

## Effect of Autonomy Educational Program on Staff Nurses' Organizational Commitment

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### Abstract:

**Background:** Autonomy is the main element of professional nursing practice, which leads to improve patient outcomes, increase job satisfaction and organizational commitment of staff nurses. **Aim of the study:** This study aimed to assess the effect of autonomy educational program on staff nurses' organizational commitment. **Study design:** A quasi-experimental design was utilized to meet the aim of this study. **Setting:** The study was carried out at El Khezendra General Hospital. **Subjects:** Consisted of all staff nurses (45) who worked at internal patient departments. **Tools of data collection:** Three different tools were used to collect data: I. Autonomy Knowledge Questionnaire, II. Autonomy Questionnaire, III. Organizational Commitment Questionnaire. **Results:** More than half (57.8%) of staff nurses had unsatisfactory knowledge regarding autonomy at preprogram phase, that improved to (86.7%) and (82.2%) satisfactory knowledge regarding autonomy at post and follow up of program phases respectively. Approximate one quarter (24.4%) of staff nurses had a high level of autonomy at preprogram, that it improved to (71.1%) at post program, while it declined to (68.9%) at follow up of program but still more than preprogram. One fifth (20%) of staff nurses had high perception of organizational commitment at preprogram and it improved to (80.0%) at post program and it declined to (73.3%) at follow up of program but still more than preprogram. **conclusion:** There was a highly statistical significant improvement of staff nurses' knowledge and practice regarding autonomy and organizational commitment between pre and post program. **Recommendations:** Conduct In-service education and training programs must be continuous process for refreshing and increasing nurses' knowledge and practice regarding autonomy.

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**Keywords:** Autonomy, Educational program, Organizational commitment, Staff nurses.

### Introduction

There are substantial nursing shortages globally, which are predicted to grow. The World Health Organization (WHO) estimates that nine million additional nurses and midwives will be needed by 2030. Thus, it is essential to recruit more nurses and retain them in the profession to create a sustainable workforce. Various factors can promote their recruitment and retention, including monetary rewards and diverse intangible rewards related

to working conditions and relations. Intangible rewards are known to include factors that enhance nurses' professional autonomy (Pursio, et al., 2021).

Autonomy is defined as the authority to use professional knowledge and judgment to make decisions and take actions (Killackey et al., 2020). Nursing autonomy is also referred to as authority of total patient care, the power to make decisions in a relationship with the patient and freedom to make clinical

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judgments, choices and actions. Autonomy is also referred to as self-determination, self-direction, independence, and self-governance (**Molina and Gallo, 2020**). Nurses' autonomy is not a nurse character rather it is a function of the complex and dynamic decision-making authority nurses (**Varjus et al., 2017**).

Clinical autonomy refers to nurses' application of independent and interdependent clinical judgment to make patient care decisions. Operational autonomy is decisions nurses make in collaboration with managers employing participatory approaches (**Parizad et al., 2021**). Professional autonomy has been treated as participation in decision-making regarding care of individual patients and, more broadly, development of care processes to improve nursing quality and patient safety. Other elements that have been recognized include the ability to influence working practices and conditions. It is reportedly associated with meaningfulness of work, which is promoted by autonomy in performing and scheduling work, clinical decision-making and the freedom to perform nursing work according to nurses' own judgments (**Both-Nwabuwe, et al., 2020**).

Autonomy make nurses feel a greater responsibility more participation in decision-making, less political penetration, more respectful and supportive supervision and more opportunities for advancement are factors in nurses' commitment to their organizations. Autonomy increase work place functions through the idea and suggestions of nurses and enhance relationship between nurses themselves and between nurses and organization. Increase autonomy in the organization increase disparity among units

through different work practices and rules (**Mrayyan, 2017**).

Organizational commitment is a multidimensional concept based on behavior, attitude, normative and calculative notion. Organizational commitment viewed as an attitudinal concept and refers it to the nurses' involvement and identification with their organization. Organizational commitment is a perception which a nurse develops by associating it towards organizational goals and values as their own nurse goals and values, consequently it revolves around resolution of conflicts and towards decision of either to stay or quit the organization (**Nagpal, 2022**).

