



Confusion About Professional Autonomy Among Final-year Nursing Students in Spain



Antonia Arceciado Marañón^{a,*}, M^a. Pilar Isla Pera^b

^a Nursing Department, Universitat Autònoma de Barcelona, Can Domènec, Edifici M, Campus de la Universitat Autònoma de Barcelona, Bellaterra (Cerdanyola del Vallès), 08193 Barcelona, Spain

^b Public Health, Mental Health and Maternal Department, Universitat de Barcelona, Feixa Llarga, s/n, Campus de Bellvitge, L'Hospitalet del Llobregat, 08907 Barcelona, Spain

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ABSTRACT

Nursing autonomy is an object of ongoing debate. Knowing how the next generation of nurses conceives of autonomy is essential, given its role in professional satisfaction and retention. The aim of this research was to understand how nursing students at the end of their nursing education view nursing autonomy. A qualitative study was conducted with third-year nursing students in Barcelona, Spain, using focus groups. A theme analysis was used and Guba's criteria of credibility, transferability, dependability and confirmability were applied. Three key themes emerged: 1) greater autonomy than expected; 2) historical increase in professional autonomy; and 3) confusion surrounding autonomy. Students' surpassed expectations and awareness of a historical increase in autonomy bode well for the profession. However, confusion about autonomy may lead to false expectations, which may cause some nurses to become frustrated and even leave the profession. Because this process occurs in a context of growing demand for nurses, understanding factors that affect hiring and retention is a priority. Strategies are needed to clarify new nurses' understanding of autonomy.

Introduction

Professional autonomy is an object of ongoing interest in nursing (Cohen, 1988; Cole, Wellard, & Mummery, 2014; Galbany-Estragues & Comas-d'Argemir, 2016; Iliopoulou & While, 2010; MacDonald, 2002; Varjus, Leino-Kilpi, & Suominen, 2011; Wade, 2004). There is general agreement that nursing autonomy is key to the advance of the profession (Baykara & Şahinoğlu, 2014; Karagözoğlu, 2009; Tapp, Stansfield, & Stewart, 2005). There is also clearly a relationship between autonomy and the socialization process that occurs in nursing education (Karagözoğlu, 2009; Wade, 2004). Socialization transforms the images, beliefs and attitudes that students bring with them to nursing school (Price, 2009). The aim of this study was to understand how nursing students at the end of their nursing education view nursing autonomy. Knowing how these soon-to-be professionals understand autonomy is essential because of its influence on professional practice. Research has shown a relationship between autonomy and professional satisfaction (Best & Thurston, 2006; Iliopoulou & While, 2010) and, conversely an association between lack of autonomy and turnover (Kovner, Brewer, Wu, Cheng, & Suzuki, 2006) and between lack of autonomy and the intention to leave the profession (Panunto & Guirardello, 2013).

Intervening to help nurses develop more realistic expectations could help prevent frustration and the loss of nurses.

Nursing autonomy

The link between professional autonomy and job satisfaction is clear (Baykara & Şahinoğlu, 2014; Best & Thurston, 2006; Iliopoulou & While, 2010). However, despite increasing interest in nursing autonomy, there is no agreement on how to define it (Iliopoulou & While, 2010). Nursing autonomy is often associated with independent practice (Kramer & Schmalemberg, 2008; Weston, 2009). In this sense, it entails having the authority to make decisions and the freedom to act according to one's professional knowledge (Skar, 2010). For some, autonomy refers not only to having control over one's independent practice but also exercising clinical judgment in the face of disagreement with members of other professions, or inappropriate demands on the part of patients (MacDonald, 2002). In any case, the debates about professional autonomy in nursing have gone on for decades. In fact, figures such as Cohen and Collière argued in the 1980s and 90s that nursing should not be defined as an autonomous profession (Cohen, 1988), but rather as a semi-profession (Collière, 1991), due to its

* Corresponding author.

E-mail addresses: antonia.arceciado@uab.cat (A. Arceciado Marañón), pisla@ub.edu (M.P. Isla Pera).

submission to medicine. While this opinion no longer represents a mainstream view within nursing, this example shows the importance and longevity of the debate.

As complicated as defining autonomy is, it is even more difficult to apply it in practice. Several studies have shown that today nursing still enjoys less independence than other professions (Karagözoğlu, 2009), and that there are few examples of nursing autonomy in the professional context (Tapp et al., 2005). Research on nursing autonomy in hospitals reveals that the concept is defined inconsistently (Varjus et al., 2011). Some scholars go so far as to talk about nursing autonomy not only in the context of independent nursing practice but also in that of interdependent practice with other professionals (Tapp et al., 2005).

