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REVIEW

Nurses' Autonomy and Its Determinants in Clinical Practice: A Scoping Review

La autonomía de las enfermeras y sus determinantes en la práctica clínica: una revisión de alcance

Hani Tuasikal[1,2], Inge Dhamanti[3,4], Mahmudah Mahmudah[5]

[1]Doctoral Student At The Doctoral Study Program of Public Health, Universitas Airlangga. Surabaya, Indonesia.
[2]STIKES Prof. dr. J. A. Latumeten. Ambon, Indonesia.
[3]Department of Health Policy and Administration, Faculty of Public Health, Universitas Airlangga. Surabaya, Indonesia, Center for Patient Safety Research, Universitas Airlangga. Surabaya, Indonesia.
[4]School of Psychology and Public Health, La Trobe University. Melbourne, VIC, Australia.
[5]Department of Epidemiology, Biostatistics Population and Health Promotion, Faculty of Public Health, Universitas Airlangga. Surabaya, Indonesia.

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Corresponding Author: Hani Tuasikal

ABSTRACT

Introduction: nurses' autonomy is a critical component of effective clinical practice, closely tied to professional competence, patient safety, job satisfaction, and organizational support. Despite its importance, autonomy remains variably defined and experienced across different healthcare systems and cultural contexts. This review explores the determinants, expressions, and implications of nurses' autonomy based on an analysis of recent international studies.
Method: this research design uses a PRISMA-ScR in February 2024 based on PRISMA guidelines. Studies were taken from Esco, ScienceDirect, Google search, and PubMed and searched in English using the keywords nurse or nurses or registered nurse, clinical privilege or clinical autonomy or professional autonomy nurse, patient safety or quality of care from 2020 to 2024.
Results: the findings reveal that nurses' autonomy is positively associated with professional competence, role clarity, and supportive work environments. Autonomy enables nurses to participate in safety activities, advocate for patients, and contribute meaningfully to decision-making processes. Conversely, autonomy is often limited by hierarchical organizational structures, inadequate staffing, and a lack of managerial support. Studies also show that autonomy is context-dependent, with higher levels reported in critical care settings and among more experienced or specially trained nurses. Tools such as HSOPSC, SAQ, and NPC scales were commonly used to assess related variables.
Conclusions: the review highlights that fostering nurses' autonomy requires not only individual competence but also systemic change. Educational initiatives, leadership development, and non-punitive safety cultures are essential to empowering nurses.

Keywords: Clinical; Clinical Autonomy; Nurses; Nursing; Patient Safety; Hospital.

RESUMEN

Introducción: la autonomía de los enfermeros es un componente crucial de la práctica clínica efectiva, estrechamente vinculada a la competencia profesional, la seguridad del paciente, la satisfacción laboral y el apoyo organizacional. A pesar de su importancia, la autonomía sigue siendo definida y experimentada de manera variable en diferentes sistemas de salud y contextos culturales. Esta revisión explora los determinantes, expresiones e implicaciones de la autonomía de los enfermeros, basada en un análisis de estudios internacionales recientes.

Método: el diseño de esta investigación utilizó la metodología PRISMA-ScR en febrero de 2024, conforme a las directrices PRISMA. Los estudios se obtuvieron de EBSCO, ScienceDirect, Google Search y PubMed, y fueron buscados en inglés utilizando las palabras clave nurse o nurses o registered nurse, clinical privilege o clinical autonomy o professional autonomy nurse, patient safety o quality of care, desde 2020 hasta 2024.
Resultados: los hallazgos revelan que la autonomía de los enfermeros se asocia positivamente con la competencia profesional, la claridad de roles y entornos laborales de apoyo. La autonomía permite a los enfermeros participar en actividades de seguridad, abogar por los pacientes y contribuir significativamente en los procesos de toma de decisiones. Por el contrario, la autonomía suele estar limitada por estructuras organizacionales jerárquicas, dotación de personal insuficiente y falta de apoyo gerencial. Los estudios también muestran que la autonomía depende del contexto, con niveles más altos reportados en unidades de cuidados críticos y entre enfermeros con mayor experiencia o formación especializada. Instrumentos como HSOPSC, SAQ y las escalas NPC fueron comúnmente utilizados para evaluar las variables relacionadas.
Conclusiones: a revisión destaca que fomentar la autonomía de los enfermeros requiere no solo competencia individual, sino también cambios sistémicos. Las iniciativas educativas, el desarrollo del liderazgo y culturas de seguridad no punitivas son esenciales para empoderar a los enfermeros.

Palabras clave: Clínica; Autonomía Clínica; Enfermeros; Enfermería; Seguridad del Paciente; Hospital.

INTRODUCTION

The implementation of clinical autonomy in hospitals has not been fully optimized.[1,2] This shortcoming can lead to patient harm, with an estimated 1 in 300 chances of mistakes occurring.[3] Nearly 400 000 deaths occur each year in the United States due to preventable events such as medication errors, infection transmission, and patient falls.[4]

In addition, poor quality of care contributes to both mortality and the global health burden. This aligns with research by Saputro and Ardani, which found that 100 % of the clinical autonomy exercised by emergency clinic nurses at a hospital in Central Java did not comply with the Clinical Autonomy Details provided by the hospital.[5]

This noncompliance results in overlapping duties, reducing nurses' ability to deliver optimal care.[6,7,8,9] Reza's research supports this finding, showing that workload overlap has a positive and significant effect on patient safety culture, with an estimated contribution of 63,5 %. The remaining 36,5 % is influenced by other variables not examined in the study. Workload overlap emerged as the most dominant factor affecting patient safety culture.[10,11]

