



Nurses' Perspectives on Professional Autonomy and Shared Governance in Contemporary Healthcare Systems: A Comprehensive Review

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Abstract

Background: The global nursing shortage presents a critical challenge, with the World Health Organization projecting a need for nine million additional nurses and midwives by 2030. Enhancing professional autonomy among nurses is vital for improving recruitment and retention, thereby establishing a sustainable healthcare workforce.

Methods: This integrative review synthesizes literature on professional autonomy in nursing, focusing on its impact on workplace dynamics and patient care. A comprehensive search was conducted across databases including CINAHL, PubMed, Scopus, and PsycINFO to identify relevant studies that explored the components and determinants of nurses' professional autonomy.

Results: Findings reveal that professional autonomy is multifaceted, encompassing clinical decision-making, self-governance, and accountability. Key determinants identified include shared leadership, supportive management, personal competency, interprofessional collaboration, and a healthy work environment. Nurses who experience greater autonomy report higher job satisfaction and improved patient outcomes. Conversely, hierarchical management structures and unclear organizational policies are detrimental to nurses' autonomy, limiting their ability to act on their professional judgment.

Conclusion: Fostering an environment that enhances nurses' professional autonomy is essential for improving job satisfaction and retention rates. Implementing shared governance models and supportive leadership is crucial in empowering nurses to contribute effectively to patient care. Future research should

explore the evolving dynamics of professional autonomy in the context of digital health innovations, ensuring that nurses remain integral members of the healthcare team.

Keywords: Professional Autonomy, Nursing Workforce, Shared Governance, Job Satisfaction, Interprofessional Collaboration.

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1. Introduction

Global nurse shortages are significant and anticipated to increase. The World Health Organization (WHO) projects a need for nine million more nurses and midwives by 2030 (1). Therefore, it is essential to recruit more nurses and ensure their retention in the field to establish a sustainable workforce. Numerous variables may enhance recruitment and retention, including financial incentives and other intangible benefits associated with working conditions and relationships. The latter are recognized to include elements that enhance professional autonomy (2,3).

Nursing autonomy is a multifaceted term, including numerous acknowledged characteristics, and is sometimes conflated with comparable notions such as independence, self-governance, and responsibility (4). Two prominent classifications of nursing autonomy are clinical autonomy and professional autonomy. Oshodi et al. (5) define the clinical autonomy of staff nurses delivering direct patient care as their capacity to operate outside established protocols and make choices pertaining to the treatment of individual patients.

This review is on professional autonomy, which might pertain to either the profession or individual nurses. It has been seen as involvement in decision-making about individual patient care and, more generally, the formulation of care procedures to enhance nurse quality and patient safety (6). Additional aspects identified include the capacity to affect working practices and circumstances (3). It is allegedly linked to the significance of work, which is enhanced by autonomy in task execution and scheduling, clinical decision-making, and the liberty to do nursing duties based on nurses' own discretion (2). Nurses exhibit greater job satisfaction, occupational commitment, and psychological empowerment when they can prioritize, plan, and manage their responsibilities effectively (7, 8). Consequently, it may result in enhanced work quality and remarkable nursing results (7, 9, 10).

The objective of the research was to consolidate understanding of professional autonomy in nursing.

2. Methods

The integrative review process was used to get a thorough understanding of existing information and to provide a solid basis for future knowledge development (11). This facilitates the incorporation of representations of focused phenomena by writers using diverse methodologies. A preliminary restricted search of the CINAHL, PubMed, Scopus, and PsycINFO databases was conducted to locate papers on the specified subject.

3. Components of nurses' professional autonomy

The autonomy to make patient care choices and operate autonomously is essential, as it purportedly enables the comprehensive use of nurses' expertise and skills (12, 13). Key components of professional independence encompass the capacity to make autonomous decisions prioritizing patient welfare (14-16), resolve issues without directives, execute nursing interventions (14, 15, 17), and coordinate unit operations (18). Assuming responsibility for one's decisions and being accountable for their outcomes are also significant (14, 15, 19, 20). Significant elements include oversight of procedures, such as managing schedules, prioritizing duties during shifts, coordinating patient care, and generally overseeing operations within their units (12, 21, 22).

