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Relationship between Nurses' Professional Autonomy and Their Caregiving Roles



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Abstract

Objective: This study aimed to examine the relationship between nurses' professional autonomy and their caregiving roles.

Materials and Methods: A descriptive cross-sectional design was employed, including 291 nurses who met the inclusion criteria. Data were collected using a Personal Information Form, the Attitude toward Professional Autonomy Scale for Nurses, and the Attitude Scale for Nurses' Caregiving Roles. Descriptive statistics, comparative analyses, and Spearman's correlation analysis were performed using SPSS version 22.0. A significance level of $p < 0.05$ was set.

Results: The nurses who participated in the study had a mean age of 32.13 ± 6.92 years, and 82.1% were female. The mean the Attitude toward Professional Autonomy Scale for Nurses score was 78.31 ± 10.01 , and the mean Attitude Scale for Nurses' Caregiving Roles score was 70.43 ± 8.72 . A moderate positive correlation was identified between professional autonomy and caregiving role attitudes ($r = 0.483$, $p < 0.05$). Professional autonomy was significantly associated with educational level, years of experience, and institutional support for autonomy. Gender, educational background, participation in professional development, ability to make autonomous decisions, and institutional support influenced caregiving role attitudes.

Conclusions: Nurses in this study exhibited high levels of professional autonomy and positive attitudes towards caregiving roles. Enhanced professional autonomy was associated with stronger caregiving role perceptions. The findings indicate that strengthening nurses' professional autonomy may enhance the effectiveness of their caregiving roles. It is recommended to improve educational attainment, support professional development, and promote autonomous decision-making skills.

Keywords

Nursing · Professional Autonomy · Caregiving Roles



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INTRODUCTION

Autonomy is an abstract and complex concept that refers to the capacity of individuals to make conscious and independent decisions in order to achieve desired outcomes, and it is one of the fundamental ethical principles in the field of healthcare (1-2). The ability of nurses to independently plan and implement nursing care based on their professional judgement and decision-making skills, without external interference, is achievable only through professional autonomy (3-5). The provision of optimal patient care, the independent making of clinical decisions, and the effective use of individual competencies can be realised solely by nurses who possess an advanced level of autonomy (6-7). In this regard, attributes such as self-confidence, assuming responsibility, and accountability are considered reflections of developed professional autonomy (3).

Nurses' ability to practice autonomously requires a high level of professional knowledge and skills, mastery of evidence-based practices, and competence in clinical judgement-based decision making (3). Clinical decision making, critical thinking, independence in practice, and self-management are fundamental indicators of professional autonomy, and the development of these competencies is significantly influenced by factors such as education level, life experiences, self-confidence, and social interactions (1). Moreover, for nurses to act autonomously in their care practices, not only individual competencies but also supportive organisational structures, opportunities for continuous professional development, provision of institutional support mechanisms, and the development of effective policies are of great importance (8). Professional autonomy enhances nurses' sense of confidence and respect, fosters the development of professional skills and competencies, and facilitates effective communication with other healthcare professionals (2). However, the literature also highlights certain structural and cultural barriers that hinder nurses from fully exercising their autonomy. Among these obstacles, physician authority over patients, discriminatory attitudes towards nurses, and managerial inadequacies are prominent (9). The presence of such barriers can lead to decreased motivation among nurses, which in turn may adversely affect the quality of care provided (10).

Nursing care is the process by which nurses use their knowledge and skills to address individuals' health problems, meet their physical and psychological needs, and achieve therapeutic outcomes (11). Nurses most effectively demonstrate their professional autonomy through their caregiving roles. This role enables nurses to provide holistic and individualised care to patients (12-13). Through qualified

and effective care practices, patients can recover more quickly, be discharged earlier from the hospital, avoid potential complications, and reduce workforce losses (14). Within nursing practices, the caregiving role represents the area in which nurses can act most independently and forms the foundation of the nursing profession (15-16). Especially when faced with a life-threatening condition in a patient, the recognition of the situation and the identification and implementation of appropriate nursing interventions are made possible through the effective utilisation of the nurse's independent caregiving role (17-19).

Professional autonomy, which directly influences nurses' caregiving roles and the quality of professional nursing practice (20), has emerged as a fundamental priority in defining the boundaries and scope of nursing practice areas (3,21). While performing their caregiving role, nurses exercise their autonomy by carefully considering their decisions and accepting responsibility for the potential risks associated with the interventions they perform (3). The literature indicates that in work environments where nurses can act autonomously and their competencies in decision-making and implementation processes are supported, the quality of care improves (1,22), the risk of complications decreases (23), professional satisfaction increases, commitment to the profession is strengthened, and psychological resilience is enhanced (24,25).