In addition to disagreement within the discipline, nursing autonomy is also questioned from outside, as confirmed by research on the images that first-year nursing students have of the profession before or at the beginning of their nursing studies. This research demonstrates that the social image of nursing is steeped in stereotypes and reproduces traditional ideas of nursing as a subordinate profession (Negrillo & Herrera, 2013) and of nurses as mere “assistants” to doctors. Due to the long-standing stereotypes, some have even called nursing a “mummified” occupation, implying that its image has not evolved over time (Dahlborg & Pilhammar, 2008). Others argue that the public image of nursing is self-created by nurses (Bertrán, Juvinyà, Fuentes, Suñer, & Ballester, 2008; Burguete, Ávila, & Velasco, 2005), in part because nurses themselves fail to see nursing as an autonomous profession and instead reproduce stereotypes about their field (Bertrán et al., 2008), or because they do not participate in public discourse (Ten Hoeve, Jansen, & Roodbol, 2014).

As early as the 1980s, Cohen linked this professional subordination to dropout among nursing students (Cohen, 1988). For nursing students, job satisfaction implies being autonomous (Johnsen & Barra, 2002). Another reason for dropout is the discrepancy between expectations and experiences, especially among male students who feel isolated or excluded in clinical and academic contexts (Ashghali, Ghaffari, Oskouie, & Zagheri, 2017). Studies suggest that as many as a quarter of nursing students drop out (Jones-Berry, 2017). Similarly, the disjuncture between expectations and experiences can also lead nurses in the first two years of professional practice to leave the profession, when they face work overload and the negative impact of their work on other aspects of life (Boamah & Laschinger, 2016). Relatedly, lack of autonomy has been shown to lead to high turnover among nursing staff (Kovner et al., 2006). Turnover among nurses in their first year of professional practice is 30% and as high as 57% among nurses in their second year (Twibell et al., 2012).

Education plays an essential role in the origin of these problems (Cohen, 1988; Kantek, Kaya, & Gezer, 2017). Professional nursing autonomy is associated with attitudes that are learned during the education process (Wade, 2004) and with educational strategies centered on developing the capacity for reflection, such as problem-based learning (Arreciado & Isla, 2015), debriefing for meaningful changes (Dreifuerst, 2012), and reflective journaling (Raterink, 2016), among others. The relationship between the socialization process and autonomy appears clear (Karagözoğlu, 2009; Wade, 2004).

Given the emphasis on independent decision-making shared by the various definitions of nursing autonomy, it makes sense to take into account the nurse's unique caring role. Caring is considered to be the essence of the profession (Begum & Slavin, 2012; Khademian & Vizehfar, 2008; Labrague et al., 2015; Sargent, 2012) and the activity that distinguishes it from other professions (Henderson, 1971). In this sense, caring is the arena in which we might expect nurses to have exclusive autonomy over decision-making (Collière, 1991), and we paid special attention to students' descriptions of autonomy as related to caring.

Despite the clear importance of professional nursing autonomy, not enough is known about students' views of autonomy after the socialization process, a gap that this article contributes to filling. The aim of

this study was to understand how nursing students at the end of their nursing education view nursing autonomy. Having an answer to this question will make it possible to identify specific measures that could both enhance the development of nursing autonomy and prevent the loss of professionals due to unrealistic expectations.

Methods

Qualitative study

Focus groups were used to gain access to the students' shared beliefs and practices (Morse, 2005) surrounding autonomy, which they had acquired as part of their socialization into professional nursing culture. This approach made it possible to understand autonomy from the participants' perspective. Interaction among group members generated extremely useful qualitative data that would have been impossible to obtain through other techniques. The ability to collect this kind of data is a key benefit of focus group methodology (Krueger, 1991).

Study participants

Research was conducted at a university nursing school (UNS) in Barcelona, Spain, a public hospital and a primary care center (PCC). Students received their practical training at the latter two sites. Since 1977, nursing education in Spain has taken place at the university level. Initially, university nursing studies consisted of a three-year certificate program. Later, nursing became a four-year Bachelor's Degree, and graduates were eligible to pursue graduate education leading to a doctoral degree in nursing. This change was gradual, and for several years the two programs of study overlapped at the same institutions, as was the case at the UNS of our study. Our research focused on students in the certificate program. The inclusion criteria were 1) being a third-year nursing certificate student at the UNS 2) having undertaken his or her studies exclusively at the UNS and 3) having chosen to participate voluntarily in the study. The sample was composed purposively to achieve the appropriate quality and quantity of information (Valles, 2014). The findings section gives the characteristics of participants. A third-year student helped the researchers identify possible participants, taking the following variables into account: gender, age, marital status, geographical origin and work experience in the healthcare world. A list of 40 potential participants was generated from the study population of 87 third-year nursing students. Later, the first author personally contacted each participant. Data saturation was reached after 23 students had participated in the focus groups, and at this point recruitment ceased.