A nurse's clinical autonomy refers to the scope of nursing interventions carried out independently based on their specific area of practice.[12] This autonomy is granted based on the nurse's competence, as outlined in their clinical assignment letter. Clinical assignments are designated by the head or director of the hospital and authorize nursing or midwifery care in accordance with an approved list of clinical responsibilities.[13]

Mustofa's study found that nurses' compliance in exercising clinical autonomy can significantly improve patient safety in hospitals. The importance of patient safety has been recognized for centuries. Florence Nightingale notably emphasized at the turn of the 19th century that "the essential requirement is that no harm should occur to patients in hospitals." Today, the World Health Organization (WHO) defines patient safety as the prevention of avoidable harm and the minimization of unnecessary harm caused by healthcare providers.[14]

The failure to implement clinical autonomy undermines patient trust in the nursing profession and the healthcare system at large.[15] Furthermore, overlapping responsibilities hinder nurses from providing optimal care.[16] As a result, many nurses seldom or inconsistently exercise their clinical autonomy.

The implementation of clinical autonomy is influenced by various factors. Therefore, it is essential to explore these influencing factors in greater depth. This scoping review explores the determinants, expressions, and implications of nurses' autonomy based on an analysis of recent international studies.

METHOD

Design

This study was designed and conducted as a scoping review that followed the guidelines of the Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and registered under PROSPERO 604290.[17]

Eligibility criteria

Inclusion criteria were that the study primarily used a quantitative and qualitative approach, a sample of nurses, published in English, and full text available. Exclusion criteria were studies in the form of letters, editorials, essays, case studies, commentaries or narratives, systematic reviews, and conference abstracts; nurse-focused studies and studies on pre-hospital and outpatient care.

Information sources

The published studies relevant to this review were retrieved using an advanced computer search. Valid electronic databases for English articles included PubMed, Scopus, EBSCO, and Google Scholar.

Search strategy

Boolean Logics was performed, including the following keywords: Nurse OR Nurses OR Registered Nurse AND Clinical Privilege OR Clinical autonomy OR professional autonomy nurse AND Patient safety OR quality of care AND quantitative AND qualitative AND mixed.

Selection process

Studies were selected according to our defined SPIDER strategy (Sample, Phenomenon of interest, Design, Evaluation, Research Type) using the systematic and transparent search method, first from the "Title" and "Abstract" and then from the texts of the manuscripts. All manuscripts were screened for eligibility according to inclusion criteria, publication time, and study type.[18]

SPIDER

The current systematic review is framed by SPIDER with nurses as the Sample (S); clinical autonomy as the Phenomenon of Interest (PI); Design (D) as a quantitative or mixed methods study; Evaluation (E) includes assessment of patient safety; and Research Type (R) refers to all types of research except case studies and review articles. Data collection proses

This protocol was conducted based on the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)) guidelines.[17]

Study Selection

The search is limited to 2020-2024, full text, and must be in English. After identification, 5782 articles were found on sciendirect, 7906 articles on EBSCO, 4853 articles on PubMed, and Gooogle scholar as many as 1890 articles. Next, we excluded articles that did not meet the inclusion criteria and obtained 100 articles. Then the next step is to look at articles that are full tex and original studies and get results, namely 16 articles that match the inclusion criteria. So that the final result of the article that will be reviewed as many as 16 articles.

Articles that have been obtained will be assessed for quality using the standardised CASP (Critical Appraisal Skill Program) TOOLS. The purpose of this assessment is to see the extent of the quality of the articles obtained. article obtained. Critical Appraisal on the article was carried out by 2 people. The results of the quality study will not affect the results of the review.

Study Characteristics

The existing data was then extracted by looking at the content of the article. This extraction is done by analysing the data based on 7 themes, namely Author, research place, Purpose, study design, participant, findings and Outcome. These five themes will be presented in a table. Data extraction was carried out by the researcher.

RESULTS

Study Focus and Purpose

At the heart of these investigations is professional competence, which features prominently in studies by Koak et al.[12] Falk et al.[19] Setoodegan et al.[33] Songyi et al.[20] and Park et al.[13]. These studies consistently link competence to key outcomes such as job performance, conflict resolution, and the successful execution of patient safety measures. Competence is not seen as a static attribute but as a dynamic factor influenced by context, training, and workplace culture.

Closely aligned with competence is the theme of patient safety and safety culture. Several studies explore this through self-assessments and surveys,[23,31,32] while others examine how organizational elements and cultural values shape safety practices.[27] Tools like the CUCEQS© developed by Peñataro-Pintado et al.[25] illustrate the drive for specialized, context-sensitive assessments of safety competencies, particularly in surgical settings.

The work environment and job satisfaction are also central concerns. Koak et al.[12] Songyi et al.[20] and Khamaiseh et al.[28] each point to factors such as management support, teamwork, hospital size, and job roles as critical to nurses' sense of fulfillment and effectiveness. These conditions serve as enablers—or inhibitors—of nurses' autonomy and their ability to perform safely and competently.

Finally, the importance of training and structured transition programs is affirmed by Letourneau et al.[22] who examine the impact of Transition to Practice Programs (TPPs) on newly licensed nurses. Their findings demonstrate that such programs significantly improve competencies in key domains like knowledge, attitude, and skill, underscoring the value of formalized professional development.