There are three components of organizational commitment: affective commitment, continuous commitment, and normative commitment. Affective commitment is associated with the emotional attachment of nurses to the job and organization. Nurses genuinely like their job, which increases job satisfaction, whereas continuous commitment is related to a nurses' evaluation of pros and cons of remaining or leaving the organization. However, in normative commitment, nurses feel that it is their obligation to serve organization, regard less of having better opportunities (**Bibi et al., 2018**).

It is important for an organization to improve the organizational commitment for nurses. Through autonomy increasing involvements of nurses in multidisciplinary discussions and enhancing the nurses' patient care roles and responsibilities. (**Abuseif et al., 2018**). However, not improving organizational commitment is negatively associated with nurses' tendency to leave their job. Success of organizations depends upon the organizational commitment of its nurses. Nurses with higher

organizational commitment are a valuable asset of an organization (Bibi et al., 2018`).

**Significance of the study:**

Today, the health care organizations have many changes: these changes influence administrators' abilities to many complex responsibilities. Autonomy is the extent of nurses given freedom in managing their works. Nurses with job autonomy can be more effective. It is a factor of organization success and achieves commitment to the organization. The lack of job autonomy can be an obstacle to nurses' commitment to the organization.

In work environments where nurses report high levels of autonomy and control over nursing practice have been associated with positive outcome, including greater nursing satisfaction, reduced staff turnover, and lower patient mortality rates. In response in increase of need to autonomous decision making and commitment to the organization staff nurses should have power, authority, responsibility and when they get all these, they will be more autonomous and have commitment to the organization (Hamed, 2018).

**Aim of the Study**

Effect of Autonomy Educational Program on Staff Nurses' Organizational Commitment.

The aim will be achieved through the following specific objectives:

1. Assessing staff nurses knowledge toward autonomy through program.
2. Assessing staff nurses practice toward autonomy through program.
3. Assessing organizational commitment as perceived by staff nurses through program.
4. Designing and implementing an educational program about autonomy for staff nurses.

5. Investigating the effect of educational program about autonomy on staff nurse's knowledge, practice, and organizational commitment.

**Research Hypotheses:**

There will be an improving in staff nurses knowledge and practice regarding autonomy after implementing educational program and there will be positively effect of autonomy on the staff nurses' organizational commitment.

**Research design:**

A quasi-experimental study design was utilized to conduct this study.

**Setting:**

This study was conducted at El khezendra General Hospital affiliated to Ministry of Health in the following units: Medical, Surgical, Obstetrics and Gynecology, Pediatric and Economic, and Kidney unit. The total number of beds of the hospital is (67) bed.

It consisted of three floor the first floor contains (1) Medical unit (male), and (1) Surgical unit (male), the second floor contains (1) Medical unit (female), and (1) Surgical unit (female), the third floor contains (1) Obstetrics and Gynecology unit, (1) Pediatric and Economic unit, and attached building contains Kidney unit.

**Subjects:**

The subject consisted of all staff nurses (45) who are working at the above mention setting and accept to participate in the study.

Tools of data collection:

The data for the study were collected by using the following three tools:

**Tools of data collection:**

**Tool I: Autonomy Knowledge Questionnaire:**

A structured questionnaire was developed by the researchers based on the review of related

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literature (Blegen et al, 1993; Jojorgenson, 2011; Mrayyan, 2017) to assess staff nurses' knowledge about Autonomy. It included two parts:

**Part I Personal characteristics:** it included staff nurses' data (unit, age, gender, marital status, educational qualification, years of experience, and attendance of training courses about Autonomy).

**Part II Autonomy Knowledge Questionnaire:** It included 53 questions to assess staff nurses' knowledge regarding autonomy and organizational commitment in the form of multiple choice, matching, and true or false questions.

### **Scoring system:**

The questions were scored as "1" for correct answer, and "zero" for incorrect answer so the total scores (53). Total Knowledge level was calculated as follow; unsatisfactory if the percent score was less than 60% that equals (<32 degree), and was satisfactory if the percent score equal or more than 60% that equals ( $\geq 32$ degree).

### **Tool II: Autonomy Questionnaire:**

Self-administered questionnaire was adopted by (El-adly, 2014) to assess staff nurses' practice regarding autonomy. It consisted of 44 items divided into two dimensions; decisions related to patient care (25 items) and decisions related to unit operation (19items).