Data collection

As preparation for designing the focus groups, the first author conducted participant observation at the hospital and the PCC for four months. She conducted observations in the areas in which third-year certificate students were undertaking their practical training. She carried out general observations and later focused more specifically on activities related to the study objectives, for example, a) activities carried out by students in contrast to those carried out by nurses and b) interactions among students, nurses and other members of the team, especially the physician. She took field notes on site and typed them up at the end of each day. All of the students and their supervising nurses agreed to be observed and signed an informed consent form. The departments observed had a significant number of rotating students from various fields, and for this reason the field worker's presence was not particularly disruptive or likely to have had a major effect on others' behavior. Also, the fact that she continued the observations for four months allowed participants to become accustomed to her presence, further minimizing any changes her presence might have caused in their behavior.

The data collected from the observations was used to design the focus groups. The schedule presented open-ended questions structured in a logical sequence. For example some questions were: Can you define or explain what a nurse is? What activities or roles does a nurse carry out? What is your opinion of nursing autonomy? Is nursing an autonomous profession? The first author led three focus groups, which were designed to include eight participants each. After the third session, data saturation had been reached and therefore no further sessions were scheduled (Berenguera et al., 2014; Valles, 2014). The first two groups had eight participants and the third group had seven (in the latter case, one student who had signed up for the session failed to attend).

Focus group participants were selected in order to balance homogeneity (typicality) and heterogeneity (diversity) (Krueger, 1991), keeping in mind the variables listed above. For this reason, each group had one man (proportional to the study population) and ages ranged from 20 to 30+ years. Each group also had single people and people who were married or lived with their partners, people from different geographic areas, and at least one person with prior experience in healthcare. There was a high level of participation among attendees, and we observed no differences related to sex or age.

The moderator did not ask the group members to arrive at a consensus; instead, she encouraged participants to express their opinions freely and tried to manage the discussion so that more dominant voices wouldn't hold sway over others. Unfortunately, only one of the students who had been observed was available to form part of a focus group. The other students who had been observed declined to participate in the focus groups due to lack of availability. The sessions, of 105, 145 and 100 min each respectively, were video and audio recorded and subsequently transcribed. The moderator took notes. Finally, a session was held with the participants of each of the groups to review the contents. Attendance at this session was voluntary and more than half of the participants attended. First, participants reviewed the video recording of the session. Next they were given a summary of the findings and offered an opportunity to modify or clarify their statements. The participants showed great interest in the material and expressed their agreement with their recorded statements and with the summary. No participant asked to make changes.

Data analysis and rigor

We performed a thematic analysis of the focus groups (Vaismoradi, Turunen, & Bondas, 2013) in the following phases: 1) Notes and transcripts were read closely multiple times. 2) A preliminary set of interpretations was developed. 3) "Meaning units" (Giorgi, 2012)—the parts of the text that were meaningful to our study—were identified, segmented and grouped into themed categories. An open categorization process was used (Berenguera et al., 2014), allowing categories to emerge as the analysis took place. Categories were mutually exclusive. 4) Categories were arranged hierarchically into categories and sub-categories. 5) The overarching interpretation was developed, keeping in mind its connection to the original data. The analysis was performed using ATLAS/ti version 6.2. The criteria of credibility, transferability, dependability and confirmability proposed by Guba's (1981) and later by Lincoln and Guba (1985) were applied. Participants were given the opportunity to review and, if necessary, modify the transcripts, in order to ensure accuracy. Both authors participated in the analysis, which helped to establish trustworthiness.

Ethical considerations

This study was part of a larger project, resulting in Author 1's dissertation (Arreciado, 2013) and two published articles on different aspects of the work (Arreciado & Isla, 2015; Arreciado & Isla, 2017). The data and interpretation offered in the current article have not been published previously. The authors have no competing interests that might have influenced the performance or presentation of the work

described in this manuscript. The university's Committee on Ethics and Animal and Human Experimentation approved the study (CEAAH 2497). The administrations of both healthcare sites gave permission for carrying out the observations. An informed consent document was signed by all participants, and each participant was identified in notes and transcriptions by an alpha-numeric code. Names given in the text are pseudonyms, and in three cases female names were given to male participants to avoid identification, given the small number of male students in the study population. The first author was a nursing instructor at the UNS, raising concerns that the students could have felt coerced to participate. However, in this case the possibility of coercion was minimal. The first author did not have any of the participants as students at any time during their studies, because she only taught Bachelor's students and they were third-year certificate students. Moreover, because they were nearing graduation, they were under no obligation to maintain contact with her in the future. Finally, the fact that nearly all students who were observed later declined to participate in the focus groups demonstrates that they felt free to cease participating in the study.