The results of the article review can be outlined in the PRISMA diagram in figure 1. Figure 1 shows the study selection process. A total of 20 431 titles and abstracts and 100 full articles were screened after removing duplicates to 16 articles that met the inclusion criteria. Based on figure 1, the articles found were 16 articles including from Iran, Sweden, Korea, Saudi Arabia with the study design being phenomenological (n: 1), cross-sectional (n:5) and quasy-experiment pre-posttest. Table 1 presents the general characteristics of the selected articles. Most of these studies were conducted using cross-sectional, phenomenological and experimental approaches.

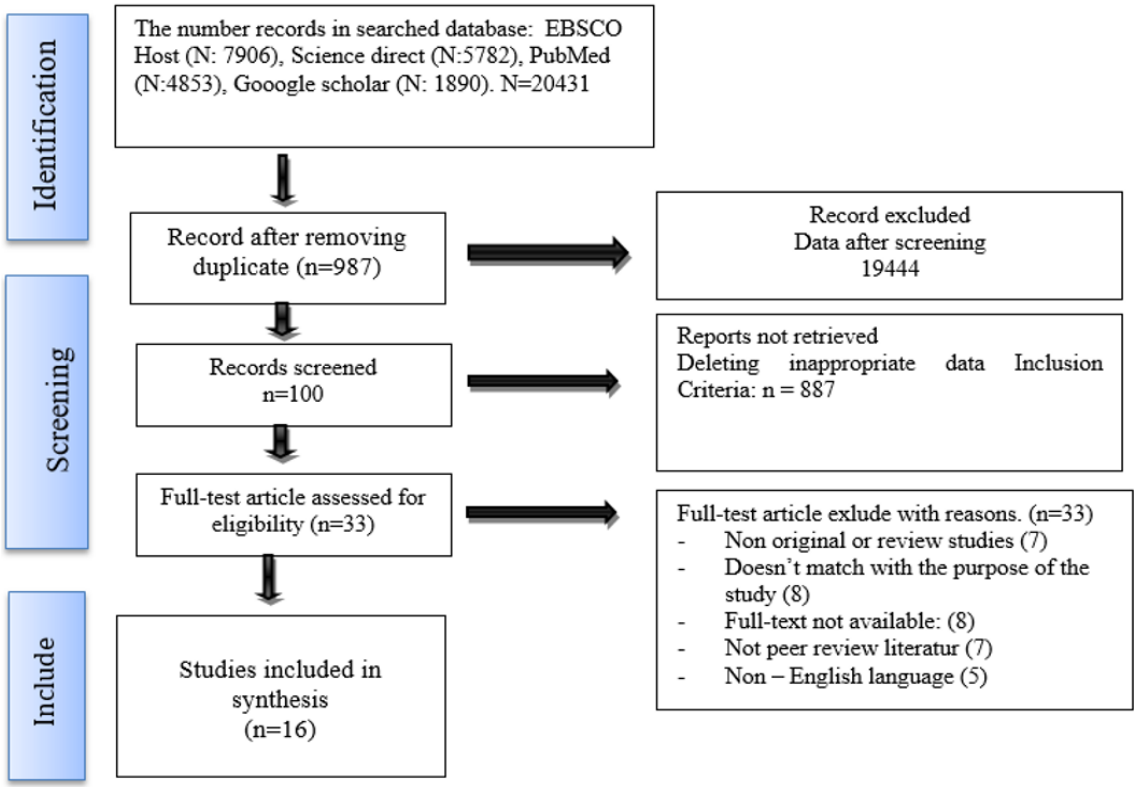

Figure 1. PRISMA flow diagram of studies protocol

Methodological Approaches

The research methodologies used across the studies vary but reflect a shared intent to assess current conditions and identify areas for improvement. The cross-sectional design is the most common, providing snapshots of variables such as competence, safety culture, and satisfaction across diverse populations.

Qualitative phenomenology, as employed by Setoodegan et al.[33] offers a deeper, more personal view into the lived experiences of nurses, particularly regarding workplace autonomy and professional identity. Meanwhile, quasi-experimental designs, such as the pretest-posttest approach in Letourneau et al.[22] study, allow for measurable comparisons and evaluations of interventions.

A mixed methods approach was notably used by Peñataro-Pintado et al.[25] integrating expert input and broad survey administration to validate a new competency tool. This blend of techniques reflects an increasing trend toward methodological triangulation in nursing research.

Key Instruments and Tools

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Table 1. Characteristics of validation studies in the review

Author/year	Country	Study purpose	Study Design	Participant/ Research Sites	Tools/Instrument	Findings
Koak, Bokja et al.[12]	Korea	Finding the connections between perceived patient safety culture, job satisfaction, professional competence, and patient safety management practices in nursing practice was the aim of this study.	cross-sectional study	164 Nurse/ 5 Hospitals in 2 Provinces in Korea	General work-related attributes (9 questions) encompassing gender, age, educational attainment, and marital status. Professional competence (30 questions) formulated by Schutzer-Hofer. Job satisfaction: 25 questions asked by Song Lee explores the culture of patient safety in Korea through 35 questions. Lee has taken 46 actions related to patient safety management.	General characteristics were acquired from 143 women (87,2 %). Sixty-eight individuals, including 41,5 %, were aged between 30 and 40 years. 108 individuals, accounting for 65,9 % of the total, hold a bachelor's degree as their highest educational qualification. The majority of participants were married, totaling 87 individuals (53,0 %). Regarding work-related criteria, such as hospital size, 65 participants (39,6 %) represented institutions with 200 to 300 beds. A total of 124 participants (75,6 %) favored the role of staff nurse. The average overall clinical experience was 10,12–7,31 years, with 48 participants constituting the majority at 29,3 %. Among the patient safety management activities, 152 individuals (92,7 %) had undergone training. The mean score for professional competency is 3,34, indicating a medium degree of professional competence, job satisfaction, acquired patient safety culture, and patient safety management activities. Job satisfaction is rated at 3,27, indicating a medium degree of contentment. The patient safety culture is rated at 3,56, indicating a medium-level category. Section 4,13 categorizes patient safety management activities at a high level. Variations in patient safety management activities according to participant characteristics revealed that the education level, at 44,0 %, exerts the most substantial influence on patient safety management. The link among professional competence, work satisfaction, perception of patient safety culture, and patient safety management activities indicates that professional competence has a substantial positive correlation with job satisfaction (51 %), and patient safety culture (50 %). The element influencing patient safety management activities is the patient safety culture, which is more significant at 0,56 compared to the degree of education at 0,16 %.

