Let's Start!

[Autonomy with Ardent Factors and Nurses' Performance: A Systematic Review]

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ABSTRACT

Professional autonomy with ardent factors has a significant effect on nurse performance, which ultimately affects patient outcomes. This study aimed to summarize the available literature on the relationship between a sense of autonomy and nurses' performance to identify the different dimensions of professional autonomy in the healthcare industry and understand how it is measured. It also explores the literature on various dimensions of nursing performance and professional autonomy. The PRISMA guidelines were followed to conduct a current systematic review, and explicit criteria were employed to select relevant articles from 1999 to 2024. Finally, 51 articles met the inclusion criteria and were included in this study. After a meticulous review of the selected articles, the current study identified 33 articles that indicated a strong association between autonomy (with ardent factors) and nurses' performance; the remaining 18 articles showed weak correlations. Additionally, the present study characterized 26 diverse measures for assessing nurses' performance in hospital settings, which can be classified into seven significant factors: nurses' performance, professional autonomy, emotional factors, top management support, operational flexibility, risk factors, and turnover intention. The current study highlights that the Nursing Care Performance Framework (NCPF) is a commonly used metric for evaluating nurses' performance in hospital settings. Moreover, there is a substantial emphasis on interrelated measurements of meaningful work, psychological capital, and hospital performance. This research offers unique value by synthesizing various studies on nurses' performance and highlighting the Nursing Context Performance Framework (NCPF) and critical constructs used for evaluation.

Keywords: Nurses' performance, Autonomy, Hospitals, PRISMA guidelines

Introduction

Currently, the number of service providers worldwide experiencing constant anxiety about the shortage of nurses. Globally, approximately 2.2 million midwives and 29 million nurses are currently employed (Boniol et al., 2022), and according to the World Health Organization, there will be a shortfall of around 0.31 million midwives and 4.5 million nurses by the end of 2030 (World Health Organization, 2024). There is a dire need to both hire and retain existing nurses in order to create a substantial sustainable workforce. In this scenario, ardent factors play a remedial role in encouraging and promoting potential nurses. A strong sense of professional autonomy leads to the relationship between nurses' performance and operational flexibility, which improves hospital performance (Both-Nwabuwe et al., 2020; World Health Organization, 2024).

Autonomy is a multifaceted factor and can be seen as a sense of freedom, accountability, and sovereignty (Hoseini et al., 2023; Alruwaili & Abuadas, 2023). In terms of nursing, a sense of autonomy can elevate nursing practice (Maharmeh, 2017; Taleghani et al., 2022), at both the professional and clinical level (Oshodi et al., 2019). Professional autonomy refers to enhancing the quality of nursing practice and patient safety, while clinical autonomy refers to decision making in relation to patient treatment and nurses'

capacity to perform beyond the scope of acknowledged practice (Varjus et al., 2011). There are also some limitations exist regarding nursing autonomy from the perspective of clinical and professional practices because nurses are ethically and legally obliged to perform their duties as their profession (Nancarrow & Borthwick, 2005; Salhani & Coulter, 2009).

This review focuses on ardent factors that make an optimistic contribution to both nurses' individual sense and the nursing profession. These factors also help nurses in their personal growth in the sense of proactive work behavior, character strength, quality of work life, opportunity for career progression, nurse–patient interaction, and psychological resilience, that ultimately enhance patient care and improve patient safety (Hausler et al., 2017a; Cho & Han, 2018). In healthcare settings, nursing duties are complicated and can involve multiple, unrelated, tasks that create hurdle to maintain nursing professional status (Labrague et al., 2019). Professional autonomy can be seen as nurses making their own judgement calls whilst adhering to established standards (Cajulis et al., 2007).

According to Both-Nwabuwe et al. (2020), nurses may be able to establish their own work schedules and make autonomous decisions by their own knowledge and personal experience. As a result, they may be more content with their professional performance, occupationally dedicated, and emotionally empowered if they arrange the schedule and pace of their own work (AllahBakhshian et al., 2017). Presently, nurses experience unrelenting pressure in terms of trying to provide high quality patient-focused services. Moreover, growing number of risk factors such as: depression, workplace incivility, compassion fatigue, occupational stress, and dissatisfaction, dealing with complex therapies, nurse shortages, and a growing number of patients may affect nurses' performance (Pillay, 2009; Alruwaili et al., 2022).