Results

The focus group participants included 20 women and three men, who ranged in age from 20 to 54 years. Of these, 18 lived alone and five lived with a partner (Table 1). Three key themes emerged: 1) greater autonomy than expected; 2) historical increase in professional autonomy; and 3) confusion surrounding autonomy.

Greater autonomy than expected

The students speak of the nurse as a professional who performs a wide variety of activities. They describe the nurse as being trained to "do a bit of everything." Students value this trait and contrast it with the view of nursing they held before beginning their studies.

"I saw the profession as something much more limited. I mean, I didn't realize that there was such a broad field to handle."

(DG 3, Nerea, 169)

"...I didn't have the idea that it encompassed such a broad field, psychology... I saw the nurse as concrete techniques, but... I didn't know the psychological aspect. I didn't know the nurse had that function. Now I see that the nurse acts as a doctor, a nurse, a psychologist; she does a little bit of everything in reality (Estefanía, Fina and María nod)."

(DG 1, Cristina, 128)

The students note the existence of a greater level of professional autonomy than they expected and they associate it with the responsibilities that nurses have, which also exceed their previous expectations. Moreover, they note that these responsibilities are specific and exclusive to the profession, linking them implicitly with autonomy:

"There is a group function, but really nursing has some responsibilities that are specific and that only a nurse can carry out 100% correctly. I

Table 1
Participants' characteristics.

		Focus groups		
		1st	2nd	3rd
Gender	Female	7	7	6
	Male	1	1	1
Age (in years)	20–25	7	5	6
	26–30	–	2	1
	> 30	1	1	–
Marital status	Single	7	5	6
	Married	1	1	–
	Cohabiting	–	2	1

mean, the assistant can do things, the doctor can do things, but the combination of these skills, which are specific to nursing... I think that without that autonomy, we wouldn't be in the middle of the change that nursing is undergoing.”

(DG 3, Paula, 332)

Surprisingly, only one student points to caring as a responsibility that is exclusive to nursing and links this exclusiveness to autonomy:

“For me, at the moment I think that being a nurse is having autonomy. It's true that there's another role, which is that of the doctor who is going to tell you what you have to do or to carry out with a certain patient, but when it comes to handling the basic needs, of having a bit of a say, it's nursing.”

(DG 2, Neus, 34)

Nonetheless, while the students see the nurse as considerably more autonomous than they thought before beginning their studies, they describe a *relative* independence rather than full autonomy, as seen in this example:

“I thought of her as a lot more dependent than what she really is and what I have seen. I have been able to see that she can be much more independent than I thought.”

(DG 3, Amelia, 60)

Historical increase in professional autonomy

Students are also aware, thanks to their nursing education, that nurses' professional autonomy has gradually increased over time. They believe that this transformation is not yet complete and that nurses' expanding knowledge base will continue to increase nurses' autonomy. The growth in professional responsibilities and in decision-making autonomy brings about greater professional development, according to the students. We see this theme in the extract from Paula, cited above:

“I think that without that autonomy we wouldn't be in the middle of the change that nursing is undergoing.”

(DG 3, Paula, 332)

It also appears in the following extracts:

“I think [nursing] is going to progress a lot because, little by little, we've gained more autonomy.”

(DG 2, Sandra, 438)

“I think that we will take on more autonomy than we have now... There are certain areas that we can evolve much more because we have the expertise to make it possible.”

(DG 3, Asun, 1019)

For the students, having autonomy is a condition for feeling that they are professionals and, especially, for feeling professionally realized. It means being able to manage and implement professional knowledge independently.

“...Now when I join the work force I'll feel completely realized as a nurse, because I'll have independence and autonomy to apply my knowledge.”

(DG 1, Jenny, 703)

As we can see in this example, the students take for granted the autonomy that they will enjoy when they are professionals.

The students believe that primary care is where the most important professional change has taken place and where nurses have the most opportunity for autonomy, a conclusion they draw from experiences in clinical practice:

“In hospitalization, the nurse continues to be what she was before, in terms of patient care, but with a bit more autonomy. But in primary care it has totally changed; it has completely changed. There's been a really big revolution for nursing practicing...”

(DG 2, Neus, 617)

Confusion surrounding autonomy

At a theoretical level, the students know what the nurse's competencies are and they associate these competencies with professional autonomy. But they also talk about the difficulty of implementing autonomy in practice, especially when other social actors fail to recognize their competencies. The following example illustrates these contradictions:

“Moderator: Now do we have that autonomy?”

I think so, but it's not recognized. Yes. When you leave here you have that autonomy that you know you can have, because you have acquired the competencies that you have. The thing is, if they're not recognized others might limit your authority. But you have it [autonomy].”

(DG 3, Nerea, 420)

Moreover, in spite of the fact that in one part of the discourse the nurse appears as an autonomous professional who is able to make decisions, in fact this assessment is mixed with comments that imply that the students do not see nursing as entirely autonomous.