Ann- Charlotte et al.[19]	Swedia	The objective is to examine nurses' self-reported clinical competencies prior to commencing advanced training in acute care and pre-hospital emergency care.	cross-sectional	30 Acute nurses and 32 pre-hospital nurses/General Hospital	The instrument employed was the Nurse Competence Scale (NCP), which comprises 35 items developed by Song.	A total of 62 nurses participated, representing 71 % of the sample. Among them, 32 nurses (71 %) were involved in the pre-hospital emergency program, while 30 nurses (71 %) participated in acute care. Among pre-hospital nurses, 31 (99 %) have experience in ambulance services, with an average tenure of 4,8 years. In contrast, 18 acute care nurses (60 %) possess experience in the intensive care unit, averaging 8,2 years. Nurses' self-assessment indicated a generally high level of competence, with a group mean exceeding 70, prior to entering the advanced program. The primary competency required for nurses is the provision of safe care, which is prioritized at 69,5 % relative to other competencies. The competency area, "documentation and administration of nursing care," in the acute care group achieved a score of 80,0 %, surpassing the pre-hospital care group's score of 76,7 %.
Elahe Setoodegan et al.[20]	Iran	The objective is to evaluate nurses' experiential understanding of professional competence.	Phenomenology	12 Nurses/Hospitals in Shiraz	Nurses' experience was assessed using 14 semi-structured questions.	Advocacy for patients and caregivers encompasses two categories: support for patients' rights and support for caregivers' rights. Independence of nurses in the workplace is influenced by factors such as professional domination by physicians, a feudal mindset, discrimination against nurses, and administrative shortages. The participation of nurses in professional decision-making encompasses the active role of nurses in the decision-making process, acknowledgment of their right to independent decision-making, and engagement in the planning of working conditions. Professional accountability of nurses regarding misplaced accountability.
Songyi, et al.[21]	Korea	This study seeks to assess the impact of nursing professional competency and the work environment on patient safety.	Cross-sectional	194 nurses/ 3 General Hospital	A 30-item professional competence questionnaire by Schutzenhofer The work environment questionnaire "Practice Environmental Scale of the Nursing Work Index (PES-NWI) developed by lake and adapted to Korean conditions by Cho with the Nursing Work Environment Measurement Tool (K-PES-NWI) 29 questions. Patient safety activities with 40 questions by Lee	The participants were predominantly female, aged between 20 and 29 years, held a bachelor's degree, and were unmarried. In the workplace, the number of acting nurses exceeded that of staff nurses. The relationship among nurses' professional competence, work environment, and patient safety activities indicates a positive correlation between professional competence and both the work environment and patient safety activities. Factors influencing patient safety activities include professional competence and the nursing work environment, which account for 220 % of the impact on patient safety activities, with professional competence contributing 0,208 % to these activities.

Kyo-yoan, et al.[13]	Korea	The aim is to evaluate how role conflict and professional competence affect the performance of patient safety coordinators.	Cross-sectional	121 nurses/small and medium-sized hospitals	General characteristics of 14 question items Role conflict developed by Kim and Park and modified for patient safety coordinators with a total of 26 questions. Professional competence developed with 30 questions by Demster Role performance was developed into 23 questions. by the authors	Characteristics associated with employment. The average age was determined to be 40,62 years, with 97,5 % of the participants being female. Sixty percent of participants possessed a bachelor's degree. Job characteristics indicated that 64,5 % of participants engaged in tasks beyond patient safety. Among them, 76,9 % conducted medical accreditation evaluations, while 47,9 % performed medical adequacy evaluations. The analysis of role conflict, professional competence, and nurse performance indicated that professional competence had a mean score of 95,21 %, while role conflict, specifically the lack of cooperation, recorded a mean score of 11,26 %. The relationship among role conflict, professional competence, and role performance indicates that role conflict negatively correlates with both professional competence and role performance. Professional competence exhibits a positive correlation with role performance. Factors influencing role performance include professional competence, which accounts for 0,279 %, and role conflict, which is measured at -1,296.
Rayna et al.[22]	New England, Amerika Serikat	To analyze the impact of the transition to practice program (TPP) on the self-evaluation of quality and safety competency development in newly licensed registered nurses (NLRN). .	Quasi-experiment Pretest-posttest	64 Nurses/ 3 Hospital	Nursing Quality and Safety Self Inventory (NQSSI) questionnaire with 18 items by Piscotty.	Characteristics of participants indicated that the majority were female (89,1 %). Of the participants, 87,5 % identified as white. In terms of education, 87,5 % of them hold a BSN degree. The pre-test and post-test results for the inventory of self-quality and patient safety indicate that Hospital 1 had a higher knowledge component score of 34,81 % compared to Hospitals 2 and 3. The skill component of Hospital 1's pretest results was superior to those of Hospitals 2 and 3, recording a value of 34,68 %. The attitude component of Hospital 1's pretest score was 37,45 %, which was higher than that of hospitals 2 and 3. The effectiveness of TPP in terms of knowledge is consistent across hospitals. The effectiveness of TPP on attitude scores did not vary across different hospitals. A notable difference in skill scores was observed from pre-test to post-test in the two hospitals.

