

Research Article

Autonomy Levels and Professional Attitudes of Nurse Educators

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Abstract

AIM: This study aimed to determine the autonomy levels and the professional attitudes of nurse educators.**METHODS:** This study was a descriptive, cross-sectional design. Total of 486 people, including 172 faculty members, 103 lecturers, and 211 research assistants were included in this study. The individual information form, Sociotropy-Autonomy Scale autonomy subscale, and the inventory of professional attitude at occupation were used to collect the research data.**RESULTS:** The mean age of academics participating in the study was 35.14±8.39. In total, 94.2% of them were women. Of the academics, 35.5% were faculty members, 21.2% were lecturers, and 43.4% were research assistants. The mean autonomy score was 80.04±15.69 and the mean score of the professional attitude inventory was 146±10.59. The mean autonomy score was found to be the highest among professors, the mean score of professional attitudes inventory was highest among associate professors, while the mean value of both scale scores was the lowest in research assistants.**CONCLUSION:** According to the research findings, it was concluded that the autonomy levels of the nurse educators were above average, their professionalism was at a high level, and they developed more professional attitude as the professional experience increased.**Keywords:** Autonomy, nurse educators, professionalism

Introduction

Autonomy is a distinctive feature of professionalism. Implementing autonomy means making decisions, taking responsibilities, authority, and power (Breda et al., 1997; Wynd, 2003). The main condition for autonomy is responsibility, while decision making, and implementation are the responsibilities of the professional (Finn, 2001). Professional status is closely related to the personal autonomy level of professionals. Professional autonomy is a reflection of personal autonomy. The autonomy levels of healthcare professionals define their future professional status (Karagözoğlu, 2008; Mrayyan, 2004). Professional autonomy requires an independent but collaborative approach in decision making.

Professions cannot be evaluated separately from the societies they are in. Societies accept the authority of professions that are vitally important for

them and allow such professions to be independent in managing their operations. This is a social consensus, and thus, freedom and authority are granted to the profession. The privilege to self-regulate and self-rule for the profession is granted by laws (MacDonald, 2002).

Autonomy is one of the essential components of one's professional status. Developed professional values are very important in nursing education. In order to achieve and adopt professional development, students must learn skills and knowledge in cognitive, psychomotor, and affective domains. The professional values of a student include personal and social values and are changed and expanded through education and clinical and personal experiences. Attributes defined by the American Association of Colleges of Nursing (AACN, 1998) include respect for people, integrity, autonomy, altruism, and social justice. Therefore, education of nurses who can per-

form assessments of patients, take responsibility and who are skilled in decision making, is the main responsibility of nurse educators (Duffy, 2013).

The cultural and educational differences of societies, nursing education, age, professional experience, working environment, individual characteristics of nurses, and many other factors affect the professional autonomy (Varjus et al., 2010; Bang et al., 2011). There is a strong relationship between education and autonomy. The level of autonomy increases as the level and quality of education increase. Focus should be placed on improving and increasing the autonomy of student nurses during their vocational education process. For this reason, nurse educators need to make continuous efforts to improve students' autonomy and be a role model for their students (Bang et al., 2011; Dinç, 2018). Although there are studies regarding the improvement of the educator roles of nurse educators in the literature (Duffy, 2013; Woods et al., 2016), there are no studies evaluating the professional identity development and autonomy levels. Therefore, this study was carried out to determine the autonomy levels and the professional attitudes of nurse educators.

Research Questions

1. What are autonomy levels of nurse educators?
2. What is professional attitude of nurse educators?
3. Are there any differences between their autonomy levels and sociodemographic characteristic?
4. Are there any differences between their professional attitudes and sociodemographic characteristic?

Method

Study Design

This study was conducted as a cross-sectional and descriptive study.

Sample

In our country, the nursing education is carried out by six different institutions—the nursing faculty, faculty of nursing within the health sciences, the school of nursing, the school of health, the nursing department within the school of health services, and the school of health sciences. A total of 2,009 individuals, consisting of 856 faculty members, 475 lecturers, and 678 research assistants working in these institutions between April 2015 and October 2017 constituted the universe of the study. In the time of study, the

levels of institutions that provide nursing education in Turkey, namely, the nursing faculty (5), faculty of nursing within the health sciences (38), the school of nursing (8), the school of health (60), the nursing department within the school of health services (5), and the school of health sciences (2) were created, and the selected schools for sampling (118) were included using the simple random numbers table to represent each layer. Considering the 0.3 effect size, 99% power, and 0.05 margin of error, a total of 486 people, including 172 faculty members, 103 lecturers, and 211 research assistants formed the sample of the study. Geographical distribution is considered to represent the whole country when determining the sample of the study. Schools from 7 geographical regions were randomly assigned.