Correspondingly, nurses' performance in private hospitals are seen to provide better patient care based on current standards and procedures. Meanwhile, nurses are expected to endure conditions in the public healthcare system and perform what hospitals expect rather than what they personally feel is right. Therefore, this study examines extant literature regarding the nurses' performance and autonomy (with ardent factors) and their corresponding components and magnitudes.

Methods

Our research methodology relied on the PRISMA guidelines. We searched the Elsevier, Emerald, Springer, Wiley Online Library, Frontiers, Sage, JSTOR, Taylor & Francis, BioMed, Wolters Kluwer Medknow, and BMJ databases between March and May 2024, using the following key terms: nurses' performance, autonomy, and ardent feelings and 346 research papers were downloaded.
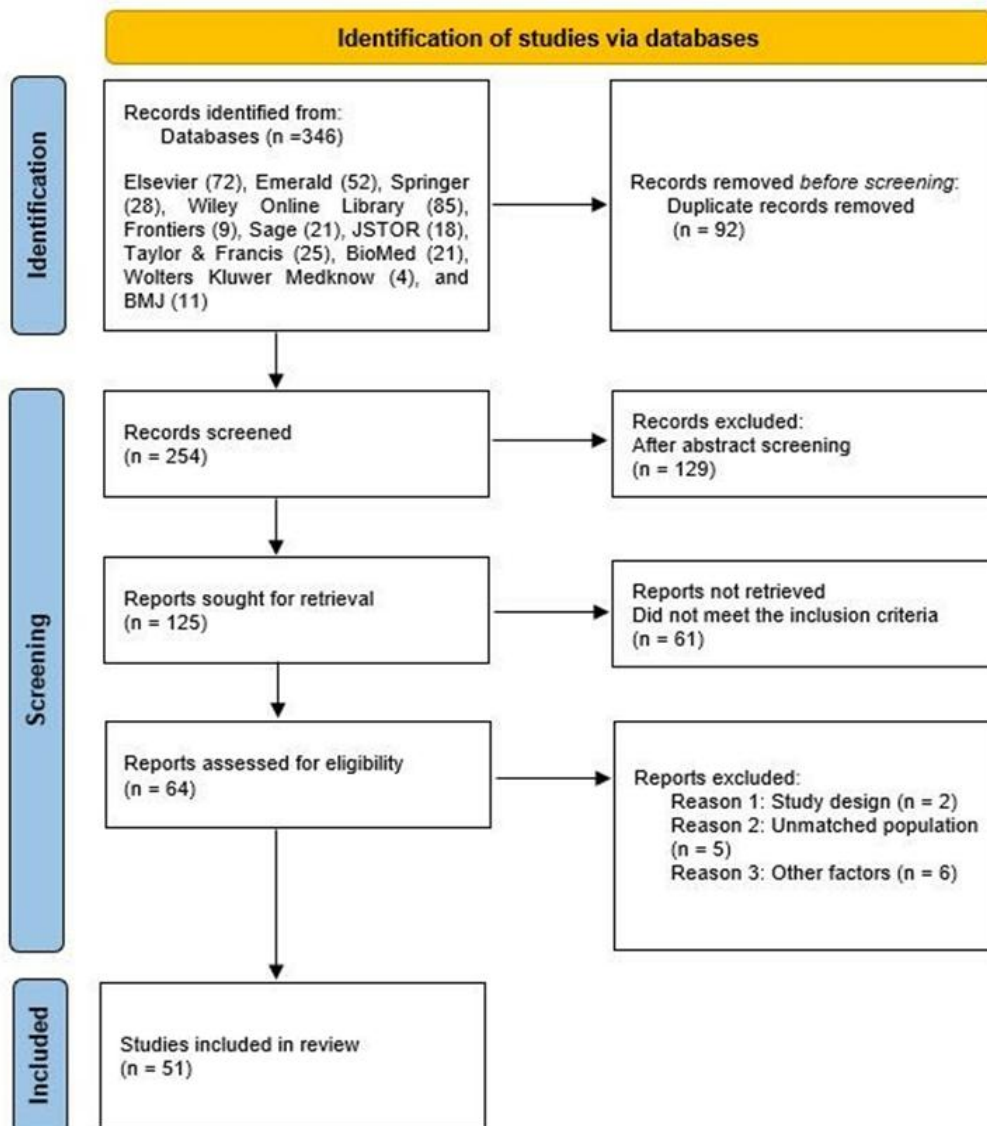
Selection and Eligibility Criteria