In summary, significant elements of professional autonomy and its recognized benefits in the examined studies encompass self-governance, the liberty to make clinical decisions with accountability, and the obligation to adhere to those decisions (21, 23, 24).

The use of personal competence is acknowledged as vital for nurses' autonomy, including the selection of individual nursing approaches (18, 25). Nurses must be capable of assessing care requirements and responding promptly to effectively use their expertise (16, 19). Furthermore, nurses who operate independently engage in problem-solving (26, 27) and impact patient care by effectively communicating concerns (14-16).

Responsibility for maintaining competence is a crucial aspect of professional autonomy. Varjus et al. (18) and Özturk et al. (27) concluded that, with the application of nursing knowledge and skills, nurses have a significant responsibility for the advancement of their own knowledge and abilities.

Work experience enhances the capacity to use one's talents (22, 24, 26). Nonetheless, individual characteristics also affect personal competence, and some nurses possess more autonomy than others (21, 22, 28). Furthermore, the standing of nurses within multiprofessional teams must be adequate and preferably equitable to enable their autonomous functioning (12, 22). The freedom and duty to act in alignment with one's values is a significant aspect of nurses' capacity to use their competence, hence enhancing professional autonomy (14, 15).

4. Determinants of nurses' professional autonomy

Four themes concerning elements influencing nurses' professional autonomy were identified: shared leadership, professional competencies, inter- and intra-professional cooperation, and a healthy work environment. The following sections encapsulate the essential elements of these interactions.

Shared leadership significantly enhances autonomy by giving nurses more power in their workplace compared to conventional hierarchical leadership, as well as a voice in the practices inside their wards (21). Supportive management significantly enhances nurses' professional autonomy, as evidenced by research indicating that collaboration between chief nurses and staff nurses is crucial, and effective managers bolster nurses in their roles, expand their authority, and express appreciation.

Conversely, authoritarian management diminishes nurses' professional autonomy. Interviewed nurses said that such supervisors oversee their job, make higher-level choices, and continuously monitor them (21, 22). Ambiguous or rigid organizational regulations, absence of explicit policies, and insufficient authoritative backing from their organization allegedly diminish their professional autonomy (17, 20, 21, 29). A further significant drawback is the provision of control in a superficial, tokenistic manner (21, 28).

Personal competency is a crucial element in the advancement of nurses' professional autonomy. It encompasses information, clinical competencies, and the capacity to make judgments and take action (19, 28). Education enhances nurses' professional autonomy, while experience, defined as the duration in nursing and current roles, serves as a factor that promotes autonomy (14, 16, 30).

Multiple personal competencies are said to enhance nurses' use of professional skills and manifestation of professional autonomy. This encompasses a sensitive and modest disposition towards continuous learning, acknowledgment of personal limits, and assurance in one's knowledge (22, 28). An effective nurse-physician relationship that fosters nurses' autonomy is characterized by collegiality, equality, and open communication (17, 26, 28). Collaborative multiprofessional teamwork and mutual respect among colleagues, devoid of authoritarian impositions, appear to enhance nurses' professional autonomy (22, 25, 31), whereas physicians' decision-making authority and their disrespectful behavior yield contrary effects. Significant adverse factors include the disregard or undervaluation of nurses' expertise (17, 19, 22) and the resultant disparities in roles within the workplace, especially the subordination to physicians (20).

Nurses' autonomy is seemingly enhanced by a secure work environment characterized by a congenial and tranquil atmosphere, which includes a strong team spirit devoid of conflicts or harassment, along with clearly established unit protocols (14, 19, 26). Appropriate resources are also essential (12, 13). Consequently, excessive workloads and insufficient time for task completion are said to induce moral distress and diminish professional autonomy (17, 27, 28), whereas time allocated to patient interaction (16, 32, 33) and opportunities to understand patients and address their needs foster it (13, 24).