Data Collection Tools

The individual identification form, the sociotropy-autonomy scale and healthcare professional attitude inventory were used to collect data in this study.

Personal Information Form

This form includes questions asking about the age, sex, academic status, area of expertise, workplace, and total employment time of nursing educators (8 question).

Thirty-item Autonomy Sub-dimension of the Sociotropy-Autonomy Scale

The sociotropy-autonomy scale, sociotropy subscale, and the autonomy subscale consist of 60, 30, and 30 items, respectively. The autonomy subscale was used in this study. The autonomy subscale focuses on two personality traits—dependency and autonomy. This scale was developed by Beck et al. in 1983 and adapted to Turkish in 1993 by Nesrin Şahin et al. Its reliability and validity were tested by the same individuals. Accordingly, the internal consistency of reliability was found to be a Cronbach's alpha coefficient of 0.81 (Şahin & Ulusoy, 1993). Cronbach's alpha coefficient was found to be 0.870 in our study.

The autonomy sub-dimension determines how a person defines his personality in terms of dependency and autonomy and uses a 5-point scale—0 (not at all), 1 (slightly), 2 (quite good), 3 (good), and 4 (very good). The highest score that can be achieved in the scale is 120 while the lowest is 0. Higher scores mean higher autonomy levels. An average of 10 minutes is required to complete the scale.

Inventory of Professional Attitude at Occupation

This inventory was developed by Erbil & Bakir (2009) as a culture-specific standard measurement tool to assess the professional attitudes of nurses in their profession. It is a 32-item Likert-type inventory for assessing the professional attitudes. Each item in the Likert-type inventory is scored from 5 to 1. For each item, "5" points is given for the response "it fits me totally," "4" points for "it fits me a bit," "3" points for "I can't decide," "2" points for "it doesn't fit me," and "1" point for "it doesn't fit me at all". The lowest possible score that can be obtained from the inventory of professional attitude at occupation is 32, while the highest score is 160. The total score obtained from the inventory of professional attitude at occupation gives the professional attitude score in the profession and it is evaluated in this way-when the score obtained increases, the level of professionalism is increased. The Cronbach's alpha reliability coefficient of the inventory was $\alpha=0.89$ and the test-retest correlation coefficient was $r=0.97$. In our study, the Cronbach's alpha coefficient was determined as 0.902.

Statistical Analysis

The evaluation of the data obtained from the research was made using the Statistical Package for Social Sciences version 16.0 (SPSS Inc., Chicago, IL, USA) software. The data were indicated as arithmetic mean, standard deviation, number of individuals, and percentage in tables. The data were evaluated in terms of conformity to the normal distribution before the statistical comparison, Gaussian curve, and mean score, minimum and maximum, and the Kolmogorov-Smirnov test significance level were calculated. Non-parametric analyses (Kruskal-Wallis test, Mann-Whitney U test, Spearman Correlation analysis) were used in the comparisons because the distribution was not found to be in the normal distribution curve. The significance value was taken as $p<0.05$.

Ethical Considerations

Written consent was obtained from the ethics committee of the non-invasive clinical investigations of a university (No: 2015-05/17) and from the institutions where the research would be conducted, before starting the study. The surveys were sent to each academic in the sampling schools by shipping, and the academic was asked to send each completed survey to the researchers by anonymous shipping. It was stated to the nurse educators in writing that

the decision to participate in the research is entirely their own, not to write their names in the surveys, the data to be collected from this study would be used only within the scope of the research, and that confidentiality would be provided strictly.

Results

The mean age of academic participating in the study was 35.14 ± 8.39 ; 94.2% of them were women and 5.8% were men; 2.7% were professors, 13.0% were associate professors, 19.8% were assistant professor, 21.2% were lecturers, and 43.4% were research assistants (Table 1). The mean years of professional experience was 13.02 ± 8.93 , the mean years of working as an academic was 9.60 ± 7.81 , and the mean administrative duty years was 5.43 ± 4.77 .

While 54.9% of nurse educators had no administrative duty, 45.1% had administrative duties, such as dean/director, dean/deputy director, department chairman, and head of the department.

The mean score of the autonomy scale of the nurse educators was 80.04 ± 15.69 and the mean score of professional attitude inventory was 146.49 ± 10.59 . There was a low-level positive correlation between the autonomy scale and the professional attitude inventory in the profession.

A statistically significant difference was determined between the mean scores of the inventory of professional attitude at occupation of the nurse educators according to age groups, years of professional experience, and academic titles ($p<0.05$). It was found that as the age and years of working experience increased, the professionalism increased ($p<0.05$), and the mean the inventory of professional attitude at occupation score was found to be the highest in associate professors, and lowest in research assistants.