Selection criteria relied on the universal acceptance and relevance of articles and their number of citations (Beaulieu, 2015). Articles that obtain hundreds of citations comprise in the top 1.8% of the most popular articles globally. Firstly, 92 duplicate papers were removed, and remaining 254 papers were screened on the basis of topic and abstract to check their current research eligibility criteria. Secondly, 129 articles were excluded based

on the screening process, and the remaining 125 articles were moved forward for further procedures. Thirdly, 61 papers were also excluded after an in-depth screening of full-text papers due to unmatched insertion measures. Finally, 2 papers were removed because of the study design, 6 papers were excluded on the basis of other factors, and 5 papers were excluded because they did not match with our study population. Thus, 51 papers met the criteria for inclusion in this systematic review, as shown in Figure 1.

Identification of studies via databases

Identification

Records identified from:
Databases (n =346)

Elsevier (72), Emerald (52), Springer (28), Wiley Online Library (85), Frontiers (9), Sage (21), JSTOR (18), Taylor & Francis (25), BioMed (21), Wolters Kluwer Medknow (4), and BMJ (11)

Records removed *before screening*:
Duplicate records removed
(n = 92)

Screening

Records screened
(n = 254)

Records excluded:
After abstract screening
(n = 129)

Reports sought for retrieval
(n = 125)

Reports not retrieved
Did not meet the inclusion criteria
(n = 61)

Reports assessed for eligibility
(n = 64)

Reports excluded:
Reason 1: Study design (n = 2)
Reason 2: Unmatched population (n = 5)
Reason 3: Other factors (n = 6)

Included

Studies included in review
(n = 51)

Figure 1: Exploration and Assortment Procedure
Source: Flow Diagram PRISMA (2020)

Frequent Elements of Reviewed Studies

Table 1 presents the classification of studies based on research settings and their historical nature; and the form of the research paper describes the research type. Table 1 also highlights those 26 articles used quantitative approach, 4 used mixed-methods (quantitative and qualitative) approach, 12 articles used qualitative approach and 9

review articles. Additionally, the categorization of papers based on hospital setting revealed that 33 papers were scrutinized explicitly in hospitals for this study, and the remaining papers had collected data from general participants. Out of 33 scrutinized papers, 18 were conducted in public hospitals, 7 in the private sector, and 8 in both public and private hospital settings. Rouhi-Balasi et al. (2020), stated that the rationale behind selecting public and private hospitals was to directly compare healthcare service quality and professional autonomy among nurses.

Table 1: Features of Reviewed Studies

Features	Quantitative Nature	Qualitative Nature	Mix	Review Nature
Public	Al Badi et al. (2023); Ali et al. (2022); Alolayyan & Alyahya (2023); Asaria et al. (2020); Cha & Sung (2020); Cho & Han (2020); Hooper et al. (2010); Karatepe & Avci (2019); Liu et al. (2022); Sun et al. (2012); Zhao et al. (2013); Alsaraireh et al. (2020); Happell et al. (2015)	McCaughey et al. (2018); Oshodi et al. (2019); Thomas et al. (2011)	Alruwaili et al. (2022)	Almeida et al. (2024)
Private	Dechawatanapaisal (2017); Dechawatanapaisal (2018); Abdullah et al. (2020); Pattali et al. (2024)	Xiong et al. (2024)	Madlabana et al. (2020)	Reynolds et al. (2013)
Both	Wilson & Mitchell (1999); Brunetto et al. (2018); Aeschbacher & Addor (2018); Pillay (2009); Chegini (2019)	Hamid et al. (2013)	Deressa & Zeru (2019)	Sibuea et al. (2024)
General	Hausler et al. (2017a); Moloney et al. (2018); Diana et al. (2022); Al-Dossary (2022)	Both-Nwabuwe (2020); Myburgh et al. (2016); Nurmeksela et al. (2021); Lindahl & Norberg (2002); Shattell (2004); Sjögren et al. (2005); Baldwin & Griffiths (2009)	Schofield et al. (2006)	Lu et al. (2019); Hoseini Azizi et al. (2023); Pursio et al. (2021); Krijgsheld et al. (2022); Parkinson et al. (2024); Kuntz et al. (2008)
Total	26	12	04	09

Methods of Sampling

Both probability and non-probability sampling techniques were employed in selected articles, and most studies did not mention that what studies they employed. The most commonly used technique was probability sampling; 12 articles used simple random technique, and 8 articles chose convenience sampling. The least employed technique was cluster sampling, which refers to the non-probability sampling method because few studies have focused on explicit research locations. Aiming for small research locations increases the likelihood of attaining sample units because the population is restricted. Non-probability sampling techniques are unfeasible when supplementary division is required.

