Autonomy in Nursing

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Introduction

Autonomy is the freedom to make discretionary and binding decisions that are consistent within one's scope of practice and the freedom to act on those decisions. There are 3 purposes to this paper:

1. To analyze the concept of autonomy and its relevance to nursing.
2. To identify the structural, not merely personal, attributes of autonomy.
3. To identify the unique challenges in Japan for advancing autonomy in nursing.

Analysis of Concept of Autonomy

Autonomy is the freedom to make discretionary and binding decisions consistent with one's scope of practice.

Discretionary and binding decisions mean that the nurse has control over the knowledge needed to make the decision. She or he does not need to turn to others in order to know or understand. Instead, the training and education of the nurse has provided him or her with the requisite information and understanding to make the decision. For example, a nurse is educated to know how to assess vital signs and patient symptoms. These include deciding if a patient's blood pressure is elevated beyond a normal range; it also includes judging whether a patient is excessively perspiring or hyperventilating. Such assessments are part of a nurse's knowledge and understanding.

Discretionary and binding decisions mean that no one "above" the nurse needs to give approval or permission for the nurse to take action on an assessment or observation. If an act requires permission or approval from someone else, the act is not discretionary and the nurse is not acting with autonomy. An example of a discretionary and binding decision includes a nurse's decision to reposition a patient in order to maximize chest excursion and reduce cardiac work. Another example of a discretionary and binding decision is a nurse's decision to measure input and

output on a patient whose level of hydration is of concern to the nurse. Both decisions are within the nurse's scope of practice knowledge and no one needs to make these decisions for the nurse. Rather, the nurse is able to independently make these decisions and all of them are within his or her scope of practice.

Autonomy includes the freedom to act on the binding decisions the nurse makes. The nurse does not need to obtain permission from others to carry out actions she has decided on. Instead, the nurse's education has prepared her to enact the decisions. For example, a nurse can decide to initiate an educational teaching plan with a new mother who is trying to initiate breast feeding her newborn but who is not being consistently successful. No one needs to give the nurse permission to do this education with the mother. For example, a nurse can initiate a teaching plan for a caregiver at home who does not understand when or how to interpret the patient's symptoms or does not know when to decide to administer a medication. Again, the nurse can carry out these teaching plans and no one needs to give him or her permission to do them.

Autonomy as Attitude and Structure

Autonomy has both a personal or attitudinal dimension as well as a structural dimension. Both are important.

Autonomy is part of a nurse's attitude and is reflected in statements like these, "This nurse has a high personal sense of autonomy, " and, "This nurse is committed to an autonomy of practice," and "This nurse values autonomy of practice." Each of these statements reflects nurses who value, want, or embody an attitude of autonomy. If a nurse is to practice with autonomy, he or she must perceive and value the freedom to do so and be willing to exercise autonomy. If a nurse does not value autonomy or does not perceive the freedom to carry out autonomous acts, then the nurse will not be autonomous.

Autonomy involves structure. Structure includes the structure of a health care agency, the scope of practice that is described in nurses' practice literature, nurses' license laws, nurse organization's professional practice standards, advanced practice certifications, and knowledge development within nursing science. Each will be briefly considered.

The structure of a health care agency reflects the degree of autonomy of nurses. Agencies vary enormously on the extent to which a nurse is encouraged, hired to do, and positively rewarded for carrying out discretionary and binding decisions and actions. If a nurse must seek permission

for practice acts that are within his or her educational training before she or he carries them out, there is essentially no autonomy allowed by the agency. If, however, a nurse is promoted, given merit pay increases, and valued when she or he carries out discretionary and binding decisions for patient care, then the agency's structure supports and encourages autonomy.