No statistically significant difference was found between the mean autonomy scale scores according to age, gender, years of working experience, years spent academically, and academic title ($p>0.05$). Although not statistically significant, the mean autonomy scale score was found to be at the highest level in professors, and in academics with more professional working years. There was no statistically significant difference between the mean scores of the autonomy scale and inventory of professional attitude at occupation in terms of gender.

Discussion

Autonomy and being autonomous has always been vital in the nursing profession. To educate students in nursing education that autonomy is one of the primary education objectives. In this context, educators have the responsibility of raising students in line with the standards and values of vocational training (Ballou, 1998; Duffy, 2013; Varjus et al., 2010; Woods et al., 2016). In order to fulfil this responsibility, edu-

cators must first have a high level of autonomy and professional attitude themselves. However, in this study that we conducted in order to examine the level of autonomy and professionalism of the academician nurses, it was found that the level of autonomy of nurse educators was slightly above average (Table 2). Although there is no study on the autonomy level of nurse educators in Turkey and around the world, the student nurses (Baysan Arabacı et al., 2017; Karagözoğlu, 2008; Karagözoğlu, 2009; Karagözoğlu & Kangalli, 2009; Karagözoğlu et al., 2015; Kaya et al., 2006) and the clinical nurses (Dikmen et al., 2016; Karadağ et al., 2007; Malak & Üstün, 2011; Tarhan & Doğan, 2018) were found to have low or moderate autonomy levels in studies conducted in our country. Silva & Pedro (2010) stated that nursing students did not have autonomy at the beginning of their vocational education, and that as their education and experience increase over time, their level of autonomy increase. In a study conducted by Kantek et al. (2017) on the impact of nursing education on professional values, it was determined that the students' autonomy levels increased from the first grade and reached the highest level in the fourth grade. All of these results put forth the importance of education and educators in autonomy and exhibiting the autonomous behaviors of nursing students. However, it was observed that the level of autonomy of the academics included in our research was similar to the level of autonomy level of clinical nurses and nursing students in our country. In this context, it can be expected that trainers with low level of autonomy will not be able to raise professionals with high autonomy. However, one of the prerequisites for being accepted as a strong discipline by the society and the other health disciplines is autonomy. Autonomous behavior requires knowledge, responsibility, critical thinking, and decision-making under different conditions. One of the inevitable parameters of strengthening the professional identity in professional nursing and existence in the deserved status within other health disciplines is autonomy. Therefore, it is vital that nurse educators have a high

Table 1

Sociodemographic Characteristics of Academician Nurses

Sociodemographic Characteristics	n	%
Age groups		
23–30	190	39.1
31–40	174	35.8
41–50	101	20.8
51 and above	21	4.3
Gender		
Female	458	94.2
Male	28	5.8
Years of working experience		
0–5 year	122	25.1
6–10 year	117	24.1
11 and above	247	50.8
Years spent academically		
0–5 year	207	42.6
6–10 year	81	16.7
11 and above	198	40.7
Academic title		
Professor	13	2.7
Associate Professors	63	13.0
Assistant Professor	96	19.7
Lecturer	103	21.2
Research Assistant	211	43.4

Table 2

The Relationship Between the Autonomy Scale and The Mean Inventory of Professional Attitude at Occupation Scores of Academician Nurses

Scales	Range	M±SD	r, P
Autonomy Scale	27–117	80.04±15.69	0.182
Inventory of Professional Attitude at Occupation	73–160	146.49±10.59	0.001

r=Pearson Correlation Test

Table 3.

Distribution of Autonomy Scale and Mean Inventory of Professional Attitude at Occupation Scores According to The Descriptive Characteristics of Academics

Characteristics	Autonomy Scale		Inventory of Professional Attitude at Occupation	
	M±SD	Test, p	M±SD	Test, p
Age groups				
23–30	78.50±15.89	*3.325	143.45±10.67	*46.399
31–40	81.09±16.02	0.344	147.06±11.09	0.001
41–50	80.98±14.79		150.33±7.98	
51 and above	79.26±15.81		151.55±9.12	
Gender				
Female	80.18±15.84	**1.051	143.00±12.85	**1.198
Male	76.96±16.44	0.294	146.68±10.43	0.075
Years of working experience				
0–5 year	77.57±15.16	***2.983	141.66±11.71	***22.705
6–10 year	79.23±16.44	0.052	145.86±9.83	0.001
11 and above	81.65±15.46		149.18±9.45	
Years spent academically				
0–5 year	78.93±15.10	***0.969	143.18±11.18	***20.403
6–10 year	80.58±17.01	0.380	147.55±9.16	0.001
11 and above	81.06±15.78		149.59±9.51	
Academic title				
Professor	84.75±8.67	*7.225	149.84±5.87	*51.366
Associate professors	83.59±15.09	0.124	151.00±8.25	0.001
Assistant professor	79.63±15.44		148.76±9.15	
Lecturer	81.04±16.20		148.41±8.49	
Research assistant	78.43±15.90		142.98±11.87	

* Kruskal Wallis H test, **Mann Witney-U, ***One Way ANOVA

level of autonomy, who are role models for students in the education process, and who guide the practitioners with their academic identity in clinical settings.