### **Scoring system:**

Staff nurses' responses were scored based on a 5-point likert scale as follow 1= I have no authority, 2= I practice authority on demand, 3= share authority with others, 4= consult with others and made the decision, 5= I have full independent authority , the score of items were summed up and the total score divided by number of items these scores were converted

into a percent score autonomy was considered low if the percent score was less than 60% (<132 degree), moderate from 60%-<75% (132-165degree),and high autonomy if 75% or more that equal ( $\geq 165$  degree) (Hamed,2018).

### **Tool III: Organizational Commitment Questionnaire:**

This questionnaire adopted from (Meyer and Allen, 1997) to assess staff nurses perception regard organizational commitment. It consisted of 24 items: divided into three main dimensions.

### **Scoring system**

Staff nurses' responses were scored based on a 5-point likert scale as follow 5= strongly agree, 4= agree, 3= undecided, 2= disagree, 1= strongly disagree, the score of items were summed up and total dived by number of items. these score were converted into a percent score organizational commitment perception was considered low if the percent score was less than 60% (<72 degree), moderate from 60%<75% (72-90 degree), and high perception if 75% or more (90 degree) (Hamed,2018).

### **Administrative design:**

Formal approval was obtained through official letter from the dean of the Benha Faculty of Nursing that sent to the director of El khezendra General Hospital for taking their permission to collect data and seek their support. The researchers met with staff nurses of each unit to explain the aim of data collection and program implementation were also determined based on their views to gain their approval and cooperation.

### **The operational design:**

The operational design for this study includes; preparatory phase, pilot study and field work.

### **1-Preparatory phase:**

This phase took six months that started from (December 2020 to May 2021) included the following:-

- Reviewing the national and international related literature, using journals, textbooks, internet and theoretical knowledge of the various aspects concerning the topic of the study. The researchers began to construct content of educational program to be appropriate for application.

- Developing tools of autonomy knowledge, autonomy questionnaire, and organizational commitment questionnaire.

- Determining general and specific objectives of the educational program regard autonomy.

#### **Tools validity:**

The tools of data collection were tested for validity (face and content) through distributing the format to a panel of five experts from nursing administration departments at various faculties of nursing (2) Assistant professors from Ain Shams University, (2) Assistant professors from Benha University, and (1) professor from Tanta University, the necessary modifications were done in the light of their valuable comments such as modify some words to give the right meaning for the phrase which were not clear.

#### **Tools Reliability:**

The reliability of tools sheets was tested for the internal consistency using alpha coefficient.

#### **Pilot Study:**

- The pilot study was carried out in order to ascertain the clarity and applicability of the study tools. It took one month that too place in (June 2021). The pilot study was tested on 10% of sample (5 staff nurses) in the pilot study were included in the main study sample. It was

also served in estimating in the time needed for filling the tools. The time needed for answering knowledge sheet 25-30minutes, autonomy questionnaire 20-30 minutes, and organizational commitment 15-20 minutes.

#### **Field Work**

The field work for this study includes four phases; assessment, planning, implementation, and evaluation phase. It took nine months started from July 2021 to March 2022.

#### **Assessment phase:**

This phase took one month (July 2021). The data was collected to assess staff nurses' knowledge, practice regarding autonomy and to assess staff nurses' perception regard organizational commitment before implementation of the educational program through using of the different tools of data collection in the available hospital classroom and during their work hours every shift. The questionnaire sheets were distributed to staff nurses, the researchers was available all the time during filling the questionnaire sheets for any clarification as needed then the researchers checked each one to ensure its completeness.

#### **Planning phase:**

This phase took two months (August 2021 to September 2021). An educational program was developed based on determined needs and relevant review of literature. Different instructional strategies, methods of teaching, media and methods of evaluation were selected to suit the participants' needs and achieve the objectives and content of the program. The teaching sessions were achieved by using available resources, relevant content and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion, brain storming and

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hand out prepared by the researchers and distributed to all staff nurses.

### **Implementation phase:**

Data of the current study were collected from (October 2021 to November 2021).it took two months. The educational program was consisted of (16) hours distributed as theoretical session (12) hours and practical session (4) hours. The program took about (8) sessions, two days per week the duration of each session was two hours, the beginning of the first session an orientation to the education program. Feedback was given in the beginning of each session about the current session.