Care is a fundamental element that forms the foundation of the nursing profession and reflects its essence. The delivery of effective and high-quality nursing care requires nurses to possess an advanced level of professional autonomy throughout all stages, from assessing patient needs to selecting appropriate interventions, implementing them, and evaluating outcomes. Each nursing intervention carried out autonomously contributes to the expansion of the boundaries of professional autonomy and reinforces the nurse's professional role. In this context, professional autonomy is an indispensable factor for nurses to effectively fulfil their caregiving roles (26). Although some studies in the literature have addressed nurses' professional values in conjunction with their caregiving roles (27,28), no study was found that directly examines the relationship between nurses' level of professional autonomy and their attitudes towards caregiving roles. This highlights the need for a more comprehensive investigation into the interaction between these two variables. Research in this area may contribute significantly to the advancement of nursing practice and the improvement of healthcare quality. In line with this need, the present study was conducted to determine the relationship



between nurses' professional autonomy and their caregiving roles.

MATERIALS AND METHODS

Study Design

This research was conducted as a descriptive and correlational study to determine the relationship between professional autonomy and caregiving roles among nurses. The research questions were as follows:

1. What are the levels of professional autonomy among nurses?
2. What are the nurses' attitudes towards their caregiving roles?
3. What demographic and professional factors affect nurses' levels of professional autonomy and their attitudes towards caregiving roles?
4. Is there a significant relationship between nurses' levels of professional autonomy and their attitudes towards caregiving roles?

Study Setting and Duration

The study was conducted from July 20 to September 20, 2023, involving nurses actively employed across Türkiye. Participants were reached online without any geographical limitations, and the study data were collected through online forms.

Population and Sampling

The study population consisted of nurses actively working in Türkiye between 20 July 2023 and 20 October 2023. The sample size calculation was based on the 2023 data from the Ministry of Health. According to the 2023 data, there are 248,287 practising nurses (29). The literature indicates that for populations exceeding 100,000, a minimum sample size of 384 individuals can be considered adequate with a ± 0.05 sampling error. Although the initial planned sample size was 384, 291 nurses participated in the study. According to the sample size ($n = 291$), a post-hoc power analysis conducted using the G*Power 3.1.9.7 programme ($r = 0.483$, two-tailed hypothesis, and an error level of 0.05) showed that the study had 100% power.

With this sample size, the sampling error is approximately $\pm 5.7\%$ at a 95% confidence interval. This margin of error is very close to the accepted 5% threshold in the literature and ensures the reliability of the study findings.

Data Collection Tools

For data collection, the Personal Information Form, the Attitude toward Professional Autonomy Scale for Nurses, and the Attitude Scale for Nurses' Caregiving Roles were used.

Personal Information Form: The form was developed by the researchers and consists of a total of nine questions aimed at identifying nurses' age, gender, years of professional experience, the unit/clinic in which they work, membership in a professional organisation, and whether they follow professional publications (8,30).

The Attitude toward Professional Autonomy Scale for Nurses (APASN): The scale was originally developed by Asakura et al. in 2016, and its Turkish validity and reliability study was conducted by Atasoy and Göçmen Baykara in 2020. The scale is a 5-point Likert-type instrument consisting of 18 items and three subdimensions: control over working conditions, job-related independence, and autonomous clinical judgement. The total possible score ranged from 18 to 90, with higher scores indicating a more positive attitude towards professional autonomy among nurses. The Cronbach's alpha coefficient for internal consistency was reported as 0.85 in the original adaptation study (31). In this study, the Cronbach's alpha value was found to be 0.93.

The Attitude Scale for Nurses in Caregiving Roles (ASNCR): This scale was developed by Koçak et al. (2014) to assess nurses' attitudes towards their caregiving roles. It is a 16-item, 5-point Likert-type scale comprising three subdimensions: (1) attitudes towards nursing self-care needs and the counselling role (self-care), (2) attitudes towards the nurse's role in protecting individuals and respecting their rights (safety), and (3) attitudes towards the nurse's role in the treatment process (treatment). The total score ranged from 16 to 80, with higher scores indicating a higher level of engagement in the caregiving role. The original Cronbach's alpha value of the scale was reported as 0.906 (15). In this study, the Cronbach's alpha was found to be 0.90.