5. Deliberation

This integrated review encapsulates the existing understanding of the components of nurses' professional autonomy and the associated variables. The identified themes in the reviewed literature demonstrate the multifaceted character of professional autonomy. Oshodi et al. (5) asserted that when staff nurses referred to autonomy, they often indicated clinical autonomy rather than professional autonomy. The results unequivocally demonstrate that clinical autonomy constitutes a component of professional autonomy in nursing and is significantly linked to decision-making in patient care. In clinical practice, nurses adhere to doctors' directives and operate under established regulations, therefore rendering complete autonomy unfeasible. In this regard, it is essential that all professionals adhere to national and local rules and regulations, in addition to specialized ethical norms. In areas of practice limited by legislation and ethical standards, rather than by doctors' directives, there exists far more potential for autonomy.

A potential explanation for the heterogeneity and amalgamation of clinical and professional autonomy might be because the tools used in cross-sectional research were formulated based on the idea of autonomy. A clearer differentiation between clinical and professional autonomy would be beneficial, acknowledging that the two have been conflated to differing extents, and that both definitions and assessments of professional autonomy have differed (34). Consequently, this mostly constitutes a measurement problem, since the instruments assess identical dimensions while designating the concepts differently.

Numerous research indicated that work experience enhances the application of nurses' competencies and professional autonomy by granting control over practice, facilitating decision-making, fostering independence, and allowing adherence to personal nursing principles. This is concerning, given the retirement and turnover rates of nurses are rising, while the proportion of fresh graduates and young nurses in the workforce is expanding. Consequently, nurses with substantial work experience and the capacity for independent action may not consistently be available.

Significant contributing variables identified in research include shared leadership, which enables nurses to exercise influence, and supportive leaders who empower nurses. This is supported by several research conducted in other locations (5, 9, 35). Kramer et al. (35) concluded that nurse supervisors need to provide support, facilitate chances for skill development, and both reward and penalize their professional autonomy. Nonetheless, nurses cannot exercise autonomy if their power is not adequately expanded. Our findings indicate that organizational restrictions such as autocratic management, ambiguous or rigid regulations, hierarchical structures, and insufficient control over practices hinder the attainment of professional autonomy, corroborating other studies (7). Oshodi et al. (5) assert that nurses' professional autonomy is more evident in extraordinary circumstances, such as crises, when senior staff members are absent. Consequently, nurses are not always afforded professional autonomy in their work, which may significantly depend on the circumstances. This kind of culture does not foster the autonomy of nurses, both collectively and individually. In light of these results, we assert that nurse leaders must establish and sustain work cultures in which nurses are cognizant of their expectations and obligations, which remain consistent throughout varying circumstances. Explicit job descriptions for nurses and structured tenure plans for their professional advancement are also beneficial.

Collaboration with doctors is another aspect that significantly influences nurses' professional autonomy. Nurses who experience empowerment via cooperation with doctors are more inclined to engage in critical thinking and provide high-quality treatment (7). The diminishment of nurses' autonomy due to their historically subordinate position relative to physicians was a sub-theme associated with inadequate collaboration and the unequal roles of nurses within the workplace, as identified in the reviewed studies and emphasized in other literature (7, 36). Nurses should be seen as equal members of care teams and get appropriate assistance from the upper management of their organizations.

Ultimately, identical components of nurses' professional autonomy and associated determinants were recognized in research published over almost two decades. No significant changes were seen in the acknowledged significance of any component over time over this timeframe, indicating that nursing culture evolves at a gradual pace.

6. Constraints

Notwithstanding the use of a meticulous search technique, several studies may have been overlooked. Certain relevant papers may have been explicitly omitted due to the choice to restrict the first search to accessible abstracts and studies published in English. A further constraint is that scholars continue to have divergent perspectives on the definition and interpretation of professional autonomy (6, Maranon & Isla Pera, 2019). The studies considered were markedly diverse. The designs were diverse, using ten distinct instruments and including a range of participant numbers. This hindered the integration of data and synthesis of findings, which should thus be regarded with caution.