Autonomy is affected by the scope of practice that is described in nurses' practice literature, license laws, and practice standards. These documents are essential for advancing and supporting autonomy in nursing. If the practice literature emphasizes non-discretionary and non-binding decisions, they are not supporting autonomy. One could even argue that they are holding back autonomy. Nurses' license laws should clarify the domains of knowledge and skills over which the nurse can make discretionary and binding decisions. Clear laws should reflect clarity on the nurse's assessment responsibilities, on binding decision-making responsibilities, and on delegated responsibilities. The literature should be examined and evaluated for text that discourages autonomy or encourages nurses' dependency on others for making most of the decisions for nurses. What do the license laws state about nursing actions? A review of these laws can be illuminating. The text of these laws may include language that works against autonomy in nursing. For example, if the text of the practice law states that nurses must seek pre-approval to initiate patient care plans, the law is working against autonomy. If the law states that nurses serve patients at the discretion of the physician, the law is working against autonomy. Functioning with autonomy as nurses is different than functioning collaboratively with physicians. Nurses do function collaboratively with physicians, but that does not preclude them from functioning autonomously within their scope of practice. These two issues should not be confused with each other.

Collaboration with physicians works very well with autonomy in nursing.

Standards of practice in nurses' professional organizations should include those actions over which the nurse has autonomy. These practice standards should ideally distinguish between entry-level and advanced level standards. Such standards can act as a vision for the profession.

Autonomy is enabled by research that is conducted by nurse scientists. As nurse scientists continually examine the effects of nurses' practice and actions, autonomy will be further enhanced. For example, if nursing science discovers that certain types of daily exercise and ambulation with patients with cancer improves depression, then nurses will be in an informed position to teach and counsel newly diagnosed patients about the importance and frequency of daily walking, even during

chemotherapy. Such a recommendation would be the opposite of what many nurses would have recommended a few years ago. By conducting scientific studies in areas of nursing practice, nursing science adds to the nurse's ability to act autonomously on the basis of best evidence.

Challenges to Autonomy in Japan

Japan is a country rich in heritage and deeply rooted values that include harmony, respectfulness, deference, gentleness, and modesty. None of these values need to be changed in order for nurses to function with autonomy. Autonomy does not conflict with these values. But autonomy does require that a nurse carry out discretionary professional acts based on the authority of knowledge and license. Furthermore, autonomy does not cause disharmony with physicians or elders. Autonomy includes acts that are concordant with harmony.

Do not confuse respectfulness with inappropriate deferral or modesty. Autonomy in nurses' practice contributes to the well-being of patients and adds to the quality of services and care that patients receive. Functioning with others in harmony does not require that a nurse is meek as a mouse. When autonomy is effective, the nurse's acts are focused on the patient and the patient's well-being. As such, autonomy brings out the BEST of nursing practice to the patient. Autonomy is never focused on the self.

There is a "growth pain" in evolving structures and laws that encourage nurses' autonomy. Tension will naturally come from working through and generating new working relationships and structures. This is a good, natural tension as nurses and other health care workers talk about, plan, and work through new and better ways of working together for the benefit of patients. Differing expectations can be made clear. For example, if nurses were historically expected to not initiate patient teaching plans or counsel patients but now claim such activities as part of their autonomy, others will need to have such actions interpreted. If the acts of autonomy are clearly focused on the well-being of patients, tension will be easily managed or avoided. Again, autonomy is never focused on the self or on personal power. It is instead focused on carrying out acts that benefit patients.

Concluding Remarks

Florence Nightingale's Pledge is the essence of nursing and reminds us of the importance of both autonomy and collaboration with physicians:

"I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power ***to maintain and elevate the standard of my profession***, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling.

With loyalty will I endeavor to aid the physician, in his work, and devote myself to the welfare of those committed to my care."

Begin and end each day's work by asking yourself, "Did I function autonomously on behalf of my patients?" Put priority on functioning both as a collaborator with physicians and as an autonomous nurse. The journey of an autonomous nurse is not a solo journey; it is a journey for both nurses and physicians and health care agencies. Ultimately, autonomy will benefit your patients, medicine and the nursing discipline. ***In nursing, your work is your honor.***

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