“I think that a lot of older people don't know [that the nurse is autonomous]. It's the doctor and that's it. The nurse is the person next to the doctor who does the more technical part. They don't see her as an autonomous person that has her own roles and that doesn't need the doctor to tell her do this do that, that up to a certain point we can decide.”

(DG 3, Asun, 362)

As can be observed in this last extract, not only the general public, but also students themselves implicitly question nurses' autonomy: “up to a certain point we can decide.” We see another example in the following extract:

“In the end it's the doctor who says if the patient has to be gotten up or has to be given this medication or that one.”

(DG 1, Aina, 422)

In these examples, the students describe the doctor as having the last word on patient treatment; they do not mention nurses' areas of exclusive practice, in which nurses are the ones to decide.

At the same time, students use the word “autonomy” to talk about situations in which nurses apply their professional judgment to influence a doctor. They describe this experience positively, especially because there is no a priori agreement between the opinions of the nurse and the doctor:

“You have enough autonomy to be able to say to a doctor ‘I don't think we should do this because I don't think it's the right thing to do.’ And you explain your reasons and explain why. In the ER, the nurse I was with had been there for 30 years and she stood up to residents every day. One resident wanted to use a urinary catheter to empty the bladder and check for distention. And the nurse said no. She said that with her years of experience she could tell by palpation that there was nothing there. And with her abilities, her work experience and her knowledge, she was able to convince the resident that it wasn't the right thing to do.”

(DG 2, Gisela, 146)

These examples demonstrate confusion about the nature of professional autonomy. As we have seen, the students implicitly link autonomy to exclusive aspects of nursing. At the same time, they note that the doctor makes the final decision, without mentioning the fact that doctors and nurses have autonomy in different areas. Moreover, they speak of “autonomy” when a nurse uses her knowledge and experience to “convince” the doctor, as indicated in the above example. In fact, the example occurs in an arena not of nursing autonomy but rather of interdependence, in which the final decision belongs to the doctor.

Discussion

Confusion about nursing autonomy among professionals, which has

been revealed in several studies (Galbany-Estragues & Comas-d'Argemir, 2016; Iliopoulou & While, 2010; Varjus et al., 2011), is also present among students. If professionals themselves do not have a clear definition or conceptualization of nursing autonomy, the idea held by nurses in training can hardly be expected to be clearer. Taking a broad view of the term, we can see that the students define it primarily as the ability to make decisions independently. In this sense, MacDonald's (2002) work on nursing autonomy in the clinical context is particularly relevant. According to MacDonald, autonomy in professional nursing practice means having the right to act according to shared professional standards, which implies not only having control over nursing practice itself, but also holding and exercising clinical judgment in situations such as disagreement among members of other professions. MacDonald's definition is where we can best see the conception of autonomy that students use, in that it includes experiences in which nurses applied their own judgment in a difference of opinion with the doctor. In this sense and in line with Karagözoğlu (2009), autonomy, understood as the capacity to make choices between conflicting desires, requires authority and implies power. When this authority is present, the students attribute it to professional judgment based on the nurse's knowledge, experience and capacity for reflection. Reflection, in particular, is understood as indispensable for professional practice (Perrenoud, 2004).

However, in talking about autonomous decision-making, the students do not distinguish between nursing's own distinctive areas and areas in which nurses collaborate with other professionals. In this sense, they confuse two phenomena: 1) the authority implicit in autonomy for making decisions in the nurse's singular areas of practice and 2) the authority that can emerge from a nurse's expertise in collaborative situations, but does not necessarily imply autonomy. This student view is also consistent with other studies showing that nursing autonomy is not limited to caring and that autonomy is affected when other professionals fail to take into account nurses' knowledge and experience (Tapp et al., 2005).

The students describe a greater level of autonomy than they had expected. They link this increase in autonomy to greater professional responsibility and a greater number of activities than they had expected. They report these traits with great satisfaction, a result of the surpassing of their expectations. Note that their lower expectations likely originate in the stereotypical image of nursing. As shown by Heirle (2009), this image draws on and reinforces existing social values about the relationship between man and woman, professional and helper, etc. In this traditional image, the nurse is seen as powerless and dependent on the doctor (Takase, Maude, & Manias, 2006). Because power requires autonomy (Karagözoğlu, 2009), it is logical that a lack of autonomy would imply powerlessness.

Students link the surpassing of their expectations to an increase in nursing autonomy historically, which they have learned about during their nursing studies. However, students do not seem to view the profession as entirely autonomous. The examples that emerge spontaneously, taken from their daily experiences during their practical education, show a different reality in which “nurses can decide up to a certain point” or in which the doctor “says what has to be done to a patient.” These examples show the confusion that occurs when students fail to differentiate areas of collaboration with other professionals from exclusive areas unique to nursing. Without this differentiation, it becomes hard to define professional autonomy, as seen in students' contradictory statements. In this context, it is understandable that some studies describe nursing practice as not completely autonomous (Baykara & Şahinoğlu, 2014; Tapp et al., 2005).