Jehad et al.[23]	Arab Saudi	The aim is to assess the self-reported professional competence of nurses and identify their experiences in providing excellent nursing care and ensuring patient safety.	Cross-sectional	469 Nurses/ 2 General Hospital	Demographic data of nurses including age, gender, education, work area and experience. Questions about nurses' experience consisted of 2 questions developed by the researcher. The Nursing Practice Competence (NPC) scale consists of 35 items developed by Nilsson.	Demographic Information The mean age was 37,7 years, with a range of 20 to 64 years; the predominant gender among nurses was female, comprising 91,3 % of the sample. Approximately 29,6 % possessed a diploma degree. The duration of work experience ranged from 1 to 12 years, accounting for 51,8 % of the sample. Nurses were employed in the medical-surgical field at a significantly higher rate of 27 % in contrast to the operating theater, which accounted for 4,7 %. Competencies were identified across six distinct areas. ICU and ICCU areas demonstrated superior scores in the competency domains of nursing care, value-based nursing care, and medical and technical care when compared to OPD areas. The pediatric sector demonstrated a markedly superior performance in pedagogic competency relative to personnel in the operating room. Furthermore, the quality of nursing care in the operating room influences clinical outcomes, accounting for 19,96 % in comparison to other areas. Patient safety in the clinical area of the operating room is impacted at a rate of 19,88 % relative to other areas.
Alshehry.[24]	Saudi Arabia	This study seeks to evaluate self-reported disputes between nurses and patients/ relatives and examine their correlation with nurses' trust in patient safety competence.	A descriptive, cross-sectional design	Nurses 320	Survey questionnaire administration	The aspect of "mistrust of motivations" exhibited the highest level of conflict, whereas "contradictory communication" was perceived as the least contentious. A significant disparity existed between the perceived conflict and the different hospital units in which nurses were employed. Effective communication demonstrated the highest level of patient safety competence, whereas collaboration with other health professionals exhibited the lowest. Nurses reporting "mistrust of motivations" and "contradictory communication" exhibited diminished self-assessed patient safety competence.
Peñataro-Pintado et al.[25]	Spain	The objective of the project is to create and validate the CUCEQS©, which assesses the perceived competency of perioperative nursing concerning surgical patient safety.	Mixed method	Delphi method: clinical safety experts (13) and perioperative nurses (25) Survey administration: nurses (415), Experts in clinical safety (9), Postgraduate studies in perioperative nursing (56)	Survey administration Questionnaire of Perioperative Nursing Safety Competencies (Spanish acronym is CUCEQS© questionnaire)	The study demonstrated that the Perioperative Nursing Safety Competencies instrument, CUCEQS©, is a valid tool for assessing the perceived competency levels of perioperative nurses regarding surgical patient safety.

Lousada et al.[26]	Brazil	This study intends to assess safety culture in primary and home care environments.	A cross-sectional study	Multiprofessional Home Care Team (147)	Survey questionnaire Administration. Safety Attitudes Questionnaire (SAQ)	Among the participants, males with three to four years of clinical experience exhibited high scores in safety culture, job satisfaction, and teamwork culture. The dimensions of management perception and working conditions received the lowest scores.
Mahsoon et al.[27]	Saudi Arabia	This study examined the interconnections between systems thinking, educational attainment, safety culture, safety competence, and safety performance among registered nurses in medical and surgical facilities in Saudi Arabia.	Correlational, cross-sectional design	Registered nurses (84)	Survey administration. Nurses' Attitudes and Skills Safety scale (NASUS) Patient safety attitudes, skills, and knowledge (PS-ASK) scale The hospital survey on patient safety culture (HSOPSC) Safety performance (self-reports) Systems thinking scale (STS)	The safety competency subscales of skill, knowledge, and attitude demonstrated acceptable internal consistency and reliability, as indicated by Cronbach's alpha coefficients of 0,80 or higher. Systems thinking was identified as a predictor of safety competence. The bachelor's educational level, completion of safety training, and the safety culture item 'Mistakes have led to positive changes here' were predictive of the skill subscale.
Khamaiseh et al.[28]	Jordan	The aim is to evaluate how Jordanian primary healthcare centers' nurses perceive the patient safety culture.	A cross-sectional, descriptive study	Primary health-care nurses (644)	Survey administration. Safety Attitudes Questionnaire (SAQ – Short Form)	The average positive response percentage across the six safety culture domains ranged from 58,54 % to 75,63 %. Job satisfaction exhibited the highest average positive response rate, whereas management perspectives recorded the lowest.
Habibi Soola et al.[29]	Iran	This study sought to evaluate the determinants of patient safety competency in emergency nurses	Cross-sectional, correlational design	Emergency nurses (254)		The competency of patient safety is significantly influenced by situation monitoring, the reporting of adverse events, the frequency of night shifts, and psychological safety.
Connell et al.[30]	Australia	This study aimed to assess perceptions of the safety atmosphere in an Australian urban emergency department and to investigate the links between these perceptions and staff characteristics through	A cross-sectional design	Doctors (44) Nurses (119)	Survey administration. Safety Attitudes Questionnaire (SAQ). Safety Climate Survey (SCS)	Nurses assessed the organization's dedication to patient safety more favorably than doctors across all other attitudinal domains. Nurses and doctors recognize that fatigue, heightened workload, and stress adversely affect patient safety.
Huh et al.[31]	Canada	This study aimed to analyze the factors influencing person-centered care practices, patient safety competence, and patient safety nursing activities among geriatric nurses through	A descriptive, cross-sectionaldesign	Nurses in geriatric hospitals (186)	Survey administration. Hospital Survey on Patient Safety Culture (HSOPSC) An evaluation report of adverse events	Nurses exhibited a low perception of patient safety culture, while the perceived frequency of adverse events was high. A greater perception of patient safety culture among nurses correlates with a reduced incidence of adverse events.