Results and Discussion

This systematic review aimed to amalgamate the outcomes of selected studies on nurses' performance to gain an inclusive description of professional autonomy. We found that the autonomy is an emerging attribute which attained via patient–nurse interaction and the ability to be self-sufficient. In addition, rational decision making and professional collaboration between staff result in better patient care. By nature, performance is intangible and complex to measure; however, inclusive studies stated that nurses' performance can be measured on the basis of service quality, autonomy, and ardent factors (Asaria et al., 2020; Ali et al., 2022). Table 2 highlights 22 distinctive measures of nurses' performance, in which most referred to factors were meaningful work, proactive work behavior, job embeddedness, character strength, psychological capital, quality of work life, and nurse–patient interaction.

Table 2: Evaluation of Nurses' Performance

Category	Constructs	Origin
Nurses' Performance		Al Badi et al. (2023); Ali (2022); Karatepe & Avci (2019); Sun et al. (2012); Krijgsheld et al. (2022); Reynolds et al. (2013); Lu et al. (2019); Cha & Sung (2020); Alruwaili et al. (2022); Aeschbacher & Addor (2018); Almeida et al. (2024); Abdullah et al. (2020); Pattali et al. (2024); Brunetto et al. (2018); Pillay (2009); Chegini (2019); Hamid et al. (2013); Deressa & Zeru (2019); Sibuea et al. (2024); Hausler et al. (2017a); Diana et al. (2022); Al-Dossary (2022); Madlabana et al. (2020); Hoseini Azizi et al. (2023)
Professional Autonomy		Pursio et al. (2021); Oshodi et al. (2019); Brunetto et al. (2018)
	Meaningful Work	Both-Nwabuwe et al. (2020); Cha & Sung. (2020); Almeida et al. (2024); Brunetto et al. (2018); Aeschbacher & Addor (2018); Pursio et al. (2021); Diana et al. (2004); Madlabana et al. (2020); Deressa & Zeru (2019); Pillay (2009)
	Balancing	Both-Nwabuwe et al. (2020); Happell et al. (2015); Lu

	Tensions	et al. (2019); Hamid et al. (2013); Hoseini Azizi et al. (2023)
Ardent Factors	Proactive Work Behavior	McCaughey et al. (2018); Moloney et al. (2018); Krijgsheld et al. (2022); Nurmeksela et al. (2021); Cho & Han (2018); Pattali et al. (2024); Cha & Sung (2020); Alruwaili et al. (2022); Diana et al. (2022); Aeschbacher & Addor (2018); Pillay (2009); Madlabana et al. (2020)
	Job Embeddedness	Sun et al. (2012); Ali et al. (2022); Karatepe & Avci (2019); Liu et al. (2022); Zhao et al. (2013); Dechawatanapaisal (2017); Deressa & Zeru (2019); Dechawatanapaisal (2018); Diana et al. (2022); Aeschbacher & Addor (2018); Al-Dossary (2022)
	Character Strength	Lindahl & Norberg (2002); Happell et al. (2015); Aeschbacher & Addor (2018); Thomas et al. (2011); Cho & Han (2018); Brunetto et al. (2018); Al-Dossary (2022); Hausler et al. (2017a); Pursio et al. (2021); Madlabana et al. (2020)
	Psychological Capital	Ali et al. (2022); Myburgh et al. (2016); Sun et al. (2012); Cho & Han (2018); Shattell (2004); Kuntz et al. (2008); Thomas et al. (2011); Happell et al. (2015); Pattali et al. (2024); Sibuea et al. (2024); Diana et al. (2022); Pursio et al. (2021); Madlabana et al. (2020); Hoseini Azizi et al. (2023)
	Nurses' Presenteeism	Liu et al. (2022); Reynolds et al. (2013); Cha & Sung (2020); Brunetto et al. (2018); Aeschbacher & Addor (2018); Pillay (2009); Hamid et al. (2013); Deressa & Zeru (2019); Hausler et al. (2020); Diana et al. (2022)
	Quality of Work Life	Zhao et al. (2013); Reynolds et al. (2013); Thomas et al. (2011); Lu et al. (2019); Dechawatanapaisal (2017); Abdullah et al. (2020); Sibuea et al. (2024); Diana et al. (2022); Al-Dossary (2022); Madlabana et al. (2020)
	Promote Careers in Nursing	Wilson & Mitchell (1999); Kuntz et al. (2008); Sibuea et al. (2024); Deressa & Zeru (2019); Pillay (2009); Al-Dossary (2022)
	Community Service Workforce	Parkinson et al. (2024); Kuntz et al. (2008); Baldwin & Griffiths (2009); Brunetto et al. (2018); Pillay (2009)
	Nurse-Patient Interaction	Shattell (2004); Thomas et al. (2011); Xiong et al. (2024); Cha & Sung (2020); Hooper et al. (2010); Abdullah et al. (2020); Sibuea et al. (2024); Hausler et al. (2017a); Pursio et al. (2021); Madlabana et al. (2020)
	Hospital at	Schofield et al. (2006); Aeschbacher & Addor (2018)

