNIT AT THE NYERI COUNTY REFERRAL HOSPITAL

Principal Investigator: Caro unit at the Nyeri County Referral Hospital

Name: Josphat Njiragu Karugia Contacts: 0706007125 Email: 2015.2016 E

Students: Karua K. or Joshua 2013 C@gmail.com

Institutional affiliation: KEMAYITA UNIVERSITY

Co-Investigator(s):

- i. Name.....
- Institutional affiliation.....
- ii. Name..... N/A
- Institutional affiliation.....
- iii. Name.....
- Institutional affiliation.....

Faculty Advisor/Supervisors:

- 1. Name: Dr. L. Onsemu Contacts: 07.00004285
- Institutional affiliation: KEMAYITA UNIVERSITY
- 2. Name: Dr. Grace Githema Contacts: 07.22787861
- Institutional affiliation: KEMAYITA UNIVERSITY

Study Sponsor: SELF

Study Description

Type of Study eg. Observational, CT, Longitudinal..... Phenomenology Study
 Objectives: to explore the experiences of professional autonomy among critical care nurses in Nyeri County Referral Hospital
 Target population: Nurses working in critical care unit
 Study duration: Start: 28/3/2022 End: 28/3/2023

- You will ensure that the Client is well informed, consent obtained as per Health act 9(1)(2) and Confidentiality assured
- You will observe the hospital laid guidelines throughout the period of data collection
- You shall submit a final copy of the proposal to pghnyeri@yahoo.com 2 weeks before collecting data
- The hospital reserves the right to allow for data collection.
- You are hereby given authority to conduct the above study. However, note that after successful completion of data collection you **shall** give a feedback to the training committee (15 minutes presentation).
- The PI will then fill a form meant to allow for publication, **No Publication of Hospital data should be done without the said form**

Principal Investigator

Name Joshat Njoroge Kang'wa ID 28527461 Sign [Signature] Date 12/5/2022

Chairperson Research, Ethics and Review Committee

Name M. N. Njoroge Sign [Signature] Date 12/5/22