Najjar et al.[32]	Belgium and Palestine	The study aims to examine the relationships between dimensions of patient safety culture (PSC) and self-reported PSC outcomes across various cultures, as well as to explore cultural differences in PSC perceptions.	Observational, cross-sectionalstudy	The healthcare personnel include nurses, head nurses, nursing assistants, physicians, pharmacists, and others.	Survey administration. Hospital Survey on Patient Safety Culture (HSOPSC)	The findings indicated that HSOPSC is an effective instrument for evaluating patient safety culture. The dimension of non-punitive responses to errors showed no correlation with any of the outcome measures in Belgium. The perception of safety was significantly influenced by hospital management support in Palestine and staffing levels in Belgium, whereas the frequency of events was primarily determined by feedback and communication in both nations.

Regional and Cultural Insights

Context played a significant role in shaping both the findings and their implications. In Korea, research emphasized structured assessments and the role of education and hospital hierarchy in shaping competence and autonomy.

Studies from Saudi Arabia illuminated challenges related to communication barriers and hierarchical dynamics, while also identifying the positive effects of systems thinking and reflective learning on safety competence.[27]

European studies from Sweden, Belgium, and Spain placed emphasis on the development and validation of evaluation tools, and also revealed interesting cross-cultural differences in perceptions of safety culture and leadership.[25,32]

Research from Iran and Jordan focused on psychological safety, night shift impacts, and professional independence. These studies offered valuable insight into how cultural expectations and systemic constraints influence the everyday autonomy of nurses.

Core Findings and Correlations

Nurses' Autonomy in Decision-Making and Practice

The most vivid depiction of autonomy—particularly its limitations—comes from Setoodegan et al.[33] Through a qualitative lens, this study reveals that nurses' autonomy is frequently challenged by the prevailing dominance of physicians, entrenched hierarchical mindsets, administrative shortcomings, and systemic discrimination. Despite these barriers, nurses articulated a strong desire to engage in independent decision-making and contribute to the planning of their work environments. This pursuit of autonomy is deeply tied to their professional identity and ethical responsibility, especially in roles advocating for patient and caregiver rights.

Complementing these findings, Songyi et al.[20] emphasizes the empowering effect of professional competence and supportive work environments. When leadership fosters a culture of respect and inclusion, nurses are more likely to exercise independent judgment and actively participate in safety practices. This environment of support not only reinforces autonomy but also positions it as a key contributor to improved patient outcomes.

Autonomy Through Professional Competence

Studies from Korea, particularly those by Koak et al.[12] and Park et al.[13], consistently demonstrate that higher levels of professional competence are closely associated with greater autonomy in nursing practice. Nurses who exhibit strong competence are more likely to take the initiative in safety management and show increased accountability in their roles. This creates a reinforcing loop—greater autonomy enhances competence, and competence, in turn, strengthens autonomous practice.

The study by Halabi et al.[23] introduces a contextual dimension to this dynamic. It shows that autonomy is not uniform across all clinical settings. Nurses in intensive care units (ICUs), where the clinical environment demands rapid, high-stakes decision-making, tend to demonstrate greater autonomy compared to those in operating rooms or outpatient departments. This suggests that both the nature of the care setting and the responsibilities it entails significantly influence the degree of professional autonomy nurses can exercise.

Autonomy and Organizational Influence

Organizational culture plays a critical role in either supporting or stifling autonomy. Mahsoon et al.[27] show that systems thinking and a culture that values patient safety indirectly promote autonomous behavior. Nurses who are encouraged to learn from mistakes and supported through education are more likely to develop the confidence and skills needed for independent clinical judgment.

Similarly, Khamaiseh et al.[28] and Najjar et al.[32] highlight the impact of organizational support structures. When nurses operate in environments that offer non-punitive responses to errors and provide consistent managerial backing, they are more empowered to act independently. In contrast, a lack of support or fear of punishment cultivates risk aversion, leading nurses to avoid making autonomous decisions—even when they are qualified to do so.

Autonomy in Role and Scope

Role clarity emerges as a critical factor influencing autonomy. According to Park et al.[13] role conflict—such as when nurses are expected to perform administrative duties alongside clinical responsibilities—dilutes their sense of autonomy. Nurses overwhelmed by overlapping roles often lose the capacity to focus on their core responsibilities, undermining their ability to make confident, independent decisions. The study underscores that autonomy thrives when nurses' roles are clearly defined and supported by institutional frameworks that respect their scope of practice.

Letourneau et al.[22] contribute to this conversation by showing that structured transition programs can significantly enhance newly licensed nurses' self-assessed autonomy. These programs bolster essential skills and attitudes early in a nurse's career, laying the foundation for confident and independent practice.

Barriers to Autonomy

Across multiple studies—particularly those from Iran, Saudi Arabia, and Jordan—a consistent set of barriers to autonomy emerges. Hierarchical healthcare cultures, which often prioritize physician authority over collaborative practice, remain a major impediment. Additionally, low staffing levels and limited resources restrict nurses to reactive roles, depriving them of the time and bandwidth required for thoughtful, independent decision-making.