### **Evaluation phase:**

The time of data collection lasted from (October 2021to March 2022). The staff nurses were divided to five groups according to their departments each group was nearly 10 staff nurses. The program took about 2days per week. The duration of each session was two hours depending on workload and including periods of discussion according to their achievement, progress and feedback. During this phase the impact of the educational program was evaluated. Immediate evaluation included, post program implementation for all subjects using the same tools which were used (before the program. Follow up after three months of program implementation, all the study tools were applied to all staff nurses to test the follow up gain in the staff nurses knowledge, practice regarding autonomy and perception regarding organizational commitment.

### **Ethical considerations:**

The study was conducted with careful attention to ethical standards of research and rights of the participants:

### **Informed consent**

The respondent rights was protected by ensuring voluntary participation, so the informed consent will be obtained by explaining purpose, nature time of conducting the study, potential benefits of the study, how data will be collected, any invasive procedure, expected outcomes and the respondent rights to withdrawing from the research study at in time in case of violation of his rights.

### **Anonymity and confidentiality**

The respondent was assured the data will be treated as strictly confidential; furthermore, the respondent anonymity will be maintained as they will not require mentioning their names.

### **Scientific honesty**

To ensure scientific honesty, the researchers uses bracketing and intuiting to avoid bias.

### **Statistical analysis:**

Data were verified prior to computerized entry. The statistical package for social sciences (SPSS version 20.0) was used for that purpose, followed by data analysis and tabulation. For numerical values, the mean and standard deviations, unpaired student t-test was used to compare between two groups in quantitative data, chi-square test was used to compare between groups in qualitative, ANOVA test was used for comparison among different times in the same group in quantitative data and linear correlation coefficient was used for detection of coefficient between two quantitative variables in one group. A significant level value was considered when  $p < 0.05$  and a highly significant level value was considered when  $p < 0.001$ .

**Results:**

**Table (1):** Shows that approximate one quarter (24.4%) of staff nurses work at surgical unit, less than half (42.2%) of them aged from 30-<40, as far as their gender, all of them (100%) were female, about their marital status the majority (88.9%) were married, in relation to their educational qualification about half of them (51.1%) had associated degree of nursing and less half of them (42.2%) had 10-<20 years of experience in nursing and (100%) of staff nurses had no training courses about autonomy.

**Figure (1):** Clarifies that more than half (57.8%) of staff nurses had unsatisfactory knowledge level regarding autonomy at preprogram phase, that improved to (86.7%) and (82.2%) satisfactory knowledge level regarding autonomy at post & follow up of program phases respectively.

**Table (2):** Illustrates that there was a highly statistical significant improvement and difference between mean & standard deviation of staff nurses' knowledge regarding autonomy at pre and post program. Also the table shows the total mean score ( $23.75 \pm 4.60$ ) at preprogram and it increased to ( $48.20 \pm 13.25$ ) at post program and it declined to ( $43.71 \pm 12.44$ ) at follow up of program but still more than preprogram.

**Figure (2):** Displays that approximate one quarter (24.4%) of staff nurses had a high level of practice regarding autonomy at preprogram, that it improved to (71.1%) at post program, while it declined to (68.9%) at follow up of program but still more than preprogram.

**Table (3):** Illustrates that there was a highly statistical significant improvement and difference between mean & standard deviation related to items of staff nurses practice

regarding autonomy at pre and post program. Also there was a statistical improvement related to providing care to patients as dimension of decisions related to patient care, and also, arranging nursing tasks and item of unit resources management as dimension of decisions related to unit operation. Also, the table shows the total mean score of staff nurses practice regarding autonomy ( $129.47 \pm 35.83$ ) at preprogram and it improved to ( $158.67 \pm 24.06$ ) at post program and it declined to ( $155.29 \pm 23.36$ ) at follow up of program but still more than preprogram.

**Figure (3):** Displays that, one fifth (20%) of staff nurses had a high level of organizational commitment at preprogram that it improved to (80.0%) at post program, while it declined to (73.3%) at follow up of program but still more than preprogram.