	Home Scheme Psychological Resilience	Xiong et al. (2024); Deressa & Zeru (2019); Diana et al. (2022); Hoseini Azizi et al. (2023)
Top Management Support		Asaria et al. (2020); Pattali et al. (2024); Karatepe & Avci. (2019); Nurmeksela et al. (2021); Lindahl & Norberg (2002); Sjögren et al. (2005); Lu et al. (2019); Almeida et al. (2024); Pursio et al. (2021); Brunetto et al. (2018); Al-Dossary (2022)
Job Security		Xiong et al. (2024)
Operational Flexibility	Hospital Performance	Alolayyan & Alyahya (2023); McCaughey et al. (2018); Oshodi et al. (2019); Schofield et al. (2006); Thomas et al. (2011); Cho & Han (2018); Lu et al. (2019); Cha & Sung (2020); Almeida et al. (2024); Brunetto et al. (2018); Chegini (2019); Deressa & Zeru (2019); Sibuea et al. (2024); Diana et al. (2022); Pursio et al. (2021); Madlabana et al. (2020)
Risk Factors	Depression	Baldwin & Griffiths (2009); Hamid et al. (2013); Alsaraireh et al. (2014); Pillay (2009); Chegini (2019); Hausler et al. (2017a)
	Burnout	Alsaraireh et al. (2014); Hooper et al. (2010); Chegini (2019); Hausler et al. (2017a)
	Self-Harm	Baldwin & Griffiths (2009)
	Workplace Incivility	Cha & Sung (2020); Chegini (2019); Hamid et al. (2013)
	Compassion Fatigue	Hooper et al. (2010); Hausler et al. (2017a); Hamid et al. (2013)
	Job Irreplaceability	Liu et al. (2022); Lu et al. (2019)
	Occupational Stress	Alruwaili et al. (2022); Aeschbacher & Addor (2018); Pillay (2009); Chegini (2019)
	Dissatisfaction	Pillay (2009); Hamid et al. (2013); Deressa & Zeru (2019)
Nursing Turnover Intention		Moloney et al. (2018); Zhao et al. (2013); Sjögren et al. (2005); Alsaraireh et al. (2014); Lu et al. (2019); Dechawatanapaisal (2017); Dechawatanapaisal (2018); Pattali et al. (2024)

Secondly, number of review articles relied on the nursing care performance framework (NCPF), which created the standards for measuring nurses' performance. The NCPF is a broadly recommended model for performance measurement among diverse service sectors developed by Dubois et al. (2013), specifically in healthcare. Overall, nurses' performance was divided into six categories: leadership, professional development, critical care, teaching/cooperation, planning/evaluation, and interpersonal

relationship/communication. In healthcare settings, performance dimensions were mostly employed, such as leading staff, professional development in career growth, critical care in patient safety, teaching/cooperation in relation to psychological resilience, planning/evaluation in proactive work behavior, and interpersonal relationships and communication in nurse–patient interactions. Using the NCPF model, healthcare organizations systematically explored ways in which to enhance nurses' performance by boosting their sense of professional autonomy, which ultimately improved patient care.