A further obstacle is the lack of managerial support. When nurse leaders fail to advocate for their staff or implement policies that encourage autonomy, frontline nurses may feel disempowered and hesitant to initiate changes or assert clinical judgment, even in situations that demand swift, independent action.

DISCUSSION

Nurses' Autonomy as a Central Construct in Professional Practice

Nurses' autonomy emerges across the studies as a pivotal determinant of professional identity and clinical effectiveness. Autonomy enables nurses to make informed, independent decisions, advocate for patients, and actively contribute to patient safety practices. The qualitative findings by Setoodegan et al.[33] provide the most vivid illustration of this, capturing the emotional and ethical significance of autonomy as perceived by nurses in Iran. Their narratives reveal how autonomy is not only desired but necessary for competent, ethical care—yet often obstructed by hierarchical systems, physician dominance, and structural inequalities.

This sentiment is echoed in quantitative studies such as those by Songyi et al.[20] and Koak et al.[12] where professional autonomy is empirically linked with increased involvement in patient safety activities, better job satisfaction, and improved clinical performance. These studies confirm that autonomy is not an isolated variable but a manifestation of broader professional and organizational conditions.

The Foundation of Autonomy

A consistent finding across multiple studies[12,13,23] is the strong correlation between professional competence and autonomy. Competence, particularly in clinical judgment and decision-making, equips nurses with the confidence and authority to act independently. This is especially evident in high-intensity care settings such as ICUs, where the demands of patient care often necessitate autonomous responses.

Competence also functions as a feedback loop: as autonomy increases, so does the opportunity for experiential learning, which in turn strengthens competence. Structured tools and validated scales (e.g., those by Schutzenhofer and Demster) provide reliable measures of this dynamic, reinforcing the conclusion that fostering professional growth directly enhances autonomy.

The Enabler or Inhibitor of Autonomy

While individual competence is necessary, it is not sufficient on its own. The organizational environment—including leadership support, teamwork, communication, and role clarity—either facilitates or constrains autonomy. Studies from Saudi Arabia[27] and Jordan[28] highlight how systems thinking, safety culture, and non-punitive error reporting can build a psychologically safe environment where autonomy flourishes. Conversely, when management support is weak or punitive cultures dominate, autonomy is stifled, leading to fear, hesitation, and disengagement among nurses.

In the context of role clarity, Park et al.[13] found that nurses overwhelmed with tasks beyond their scope experienced diminished autonomy. This underscores the importance of clear role delineation and job descriptions in protecting space for autonomous clinical decision-making. Letourneau et al.[22] further emphasize the value of structured transition programs, which not only enhance skills but also instill early professional confidence that supports autonomous behavior.

Autonomy as a Contextual Phenomenon

Another critical insight from the studies is that autonomy is context-sensitive. Factors such as clinical setting, national culture, and institutional norms shape how autonomy is defined, experienced, and applied. For instance, ICU and acute care nurses report higher levels of autonomy than those in outpatient or surgical units.[23] Similarly, the cultural landscape in countries like Iran and Saudi Arabia presents unique challenges, where traditional hierarchies and professional marginalization restrict nurses' independence.

Yet even within these constraints, the aspiration for autonomy remains a unifying theme, with nurses consistently seeking greater involvement in decision-making and care planning. This reinforces the notion that autonomy is not just a technical or administrative issue but also a deeply human and professional aspiration rooted in the ethics of caregiving.

Training, Transition, and Autonomy Development

The importance of ongoing education and training in building autonomy is well-documented. Transition to

practice programs[22] and the use of context-specific tools (e.g., CUCEQS©[25]) contribute to developing the competencies that empower nurses to act independently. These findings highlight the role of formal structures in bridging the gap between competence and autonomy, especially for early-career nurses.

Moreover, autonomy development is not a one-time achievement but a continuous process, requiring sustained mentorship, feedback, and institutional commitment. Hospitals and healthcare systems that invest in professional development and create supportive learning environments are more likely to cultivate nurses who can think critically, act independently, and lead improvements in care quality and safety.

Barriers and the Path Forward

Despite the widespread recognition of its value, numerous barriers to autonomy persist across global contexts. Hierarchical power dynamics, inadequate staffing, lack of managerial support, and punitive cultures are recurring obstacles, particularly in settings with rigid physician-led models. Addressing these barriers requires a multi-level approach, combining policy reforms, leadership training, and interprofessional collaboration to redistribute authority and promote shared responsibility in clinical decision-making.

Impact of nurses' clinical autonomy

The impact of the implementation of clinical autonomy is influenced by factors such as the level of education of nurses, nurse experience, nurse performance, communication and a supportive work environment for nurses. This is in accordance with the previous study that the factors that influence the implementation of clinical autonomy are the level of education of a nurse.[34] Not only the level of education but communication between nurses can help nurses in providing appropriate interventions to patients.[35]

Nurse competence refers to the knowledge, skills, and abilities that nurses have to provide safe and effective care to patients in areas such as clinical, safety, communication, and leadership.[24,36,37] This can include things like knowledge of clinical guidelines, critical thinking skills, and the ability to identify and respond to changes in a patient's condition, how to manage conflict and communicate with patients and other healthcare teams.

A nurse's clinical autonomy can influence patient safety.[38] Clinical autonomy is an important component of a positive patient safety culture, as having competence helps ensure that nurses are able to provide safe and effective care to patients and encourages active engagement and participation, job satisfaction in the hospital safety culture.[39]

Nurses' experience in providing nursing care also plays an important role. The more experience nurses have, the higher their ability to provide safe care for patients.[40] Especially those related to competencies based on clinical areas. The article explains that the competence of nurses according to the clinical area (operating room) affects patient safety.