In addition, according to some definitions, students relate autonomy to nursing competencies, as they understand that these define professional action (Juvé et al., 2007). Strikingly, only one student links professional autonomy to caring. Caring is the essence of nursing (Khademian & Vizehsfar, 2008; Sargent, 2012) and the core function that differentiates nursing from other professions. Moreover, caring for patients leads nurses to identify with the nursing profession

(MacWilliams, Schmidt, & Bleich, 2013). The fact that the students do not mention caring when talking about autonomy is troubling, considering the demonstrated relationship between caring and professional nurse autonomy (Galbany-Estragues & Comas-d'Argemir, 2016; Wade, 2004). Two potential explanations could account for the absence of talk about caring in discussions of autonomy. On one hand, perhaps students don't mention this aspect of their work because they place low value on it (see Arreciado and Isla, 2017). On the other hand, perhaps they don't mention it because they take it for granted. It is beyond the scope of the current study to determine which explanation is valid. In either case, students' failure to articulate the role of caring when asked explicitly about professional autonomy raises concerns about their understanding of autonomy and their expectations for how they will exercise autonomy during the professional lives.

One limitation of this research is the fact that the observation phase of the study only covered the students' practical education and not the training in nursing theory that they received in the classroom. Having such data would have allowed us to know what students were taught explicitly about autonomy in the classroom. Another limitation is that only one of the observed students was able to participate in the focus groups. Finally, we have not conducted follow-up research to monitor the relationship between the students' views of autonomy and their professional satisfaction. All of these aspects are opportunities for future research, for which the current study can serve as a baseline.

Implications for nursing education

A joint strategy in the educational and professional realms should clarify the definition of nursing autonomy and ensure that it is transmitted to students consistently across the theoretical and practical aspects of their education. One approach would be to increase the visibility and value of caring in order to delimit and assert professional autonomy. Also, students and new professionals should be encouraged to engage in reflective practices in order to adapt their expectations to professional realities. Moreover, they need training to lead these changes in the discipline. To make this possible, nursing education should move away from passive pedagogical approaches that encourage mere imitation and toward an active pedagogy that encourages reflection, making it possible for students to question and transform nursing practice. Finally, the outcome of these efforts should be examined through empirical research, in order to measure their impact on the service that nurses provide to society.

Conclusions

The study findings reveal confusion about nursing autonomy in people who will soon be professionals, and they suggest a problem in the definition of the profession. This confusion makes it possible to talk about autonomy in relation to decision-making and nurses' distinctive areas of practice. However, at the same time, the students do not link autonomy to caring, nor do they keep nurses' distinctive areas in mind when talking about the limits of this autonomy. The lack of clarity on the limits of autonomous practice generates confusion between autonomy, which implies the power to make independent decisions in the unique professional space, and authority, which doesn't necessarily imply autonomy if it occurs outside nursing's exclusive area of practice. This confusion could cause false expectations, if new nurses believe that they will be decision-makers in areas beyond the realm of nurses' singular areas of practice. Moreover, the nurses themselves fail to recognize their own caring activities and fail to center their claims for autonomy on caring, an area that is exclusive to nursing. Given the demonstrated link between autonomy and job satisfaction, it is worth asking whether there is a connection between confusion about autonomy, false expectations, professional frustration and leaving the profession. Because this process occurs in a context of growing demand for nurses, understanding factors that affect hiring and retention is a priority.

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Declaration of interest

None.