7. Conclusions

Comprehending the multifaceted nature of professional autonomy is crucial for developing appealing work environments, and chances for nurses to exercise autonomy need reinforcement. Shared leadership is gradually gaining traction, while a robust hierarchy persists inside healthcare organizations. Facilitating nurses' involvement in decision-making and the planning and development of nursing via shared leadership is crucial for improving the recruitment and retention of a competent workforce. Nurses need to be seen as equal members of the care team, and nursing should be esteemed as an autonomous profession on par with medicine in practice, notwithstanding any legislative constraints on their professional autonomy. Ultimately, the duties of nurses are always developing; thus, future study must include the discovery of supplementary aspects introduced by the swiftly advancing digital health care landscape to enhance nurses' professional autonomy.

References

- [1] WHO. (2020). Nursing and midwifery. <https://www.WHO.int/news-room/fact-sheets/detail/nursing-and-midwifery>
- [2] Both-Nwabuwe, J. M. C., Lips-Wiersma, M., Dijkstra, M. T. M., & Beersma, B. (2020). Understanding the autonomy – meaningful work relationship in nursing: A theoretical framework. *Nursing Outlook*, 68, 104–113.
- [3] Watkins, C., Hart, P. L., & Mareno, N. (2016). The effect of preceptor role effectiveness on newly licensed registered nurses' perceived psychological empowerment and professional autonomy. *Nurse Education in Practise*, 17, 36–42.
- [4] Kramer, M., Maguire, P., & Schmalenberg, C. E. (2006). Excellence through evidence: The what, when, and where of clinical autonomy. *Journal of Nursing Administration*, 36(10), 479–491.
- [5] Oshodi, T., Bruneau, B., Crockett, R., Kinchington, F., Nayar, S., & West, E. (2019). Registered nurses' perceptions and experiences of autonomy: A descriptive phenomenological study. *BMC Nursing*, 18, 51.
- [6] Varjus, S.-L., Leino-Kilpi, H., & Suominen, T. (2011). Professional autonomy of nurses in hospital settings—A review of the literature. *Scandinavian Journal of Caring Sciences*, 25, 201–207.
- [7] AllahBakhshian, M., Alimohammadi, N., Taleghani, F., Yasdan Nik, A., Abbasi, S., & Gholizadeh, L. (2017). Barriers to intensive care unit nurses' autonomy in Iran: A qualitative study. *Nursing Outlook*, 65, 392–399.
- [8] Giles, M., Parker, V., Mitchell, R., & Conway, J. (2017). How do nurse consultant job characteristics impact on job satisfaction? An Australian quantitative study. *BMC Nursing*, 16, 51.
- [9] Boamah, S. A., Laschinger, H., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing Outlook*, 66, 180–189.
- [10] Burke, D., Flanagan, J., Ditomassi, M., & Hickey, P. A. (2018). Characteristics of nurse directors that contribute to registered nurse satisfaction. *Journal of Nursing Administration*, 48(10S), S12–S18.
- [11] Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553.
- [12] Duffield, C., Roche, M., O'Brien- Pallas, L., Catling-Paull, C., & King, M. (2009). Staff satisfaction and retention and the role of the nursing unit manager. *Collegian*, 16(1), 11–17.