Strengths and Limitations

This body of research offers several notable strengths that enhance its value and relevance to the field of nursing. One of the most significant strengths is the diverse international perspective represented across the studies. Drawing on data from countries such as Korea, Iran, Saudi Arabia, Sweden, the United States, Jordan, Belgium, and Spain, the findings provide a rich, comparative understanding of how nurses' autonomy is shaped and experienced within different cultural, systemic, and clinical contexts. This diversity allows for a broader appreciation of both universal themes and region-specific challenges related to nursing autonomy.

Another major strength lies in the multidimensional focus of the studies. Autonomy is not examined in isolation but is explored in relation to critical factors such as professional competence, patient safety culture, job satisfaction, work environment, and role conflict. This comprehensive approach enables a more holistic interpretation of the conditions that foster or hinder autonomous practice and the outcomes associated with it.

The methodological diversity further enhances the credibility and depth of the findings. While many studies adopt cross-sectional survey designs, others employ qualitative approaches—such as phenomenological interviews—and even quasi-experimental designs. These varying methodologies allow for both broad generalizability and deeper insight into the lived experiences of nurses, particularly in relation to their perceptions of autonomy and its impact on care delivery.

Moreover, the studies make use of validated instruments such as the Hospital Survey on Patient Safety Culture (HSOPSC), Safety Attitudes Questionnaire (SAQ), and the Nursing Practice Competence (NPC) scale. The use of standardized tools ensures consistency, reliability, and the ability to make meaningful comparisons across studies and settings.

Lastly, the research offers practical relevance. The findings provide actionable insights for healthcare leaders, educators, and policymakers, particularly in the areas of workforce development, patient safety initiatives, and organizational reform. The emphasis on improving systems to support nurses' autonomy has clear implications for both patient outcomes and professional well-being.

Despite these strengths, several limitations must be acknowledged. A predominant reliance on cross-

sectional study designs limits the ability to draw causal inferences between autonomy and its related factors, such as competence or job satisfaction. While these designs are useful for identifying associations, they do not capture changes over time or the effects of specific interventions.

Additionally, much of the data is derived from self-reported measures, which may introduce biases such as social desirability or overestimation of competence and autonomy. This can affect the accuracy and objectivity of the results, particularly in areas where professional identity or institutional pressures are at play.

There is also a notable gap in longitudinal and interventional research. Few studies track how autonomy evolves over time or assess the outcomes of programs specifically designed to enhance autonomy, such as leadership development or structural role modifications. This limits the understanding of how autonomy can be sustainably developed and supported in practice.

Another limitation concerns context-specific generalizability. While the inclusion of international studies is a strength, the findings are still heavily influenced by the unique healthcare systems, regulatory frameworks, and cultural attitudes of each country. What fosters autonomy in one setting may not translate seamlessly to another, making universal application challenging.

Finally, there is an underrepresentation of certain nursing roles and settings. Most of the studies focus on hospital-based staff nurses, with less attention given to community health nurses, primary care providers, or nurse leaders and advanced practice nurses. These groups may experience autonomy differently, and their exclusion represents a missed opportunity to explore the full spectrum of nursing autonomy.

CONCLUSIONS

This comprehensive review underscores that nurses' clinical autonomy is a central pillar of professional nursing practice, strongly linked to competence, patient safety, and job satisfaction. Across diverse global contexts, autonomy emerges not merely as a functional attribute but as a reflection of ethical responsibility, professional identity, and the quality of care delivered. The findings consistently show that autonomy thrives in environments where nurses are supported by clear role definitions, effective communication, educational initiatives, and leadership that promotes inclusion and respect.

Professional competence is both a foundation and a driver of autonomy. Nurses who are clinically competent demonstrate greater confidence, accountability, and involvement in safety practices. Moreover, autonomy is highly context-dependent—it varies across care settings and cultures, with intensive care units often offering more autonomy due to the complexity and urgency of care. However, organizational structures can either enable or obstruct this autonomy. Hierarchical systems, punitive cultures, and lack of managerial support remain significant barriers, particularly in countries with physician-dominated healthcare models.

To promote clinical autonomy, healthcare institutions must go beyond individual capacity-building and implement systemic changes. These include investing in transition-to-practice programs, fostering psychologically safe environments, clarifying job roles, and embedding a culture of continuous professional development. While this review reveals important insights, future longitudinal and interventional research is necessary to better understand how autonomy evolves, how it can be sustained, and how it affects diverse nursing roles across clinical, community, and leadership domains. Empowering nurses through autonomy not only enhances care outcomes but also strengthens the resilience and effectiveness of the healthcare workforce.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest

AUTHORSHIP CONTRIBUTION

Conceptualization: Hani Tuasikal.
Data curation: Hani Tuasikal, Inge Dhamanti.
Formal analysis: Hani Tuasikal, Inge Dhamanti, Mahmudah Mahmudah.
Methodology: Hani Tuasikal, Inge Dhamanti, Mahmudah Mahmudah.
Project management: Inge Dhamanti, Mahmudah Mahmudah.
Resources: Hani Tuasikal.
Supervision: Inge Dhamanti, Mahmudah Mahmudah.
Validation: Mahmudah Mahmudah.
Display: Hani Tuasikal.
Drafting - original draft: Hani Tuasikal, Inge Dhamanti, Mahmudah Mahmudah.
Writing - proofreading and editing: Hani Tuasikal, Inge Dhamanti, Mahmudah Mahmudah.