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References

- Arreciado, A. (2013). *Professional nurse identity: Construction and development in students during their university education*. Universitat de Barcelona (Doctoral Dissertation).
- Arreciado, A., & Isla, M. P. (2015). Theory and practice in the construction of professional identity in nursing students: A qualitative study. *Nurse Education Today*, 35(7), 859–863. <https://doi.org/10.1016/j.nedt.2015.03.014>.
- Arreciado, A., & Isla, M. P. (2017). Contradictory views of nursing care among students at the end of their nursing education. *Journal of Advanced Nursing*, 73(2), 410–420. <https://doi.org/10.1111/jan.13114>.
- Ashghali, M., Ghaffari, F., Oskouie, F., & Zagheri, M. (2017). Attrition among Iranian nursing students: A qualitative study. *Nurse Education in Practice*, 22(6), 98–104. <https://doi.org/10.1016/j.nepr.2017.01.002>.
- Baykara, Z. G., & Şahinoğlu, S. (2014). An evaluation of nurses' professional autonomy in Turkey. *Nursing Ethics*, 21(4), 447–460. <https://doi.org/10.1177/0969733013505307>.
- Begum, S., & Slavin, H. (2012). Perceptions of caring in nursing education by Pakistani nursing students: An exploratory study. *Nurse Education Today*, 32(2), 332–336. <https://doi.org/10.1016/j.nedt.2011.10.011>.
- Berenguer, A., Fernández, M. J., Pons, M., Pujol, E., Rodríguez, D., & Saura, S. (2014). *Listen, observe and understand. Reclaiming the narrative in health sciences. Contributions of qualitative research*. Barcelona: Institut Universitari d'Investigació en Atenció Primària Jordi Gol.
- Bertrán, C., Juvinyà, D., Fuentes, C., Suñer, R., & Ballester, D. (2008). Nursing students say about their profession. *Revista ROL de Enfermería*, 31(7–8), 478–492.
- Best, M. F., & Thurston, N. E. (2006). Canadian public health nurses' job satisfaction. *Public Health Nursing*, 23(3), 250–255. <https://doi.org/10.1111/j.1525-1446.2006.230307.x>.
- Boamah, S. A., & Laschinger, H. (2016). The influence of areas of worklife fit and work-life interference on burnout and turnover intentions among new graduate nurses. *Journal of Nursing Management*, 24(2), 164–174. <https://doi.org/10.1111/jonm.12318>.
- Burguete, M. D., Ávila, J. A., & Velasco, J. (2005). The public image of nurses. How do student nurses see the nursing profession. *Educare* 21 <http://www.enfermeria21.com/revistas/educare/articulo/17021/>, Accessed date: 14 June 2016.
- Cohen, H. A. (1988). *The nurse's quest for a professional identity*. Barcelona: Grijalbo.
- Cole, C., Wellard, S., & Mummery, J. (2014). Problematising autonomy and advocacy in nursing. *Nursing Ethics*, 21(5), 576–582. <https://doi.org/10.1177/0969733013511362>.
- Collière, M. F. (1991). Towards the recognition of nursing practice. *Notas de Enfermería*, 1(9), 53–66.
- Dahlborg, E., & Pilhammar, E. (2008). The importance of awareness of nursing students' denotative images of nursing. *The Journal of Nursing Education*, 47(12), 537–543.
- Dreifuerst, K. T. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *The Journal of Nursing Education*, 51(6), 326–333. <https://doi.org/10.3928/01484834-20120409-02>.
- Galbany-Estragues, P., & Comas-d'Argemir, D. (2016). Care, autonomy, and gender in nursing practice: A historical study of nurses' experiences. *The Journal of Nursing Research*. <https://doi.org/10.1097/jnr.0000000000000184>.
- Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology*, 43(1), 3–12. <https://doi.org/10.1163/156916212X632934>.
- Guba, E. (1981). Credibility criteria in naturalistic research. In J. Gimeno, & A. Pérez (Eds.), *Teaching: Theory and practice* (pp. 148–165). Madrid: AKAL.
- Heirle, C. (2009). The image of the nurse through the Mass Media: The written press. *Índex de Enfermería*, 18(2), 95–98.
- Henderson, V. (1971). *Basic principles of nursing care*. Basel, Ginebra: International Council of Nurses (I.C.N.).
- 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. <https://doi.org/10.1111/j.1365-2648.2010.05424.x>.
- Johnsen, V., & Barra, J. (2002). Students' perceptions of change. *The Journal of Nursing Education*, 41(8), 357–359.
- Jones-Berry, S. (2017). A quarter of nursing degree students quit their courses. *Nursing Standard*, 32(2), 7–9. <https://doi.org/10.7748/ns.32.2.7.s3>.
- Juvé, M. E., Hugué, M., Monterde, D., Sanmartín, M. J., Martí, N., Cuevas, B., ... Alvarez, G. (2007). A theoretic and conceptual framework for the definition and evaluation of the nursing professional's competencies in the hospital context. *Nursing*, 25(4), 56–61.
- Kantek, F., Kaya, A., & Gezer, N. (2017). The effects of nursing education on professional values: A longitudinal study. *Nurse Education Today*, 58, 43–46. <https://doi.org/10.1016/j.nedt.2017.08.004>.