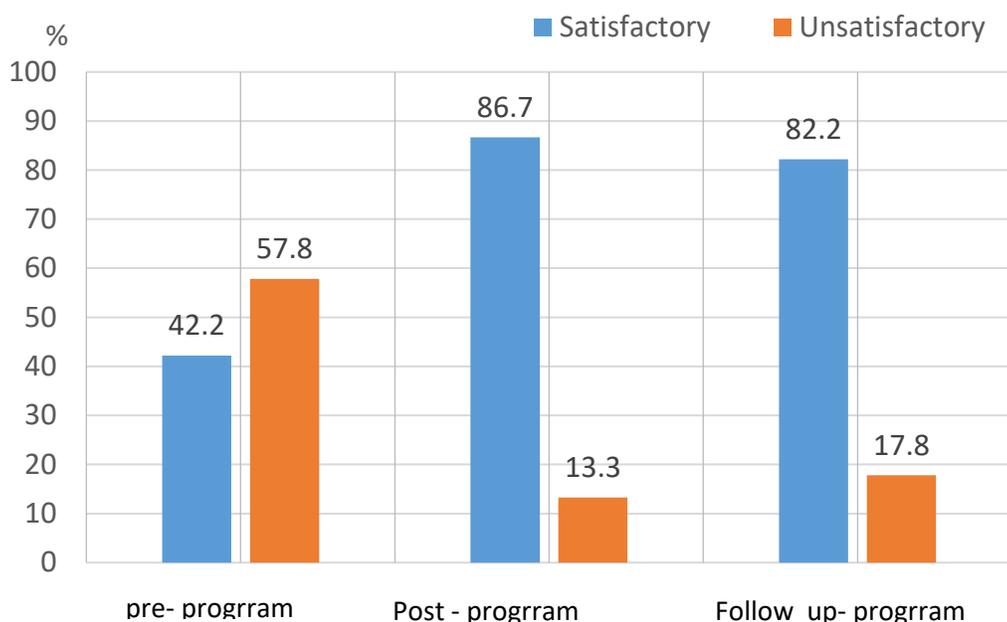
**Table (4):** Illustrates that there was a highly statistical significant improvement and difference between mean & standard deviation related to all items of organizational commitment as perceived by staff nurses at pre and post program phases. Also, the table displays that the total mean score of staff nurses organizational commitment ( $54.02 \pm 12.37$ ) at preprogram and it improved to ( $108.24 \pm 15.26$ ) at post program and it declined ( $106.61 \pm 11.41$ ) at follow up of program but still more than preprogram.

**Table (5):** Shows that, there was a highly statistically significant correlation between staff nurses' knowledge and their practice regarding autonomy thorough program phases (p-value <0.001).

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**Table (1): Personal characteristics of the staff nurses (n = 45)**

Personal characteristics items	N	%
<b>Unit</b>		
Medical	10	22.2
Surgical	11	24.4
Obstetrics & gynecology	10	22.2
Pediatric and Economic	8	17.8
Kidney	6	13.3
<b>Age (years)</b>		
<30	17	37.8
30- <40	19	42.2
40 or more	9	20.0
<b>Mean±SD</b>	<b>32.6±8.3</b>	
<b>Gender</b>		
Female	45	100.0
<b>Marital status</b>		
Married	40	88.9
Unmarried	5	11.1
<b>Educational qualification</b>		
Diploma	21	46.7
Associated degree of nursing	23	51.1
Bachelor of nursing	1	2.2
<b>Years of experience</b>		
<10	18	40.0
10- <20	19	42.2
20 or more	8	17.8
<b>Mean±SD</b>	<b>12.44±7.83</b>	
<b>Attendance of training courses about autonomy</b>		
No	45	100.0