Thirdly, current study highlighted that the following criteria were employed to evaluate performance and the quality of care: transforming resources into services, professional satisfaction, patient comfort and quality of life, adoption of health-promoting behavior, nurse decisions, and joint contribution of nursing and other systems (Rapin et al., 2015). The Present systematic review also revealed that management support and independent practice are very less studied while examining autonomy and nurse performance. Despite receiving less attention in extant studies, such attributes like professional autonomy and ardent factors made robust contributions to improving nurses' performance in the healthcare sector (Rouhi-Balasi et al., 2020; Hoseini et al., 2023).

Additionally, current study also draws attention to the risks faced by nurses while performing their duties i.e., depression, burnout, self-harm, workplace incivility, compassion fatigue, job irreplaceability, occupational stress, and dissatisfaction, which ultimately lead to leaving the nursing profession. At this stage, where nursing shortages already prevail (World Health Organization, 2024), a remedial injection of top management support plays a vital role in retaining the skilled workforce (nurses) (Nurmeksela et al., 2021; Al-Dossary, 2022; Pressley & Garside, 2023; Pattali et al., 2024). Connections among nurses resulted from a sense of social responsibility, timely availability of resources, effective leadership and management, and patient care (Simou et al., 2014).

Finally, the present study proposed a holistic approach to assessing nurses' performance. We identified five categories for evaluating nurses' performance after reviewing the literature: professional autonomy, ardent factors, top management support, operational flexibility, and overall nursing ability. From this perspective, meaningful work and the ability to balance workplace tensions contribute to the sense of professional autonomy (Thomas et al., 2011; Cha & Sung, 2020). Correspondingly, proactive work behavior, job embeddedness, character strength, psychological capital, nurses' presenteeism, quality of work life, opportunity for promotion, community service, nurse–patient interaction, hospital at home scheme, and psychological resilience are seen as important ardent factors (McCaughey et al., 2018; Karatepe & Avci, 2019; Parkinson et al., 2024). However, nurses' motivation, job security, and satisfaction are less studied in this context. Our finding suggests that these factors also influence nurse performance, and further exploration is needed to understand nurse performance better. Considering all of these factors, an inclusive approach to assessing and enhancing nurses' performance is urgently required.

Implications for Nursing

The present study classified diverse measurement scales for assessing nurses' performance. Based on numerous studies, we provided a systematic investigation of numerous research methods and their consequences. The present research not only proposed an innovative understanding of different views on nursing performance and its assessment but also revealed innumerable gaps, thereby creating a chance for further research to work on such oversights. Improving the support offered by senior management is one such suggestion from this study because it substantially influences nurses' satisfaction. Experienced administrators familiar with the factors that influence nursing performance can also formulate approaches that specifically target nurses' sense of pleasure, thereby enhancing hospital performance. The general approach to performance evaluation of nursing emphasizes patient safety governance. We highlight the importance of enabling nurses to gain a sense of accomplishment and boosting their status.

Conclusion

A review of nurses' performance indicated the number of models, constructs, and measures used in extant studies. Nurses' performance in healthcare settings relies on their insights and sense of accomplishment and gratification, which differ according to the individual. This area of research is currently gaining attention. Thus, the present systematic review emphasizes the prevailing literature that explains nurses' performance transversely in diverse hospital settings. It is noteworthy that numerous studies have used NCPF metrics to rate nurses' performance in healthcare settings. However, meaningful work, balancing workplace tensions, proactive work behavior, job embeddedness, character strength, psychological capital, nurses' presenteeism, career opportunities, nurse-patient interaction, psychological resilience, job security, operational flexibility, and overall hospital performance also appear to be frequently employed measures in studies on nurses' performance. The applicability of diverse sampling methods, mainly convenience and random sampling, was also investigated in this review.

Limitations and Future Research

This study suggests some productive future directions for addressing the limitations of current research. First, the elimination criteria we applied in this study relied on a particular basis that might have limited the scope of our study; thus, potential researchers should use a more significant number of articles to gain a broader view of the issues we addressed. Likewise, the 26 measures of nurses' performance described in this study pose reservations regarding the consistency of extant discoveries. In addition, an effective and consistent measure that addresses all aspects of nurses' performance is needed. Furthermore, the present findings highlight that job security was given little attention by previous researchers but is highly relevant to nurses' performance. Future researchers should address unexplored factors that influence nurses' performance. Finally, our research identified features of healthcare settings that may guide future performance enhancements and improve the overall outcomes of hospitals.

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