- [13]Smith, H., Tallman, R., & Kelly, K. (2006). Magnet hospital characteristics and northern Canadian nurses' job satisfaction. *Nursing Leadership*, 19(3), 73–86.
- [14]Georgiou, E., Papathanassoglou, E., & Pavlakis, A. (2017). Nurse-physician collaboration and associations with perceived autonomy in Cypriot critical care nurses. *Nursing in Critical Care*, 22(1), 29–39.
- [15]Karanikola, M. N., Albarran, J. W., Drigo, E., Giannakopoulou, M., Kalafati, M., Mpouzika, M., Tsiaousis, G. Z., & Papathanassoglou, E. D. (2014). Moral distress, autonomy and nurse-physician collaboration among intensive care unit nurses in Italy. *Journal of Nursing Management*, 22(4), 472–484.
- [16]Maharmeh, M. (2017). Understanding critical care nurses' autonomy in Jordan. *Leadership in Health Services*, 30(4), 432–442.
- [17]Abdolmaleki, M., Lakdizaji, S., Ghahramanian, A., Allahbakhshian, A., & Behshid, M. (2019). Relationship between autonomy and moral distress in emergency nurses. *Indian Journal of Medical Ethics*, 4(1), 20–25.
- [18]Varjus, S. L., Suominen, T., & Leino-Kilpi, H. (2003). Autonomy among intensive care nurses in Finland. *Intensive & Critical Care Nursing*, 19(1), 31–40.
- [19]Farrell, C., Walshe, C., & Molassiotis, A. (2017). Are nurse-led chemotherapy clinics really nurse-led? An ethnographic study. *International Journal of Nursing Studies*, 69, 1–8.
- [20]Wang, Y., Chien, W., & Twinn, S. (2011). An exploratory study on baccalaureate-prepared nurses' perceptions regarding clinical decision-making in mainland China. *Journal of Clinical Nursing*, 21(11–12), 1706–1715.
- [21]Attree, M. (2005). Nursing agency and governance: Registered nurses' perceptions. *Journal of Nursing Management*, 13(5), 387–396.
- [22]Berti, H. W., Braga, E. M., Godoy, I., Spiri, W. C., & Bocchi, S. C. M. (2008). Movement undertaken by newly graduated nurses towards the strengthening of their professional autonomy and towards patient autonomy. *Revista Latino-Americana De Enfermagem*, 16(2), 184–191.
- [23]Kerzman, H., Van Dijk, D., Eizenberg, L., Khaikin, R., Phridman, S., Siman-Tov, M., & Goldberg, S. (2015). Attitudes toward expanding nurses' authority. *Israel Journal of Health Policy Research*, 4, 1–8.
- [24]Skår, R. (2010). The meaning of autonomy in nursing practice. *Journal of Clinical Nursing*, 19(15–16), 2226–2234.
- [25]Rafferty, A. M., Ball, J., & Aiken, L. H. (2001). Are teamwork and professional autonomy compatible, and do they result in improved hospital care? *Quality in Health Care*, 10(Suppl. 2), ii32–ii37.
- [26]Garon, M., Urden, L., & Stacy, K. M. (2009). Staff nurses' experiences of a change in the care delivery model: A qualitative analysis. *Dimensions of Critical Care Nursing*, 28(1), 30–38.
- [27]Özturk, H., Bahcecik, N., & Baumann, S. L. (2006). Nursing satisfaction and job enrichment in Turkey. *Nursing Science Quarterly*, 19(4), 360–365.
- [28]Stewart, J., Stanfield, K., & Tapp, D. (2004). Clinical nurses' understanding of autonomy: Accomplishing patient goals through interdependent practice. *The Journal of Nursing Administration*, 34(10), 443–450.
- [29]Inoue, T., Karima, R., & Harada, K. (2017). Bilateral effects of hospital patient-safety procedures on nurses' job satisfaction. *International Nursing Review*, 64(3), 437–445.
- [30]Iliopoulou, K. K., & While, A. E. (2010). Professional autonomy and job satisfaction: Survey of critical care nurses in mainland Greece. *Journal of Advanced Nursing*, 66(11), 2520–2531.
- [31]Luiking, M.-L., Aarts, L., Bras, L., Grypdonck, M., & Van Linge, R. (2015). Planned change or emergent change implementation approach and nurses' professional clinical autonomy. *Nursing in Critical Care*, 22(6), 372–381.
- [32]Mrayyan, M. T. (2005). American nurses' work autonomy on patient care and unit operations. *British Journal of Nursing*, 14(18), 962–967.
- [33]Papathanassoglou, E. D., Tseroni, M., Karydaki, A., Vazaiou, G., Kassikou, J., & Lavdaniti, M. (2005). Practice and clinical decision-making autonomy among Hellenic critical care nurses. *Journal of Nursing Management*, 13(2), 154–164.