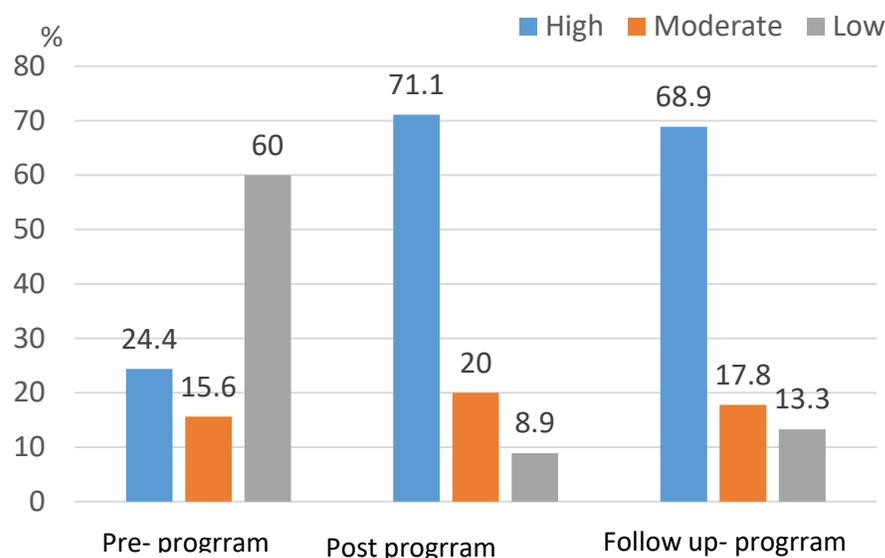


**Figure (1): Staff nurses' knowledge levels regarding autonomy through program phases**

**Table (2): Mean & standard deviation of staff nurses' knowledge regarding autonomy and organizational commitment through program phases (n=45).**

Items of knowledge	Maximum score	Preprogram	Post program	Follow up program	Paired t-test			
		Mean±SD	Mean±SD	Mean±SD	t1	P-value	t2	P-value
Concept of autonomy	22	8.80±2.34	19.07±3.50	18.09±3.60	16.364	<0.001**	1.309	0.194
Importance of autonomy	8	3.38±1.25	7.29±2.10	6.93±2.17	10.733	<0.001**	0.800	0.426
Dimensions of autonomy	9	4.40±1.35	8.00±2.16	7.60±2.24	9.481	<0.001**	0.862	0.391
Role of nurses autonomy	4	1.33±0.75	2.33±1.08	2.27±1.13	5.102	<0.001**	0.257	0.797
Concept of organizational commitment	3	1.53±0.89	2.53±1.15	2.51±1.09	4.793	<0.001**	0.084	0.933
Importance of organizational commitment	2	1.11±0.82	1.73±0.93	1.64±0.84	3.354	<0.001**	0.482	0.631
dimensions of organizational commitment	4	1.42±0.96	3.47±1.18	3.29±1.16	9.040	<0.001**	0.730	0.468
Stages of organizational commitment	1	0.38±0.12	0.80±0.15	0.76±0.21	14.667	<0.001**	1.040	0.301
Total knowledge	53	23.75±4.60	48.20±13.25	43.71±12.44	14.599	<0.001**	1.657	0.1010

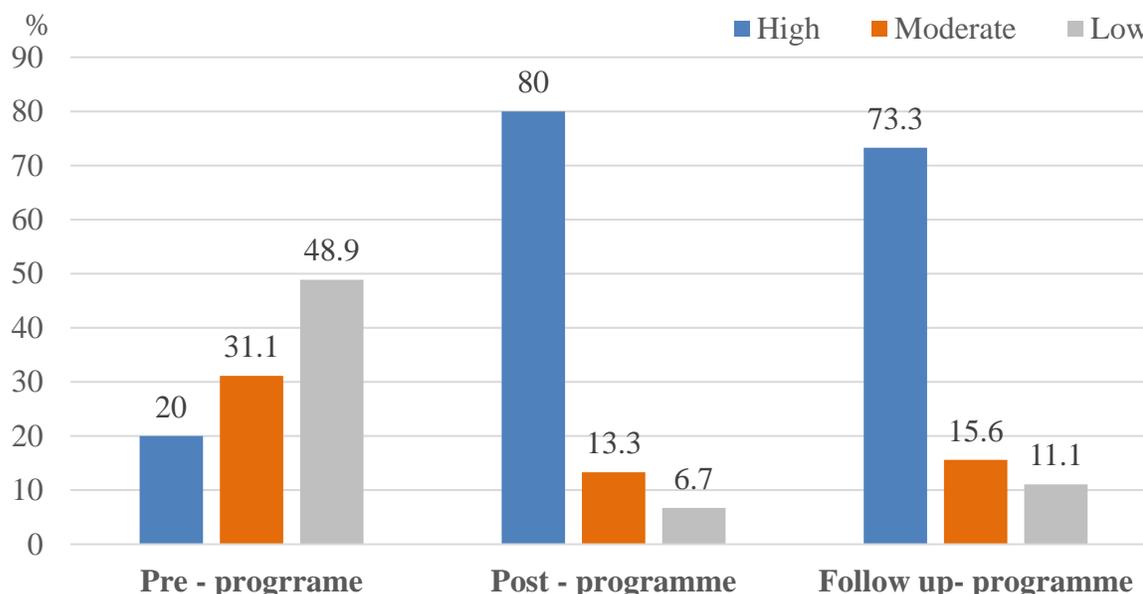
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**Figure (2): Staff nurses' practice levels regarding autonomy through program phases**