- Karagözoğlu, S. (2009). Nursing students' level of autonomy: A study from Turkey. *Nurse Education Today*, 29(2), 176–187. <https://doi.org/10.1016/j.nedt.2008.08.002>.
- Khademian, Z., & Vizehsfar, F. (2008). Nursing students' perceptions of the importance of caring behaviors. *Journal of Advanced Nursing*, 61(4), 456–462. <https://doi.org/10.1111/j.1365-2648.2007.04509.x>.
- Kovner, C., Brewer, C., Wu, Y. W., Cheng, Y., & Suzuki, M. (2006). Factors associated with work satisfaction of registered nurses. *Journal of Nursing Scholarship*, 38(1), 71–79. <https://doi.org/10.1111/j.1547-5069.2006.00080.x>.
- Kramer, M., & Schmaleberg, C. (2008). The practice of clinical autonomy in hospitals: 20000 nurses tell their story. *Critical Care Nurse*, 28, 58–71.
- Krueger, R. A. (1991). *Focus groups: A practical guide for applied research*. Madrid: Pirámide.
- Labrague, L. J., McEnroe-Petite, D. M., Papatheanasiou, I. V., Edet, O. B., Arulappan, J., & Tsaras, K. (2015). Nursing students' perceptions of their own caring behaviors: A multicountry study. *International Journal of Nursing Knowledge*. <https://doi.org/10.1111/2047-3095.12108>.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. London: Sage.
- MacDonald, C. (2002). Nurse autonomy as relational. *Nursing Ethics*, 9(2), 194–201. <https://doi.org/10.1191/0969733002ne4980a>.
- MacWilliams, B. R., Schmidt, B., & Bleich, M. R. (2013). Men in nursing. *The American Journal of Nursing*, 113(1), 38–44. <https://doi.org/10.1097/01.NAJ.0000425746.83731.16>.
- Morse, J. M. (2005). Emerging from the data: The cognitive processes of analysis in qualitative inquiry. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 53–76). San Vicente del Raspeig: Universidad de Alicante.
- Negrillo, C., & Herrera, I. (2013). The formation of professional identity in nursing students: A qualitative study. *Revista Rol de Enfermería*, 36(6), 408–414.
- Panunto, M., & Guirardello, E. (2013). Professional nursing practice: Environment and emotional exhaustion among intensive care nurses. *Revista Latino-Americana de Enfermagem*, 21(3), 765–772. <https://doi.org/10.1590/S0104-11692013000300016>.
- Perrenoud, P. (2004). *Développer la pratique réflexive dans le métier d'enseignant. Professionalisation et raison pédagogique*. Barcelona: Graó.
- Price, S. L. (2009). Becoming a nurse: A meta-study of early professional socialization and career choice in nursing. *Journal of Advanced Nursing*, 65(1), 11–19. <https://doi.org/10.1111/j.1365-2648.2008.04839.x>.
- Raterink, G. (2016). Reflective journaling for critical thinking development in advanced practice registered nurse students. *The Journal of Nursing Education*, 55(2), 101–104. <https://doi.org/10.3928/01484834-20160114-08>.
- Sargent, A. (2012). Reframing caring as discursive practice: A critical review of conceptual analyses of caring in nursing. *Nursing Inquiry*, 19(2), 134–143. <https://doi.org/10.1111/j.1440-1800.2011.00559.x>.
- Skar, R. (2010). The meaning of autonomy in nursing practice. *Journal of Clinical Nursing*, 19(15–16), 2226–2234. <https://doi.org/10.1111/j.1365-2702.2009.02804.x>.
- Takase, M., Maude, P., & Manias, E. (2006). Impact of the perceived public image of nursing on nurses' work behaviour. *Journal of Advanced Nursing*, 53(3), 333–343. <https://doi.org/10.1111/j.1365-2648.2006.03729.x>.
- Tapp, D., Stansfield, K., & Stewart, J. (2005). Autonomy in the nursing practice. *Aquichán*, 5(1), 114–127.
- Ten Hoeve, Y., Jansen, G., & Roodbol, P. (2014). The nursing profession: Public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 70(2), 295–309. <https://doi.org/10.1111/jan.12177>.
- Twibell, R., Pierre, J. S., Johnson, D., Barton, D., Davis, C., Kidd, M., & Rook, G. (2012). Tripping over the welcome mat: Why new nurses don't stay and what evidence says about it. *American Nurse Today*, 7(6) <https://americannursetoday.com/tripping-over-the-welcome-mat-why-new-nurses-dont-stay-and-what-the-evidence-says-we-can-do-about-it/>, Accessed date: 9 December 2016.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15, 398–405. <https://doi.org/10.1111/nhs.12048>.
- Valles, M. (2014). *Qualitative methods in social research. Reflection on methodology and professional practice*. Madrid: Síntesis.
- 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(1), 201–207. <https://doi.org/10.1111/j.1471-6712.2010.00819.x>.
- Wade, G. H. (2004). A model of the attitudinal component of professional nurse autonomy. *The Journal of Nursing Education*, 43(3), 116–124.
- Weston, M. J. (2009). Validity of instruments for measuring autonomy and control over nursing practice. *Journal of Nursing Scholarship*, 41(1), 87–94. <https://doi.org/10.1111/j.1547-5069.2009.01255.x>.