- [34]Gagnon, L., Bakker, D., Montgomery, P., & Palkovits, J. A. (2010). Nurse autonomy in cancer care. *Cancer Nursing*, 33(3), 21–28.
- [35]Kramer, M., Maguire, P., Schmalenberg, C. E., Andrews, B., Burke, R., Chmielewski, L., Donohue, M. A., Ellsworth, M., Poduska, D., Smith, M. E., & Tachibana, C. (2007). Excellence through evidence: Structures enabling clinical autonomy. *Journal of Nursing Administration*, 37(1), 41–52.
- [36]Traynor, M., Boland, M., & Buus, N. (2010). Professional autonomy in 21st century healthcare: Nurses' accounts of clinical decision-making. *Social Science & Medicine*, 71, 1506–1512.

وجهات نظر الممرضين حول الاستقلالية المهنية والإدارة المشتركة في أنظمة الرعاية الصحية الحديثة: مراجعة شاملة

الملخص

الخلفية:

يمثل النقص العالمي في عدد الممرضين تحديًا كبيرًا، حيث تتوقع منظمة الصحة العالمية الحاجة إلى تسعة ملايين ممرض وقابلة إضافية بحلول عام 2030. يُعد تعزيز الاستقلالية المهنية بين الممرضين أمرًا حيويًا لتحسين التوظيف والاحتفاظ بالكوادر، وبالتالي بناء قوة عمل صحية مستدامة.

المنهجية:

تدمج هذه المراجعة الأدبيات المتعلقة بالاستقلالية المهنية في التمريض، مع التركيز على تأثيرها على ديناميكيات مكان العمل ورعاية المرضى. تم إجراء بحث شامل في قواعد البيانات بما في ذلك CINAHL، وPubMed، وScopus، وPsycINFO لتحديد الدراسات ذات الصلة التي استكشفت مكونات الاستقلالية المهنية وعواملها المؤثرة.

النتائج:

تشير النتائج إلى أن الاستقلالية المهنية متعددة الأبعاد، وتشمل اتخاذ القرارات السريرية، والإدارة الذاتية، والمساءلة. ومن بين العوامل المؤثرة الرئيسية: القيادة المشتركة، والإدارة الداعمة، والكفاءة الشخصية، والتعاون بين التخصصات، وبيئة العمل الصحية. أظهرت الممرضات والممرضون الذين يتمتعون بمزيد من الاستقلالية مستويات أعلى من الرضا الوظيفي وتحسين نتائج المرضى. في المقابل، فإن الهياكل الإدارية الهرمية والسياسات التنظيمية غير الواضحة تؤثر سلبًا على استقلالية الممرضين وتحد من قدرتهم على ممارسة الحكم المهني.

الاستنتاج:

يُعد تعزيز بيئة تعزز استقلالية الممرضين المهنية أمرًا ضروريًا لتحسين الرضا الوظيفي ومعدلات الاحتفاظ بالكوادر. يُعتبر تنفيذ نماذج الإدارة المشتركة والقيادة الداعمة أمرًا أساسيًا لتمكين الممرضين من المساهمة بشكل فعال في رعاية المرضى. ينبغي أن تركز الأبحاث المستقبلية على استكشاف الديناميكيات المتغيرة للاستقلالية المهنية في سياق الابتكارات الصحية الرقمية، لضمان أن يظل الممرضون أعضاءً محوريين في فريق الرعاية الصحية.

المفتاحية:

الكلمات

الاستقلالية المهنية، قوة عمل التمريض، الإدارة المشتركة، الرضا الوظيفي، التعاون بين التخصصات.