**Table (3): Mean and standard deviation of staff nurses' practice regarding autonomy through program phases (n=45).**

Items of Autonomy	Maximum score	Preprogram	Post program	Follow up program	Paired t-test			
		Mean±SD	Mean±SD	Mean±SD	t1	P-value	t2	P-value
<b>Decisions related to patient care</b>	125	89.53±17.91	104.38±9.89	103.31±10.14	4.869	<0.001**	0.507	0.614
Providing care to patients	35	25.58±7.28	29.76±4.75	28.71±4.41	3.226	0.002*	1.087	0.280
Patient education	20	15.11±3.44	17.49±2.06	16.80±2.20	3.982	<0.001**	1.536	0.128
Staff nurses cooperation	30	21.42±4.81	24.89±2.36	24.44±2.39	4.345	<0.001**	0.899	0.371
Deciding on the nursing diagnosis- discharge and things are relevant	30	19.87±5.15	23.33±2.99	22.80±2.69	3.898	<0.001**	0.884	0.379
Dealing with patient complaints	10	7.56±1.82	8.96±1.51	8.41±1.73	3.971	<0.001**	0.584	0.561
<b>Decision related to unit operation</b>	95	39.93±20.92	54.29±16.43	52.98±15.63	3.621	<0.001**	0.388	0.699
Arranging nursing tasks	25	11.93±6.16	15.09±4.50	14.60±4.61	2.779	0.007*	0.510	0.611 0.255
Planning to provide high quality care	25	10.11±5.22	14.91±4.14	13.93±3.97	4.833	<0.001**	1.146	
Develop and review nursing policies and procedures	20	7.78±4.69	11.09±4.08	10.53±4.10	3.572	<0.001**	0.649	0.518
Unit resources management	25	10.5±5.87	13.20±4.98	12.91±4.57	2.353	0.021*	0.288	0.774
<b>total autonomy</b>	<b>220</b>	<b>129.47±35.83</b>	<b>158.67±24.06</b>	<b>155.29±23.36</b>	<b>4.049</b>	<b>&lt;0.001</b>	<b>0.676</b>	<b>0.501</b>



**Figure (3): organizational commitment levels as perceived by staff nurse’s thorough program phases**

**Table (4): Mean and standard deviation of organizational commitment as perceived by staff nurses thorough program phases (n=45).**

Items of Organizational Commitment	Maximum score	Preprogram	Post program	Follow up program	Paired t-test			
		Mean±SD	Mean±SD	Mean±SD	t1	P-value	t2	P-value
Affective commitment	40	17.33±4.55	36.71±4.27	35.45±5.23	20.835	<0.001**	1.252	0.214
Continuance commitment	40	19.42±5.33	35.96±5.62	35.15±4.62	14.325	<0.001**	0.747	0.457
Normative commitment	40	20.57±3.49	37.53±4.80	36.31±4.46	19.171	<0.001**	1.249	0.215
<b>Total organizational commitment</b>	120	54.02±12.37	108.24±15.26	106.61±11.41	18.516	<0.001**	0.574	0.568

**Table (5): Correlation between staff nurses’ knowledge and their practice regarding autonomy thorough program phases**

staff nurses’ knowledge regarding autonomy	Staff nurses’ practice regarding autonomy	
	R	P-value
Pre program	0.794	<0.001**
Post program	0.823	<0.001**
Follow up program	0.851	<0.001**

### **Discussion**

The finding of the results illustrated that there was a highly statistical significant improvement and difference between mean & standard deviation of staff nurses' knowledge regarding autonomy at pre and post program phase.

This finding was consistent with the study done by **Sahan & Terzioglu (2022)**, who conducted study about "Transformational leadership practices of nurse managers: the effects on the organizational commitment and job satisfaction of staff nurses" and noted that there was a highly statistically significant difference in total knowledge of the nurses.

Concerning mean and standard deviation of staff nurses' practice regarding autonomy thorough program phases, the finding of the study illustrated that there was a highly statistical significant improvement and difference between mean & standard deviation related to all items of autonomy at pre and post program phase.