In our study, although the autonomy level of the nurse educators was not high, it was found that their level of professionalism was high (Table 2). Parallel to this finding, it can be said that the nurse educators have enough qualifications with a specialization, knowledge, skill, and behavior specific to the field and have a professional attitude. Professionals with a high professional perception promise to the society to do their best or provide a high standard of service (Karagözoğlu, 2009; Skar, 2009). Therefore, it is important that a professional has a strong

professional identity in providing the occupation to reach a professional status and providing qualified services to the society. In this context, strong professional attitudes and behaviors of nurse educators will strengthen nursing education and practice. Only one study examining the professionalism of nurse educators has been accessed in the literature. In this study conducted in a nursing faculty in Japan, it was determined that the professionalism of nurse educators was lower, compared with our study (Tanaka et al., 2017). There is no other study in our country examining the professionalism of the nurse educators. However, there are studies examining the level of professionalism of nurses in our country. In some of these studies, the level of professionalism of nurses was determined to be low (Hisar & Karadağ

2010; Karadağ et al., 2007), while in others (in studies held at a closer time to present day), the level of professionalism of nurses was found to be high (Demir Dikmen et al., 2014; Göriş et al., 2014; Tanrıverdi, 2017; Tarhan et al., 2016). When we look at the related studies (chronologically) in general, it can be said that the level of professionalism of nurses in our country has developed/increased from past to present. In our study, it was seen that the level of professionalism of nurse academics is higher than the clinical nurses in our country. The fact that nurse educators continue their academic education after primary nursing education and that they are open to change, and development are thought to be effective in this situation.

In our study, a low-level positive and statistically significant ($p=0.001$) correlation was found between the autonomy level and professional attitudes of nurse educators (Table 2). One of the principle criteria of professionalism is autonomy. Therefore, the autonomy of the academics with a high level of professionalism is also expected to be high. However, although the level of professionalism of academics is high in our study, the level of autonomy has been found to be lower than expected. In line with this finding, it can be said that nursing should increase its autonomy in education and practice in order to maintain its existence in different health disciplines with its current professional value and philosophy and to reach the status it deserves.

It was found that the autonomy level of academics did not show a statistically significant difference according to the age, gender, year of working experience, academic working years, and academic title ($p>0.05$). Although not statistically significant, the level of autonomy of professors and academics with higher vocational working years was found to be higher than that of the other groups (Table 3). These findings are noteworthy, in terms of revealing the importance of scientific knowledge and experience in independent decision-making processes.

In our study, it was found that age, years of working experience and academic title had a statistically significant effect on occupational professionalism ($p<0.05$), and the professionalism of the academics with the title of associate professor was the highest and that of the research assistants were the lowest (Table 3). Considering the fact that the research assistants have begun to take place in the academic life and their professional attitude toward the aca-

dem life has just started to take shape; the results can be considered as expected. On the other hand, professors and associate professors should have a high level of professionalism when it is foreseen that with the rise of academic title in professional life, knowledge, and experience would increase and a professional attitude would develop in this context. Thus, the number of associate professors being higher than the number of professors in our study, is thought to result in the associate professors to have the highest professionalism.

As a matter of fact, in the study which examined the level of professionalism in nursing faculties in Japan, it was found that the professionalism of educators who had more years of professional experience was higher and that there was a statistically significant relationship between the year of experience of nursing faculty and the level of professionalism in the same study (Tanaka et al., 2017). In the studies conducted with nurses on the same subject, it is seen that professionalism increases as the age, education, and working years increase (Adams & Miller, 2001; Dikmen et al., 2014; Hisar et al., 2010) and the study findings are similar to our findings.

Conclusion and Recommendations

To conclude, the autonomy levels of nurse educators were above average, their professionalism was high, there was a positive relationship between autonomy and professionalism and higher professional attitude developed as professional experience increased.

Nurse educators are responsible for educating students to gain autonomy and training for professional attitudes and skills in both theoretical and clinical education. In this context, educators should develop their autonomy and professional behavior, and should be a positive role model for nursing students. According to our research findings, it is recommended to update the factors affecting the autonomy level of the nurse educators with new studies, to organize the training programs that will enable them to gain autonomous behavior, and to update/revise the graduate education in nursing in order to improve the nurses' autonomy level, professional attitudes, and behaviors.

Ethics Committee Approval: This study was approved by Ethics committee of Cumhuriyet University (Approval No: 2015-05/17).

Informed Consent: Verbal informed consent was obtained from the nurse educators who agreed to take part in the study.

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