The present findings was in accordance with **Alshaikh et al., (2021)**, who conducted a study on "The relationship between autonomy and quality of health care among staff nurses" and revealed that there was a statistical improvement related to providing care to patients, and also arranging nursing tasks.

As for mean and standard deviation of organizational commitment as perceived by staff nurses thorough program phases, the present study results illustrated that there was a highly statistical significant improvement and difference between mean & standard deviation related to all items of organizational commitment as perceived by staff nurses at pre and post program phases.

The present findings was accordance with **Asiri et al., (2016)**, who has stated that, Arab and American nurses tend to have lower commitment relative to nurses of other nationalities and noted that one third of studied nurses had high perception of organizational commitment.

As regard to correlation between staff nurses' knowledge and their practice regarding autonomy thorough program phases, the current findings revealed that there was a highly statistically significant positive correlation between staff nurses' knowledge and their practice regarding autonomy at pre and post program phase

The current study was in agreed with **Ghazawy et al., (2021)**, who conducted a study on "Nurses' work engagement and its impact on the job outcomes" and found that, there were relation between staff nurses' knowledge and their practice regarding autonomy.

### **Conclusion:**

There was a highly statistical significant improvement in staff nurses' knowledge regarding autonomy at pre and post program phases, also there was a highly statistical significant improvement in staff nurses' practice regarding autonomy at pre and post program phases, and there was a highly statistical significant improvement in organizational commitment as perceived by staff nurses, in addition to there was a positive correlation between staff nurses' knowledge and their practice regarding autonomy and organizational commitment. So the current study approved the research hypothesis.

### **Recommendations**

- 1- Conduct In-service education and training programs for refreshing and increasing

nurses' knowledge and practice regarding autonomy.

2- Promoting staff nurses' autonomy by giving them the freedom to practice clinical autonomy initially in secure settings like nursing rounds, and then by putting multi professional teams.

3- Encouraging nurses at different levels to improve and update their knowledge regarding autonomy. Through establishing of small nursing library within hospital departments supplied with recent handouts with update knowledge and practice especially about autonomy.

4- Reapplying the study on a larger probability sample in other settings is highly recommended to achieve generalizable results.

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## تأثير برنامج تعليمي عن الذاتية علي الالتزام التنظيمي للممرضين ايمان حبيب محمد علي - مني مصطفى شاذلي - فوزية فاروق كامل

تعد الذاتية هي العنصر الرئيسي لممارسة التمريض المهنية مما يؤدي الي تحسين نتائج المرضي وزيادة الرضا الوظيفي والالتزام التنظيمي للممرضين. لذا هدفت الدراسة إلى تقييم تأثير برنامج تعليمي عن الذاتية علي الالتزام التنظيمي للممرضين. وتم استخدام تصميم شبه تجريبي. وقد أجريت الدراسة بمستشفى الخازندارة العام. وتكونت عينة الدراسة من جميع الممرضين العاملين بالاقسام الداخلية وعددهم 45. وأظهرت نتائج الدراسة أن اكثر من نصف الممرضين ليس لديهم مستوي كاف من المعرفة المتعلقة بالذاتية في مرحلة ما قبل البرنامج (57.8%) بينما تحسنت الي اكثر من ثلاث ارباع في مرحلة ما بعد البرنامج والمتابعة (86.7% و 82.2%) علي التوالي وتبين ان ما يقرب من اكثر من ثلثي الممرضين يتمتعون بمستوي عال من المهارات المتعلقة بالذاتية في مرحلة ما بعد البرنامج والمتابعة (71.1% و 68.9%) علي التوالي مقارنة ما يقرب من ربع الممرضين في مرحلة ما قبل البرنامج (24.4%) كما تبين ان ما يقرب من ثلاث ارباع الممرضين يتمتعون بمستوي عال من الالتزام التنظيمي في مرحلتي ما بعد البرنامج والمتابعة (80% و 73.3%) علي التوالي مقارنة بخمس الممرضين في مرحلة ما قبل البرنامج (20%). كما تبين ان هناك تحسن عالي في معرفة وممارسة الممرضين فيما يتعلق بالذاتية والالتزام التنظيمي. وأوصت الدراسة باجراء برامج تعليمية وتدريبية اثناء العمل لتحديث وزيادة معرفة الممرضين فيما يتعلق بالذاتية.