Data Collection

Data collection began after obtaining approval from the Ethics Committee. The data were collected through online forms. Before the research questions, an informed consent form was included at the beginning of the Google Form. Only participants who provided consent could proceed with the study. Nurses who gave informed consent completed the relevant forms and scales within approximately 15-20 min.



Statistical Analysis

The data were analysed using the IBM Statistical Package for the Social Sciences (SPSS) version 22.0. The Kolmogorov-Smirnov test indicated that the data did not follow a normal distribution ($p < 0.05$). Descriptive statistics (frequency, percentage, mean, and standard deviation) and non-parametric comparative tests (Mann-Whitney U test and Kruskal-Wallis test) were used for data analysis. The relationship between the scales was assessed using Spearman's correlation analysis. Results were evaluated at a 95% confidence interval and a significance level of $p < 0.05$.

Ethics Committee Approval

Ethical approval for the study was obtained from the Scientific Research Ethics Committee of Trakya University Faculty of Medicine (dated 08.05.2023, decision number 08/16),

and informed consent was obtained from all participants. All stages of the research were conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

The mean age of the nurses who participated in the study was 32.13 ± 6.92 years; 82.6% were female, and 69.8% held a bachelor's degree. Among the participants, 75.6% reported working in inpatient units, 34.7% had been working as nurses for 6-10 years, and 71.5% were working rotating shifts (day and night). Additionally, 56.7% stated that they follow professional developments, 51.9% indicated that they are able to make autonomous decisions in nursing care, and 56.0% reported that their institutions do not support autonomous practices (Table 1).

The mean total score of the nurses on the APASN was 78.31 ± 10.01 . The mean score for the subdimension "control

Table 1. Demographic Characteristics of the Nurses (n = 291)

Variables	Mean \pm SD	Min-max
Age (years)	32.13 \pm 6.92	22-52
	n	(%)
Gender		
Female	239	82.1
Male	52	17.9
Education Level		
Associate Degree	28	9.6
Bachelor's Degree	203	69.8
Graduate Degree	60	20.6
Clinical Unit		
Inpatient Service	220	75.6
Other (Dialysis, outpatient, management, etc.)	71	24.4
Years of Experience		
1-5 years	94	32.3
6-10 years	101	34.7
11-15 years	40	13.7
16 years and above	56	19.2
Work Shift		
Day shift only	83	28.5
Day and night shifts	208	71.5
Following Professional Development		
Following	165	56.7
Not following	126	43.3
Ability to Make Autonomous Decisions in Nursing Care		
Yes	151	51.9
No	140	48.1
Belief That Their Institution Supports Autonomous Behaviour		
Yes	128	44.0
No	163	56.0

over working conditions" was 26.88 ± 3.55 , for "job-related independence" was 21.47 ± 3.80 , and for "autonomous clinical judgement" was 29.96 ± 4.49 (Table 2).

The average total ASNCR score of the nurses was 70.43 ± 8.72 . The average scores for the subscales were as follows: self-care 30.91 ± 4.26 , safety 18.32 ± 2.17 , and treatment 21.19 ± 3.16 (Table 2).

When comparing nurses' demographic characteristics with the mean total score and subdimension scores of the APASN, a statistically significant difference was found between educational level and all subdimensions except for the "control over working conditions" subdimension, as well as the total score. Nurses with postgraduate education scored significantly higher than other nurses ($p < 0.05$) (Table 3).

Table 2. Mean Scores of APASN and ASNCR (n = 291)

Scale	Min-max	Participant Min-max	Mean \pm SD
APASN Total	18-90	38-90	78.31 \pm 10.01
Control over the work conditions	6-30	9-30	26.88 \pm 3.55
Job-related independence	5-30	9-25	21.47 \pm 3.80
Autonomous clinical judgement	7-30	16-35	29.96 \pm 4.49
ASNCR Total	16-80	40-80	70.43 \pm 8.72
Self-care	7-35	16-35	30.91 \pm 4.26
Safety	4-20	9-20	18.32 \pm 2.17
Treatment	5-25	12-25	21.19 \pm 3.16

APASN: The Attitude toward Professional Autonomy Scale for Nurses,
ASNCR: The Attitude Scale for Nurses in Caregiving Roles, Min-max:
Minimum-maximum $X \pm$ SD: Standard Deviation

A significant difference was observed between nurses' length of service and the total APASN score, including the subscales of "control over working conditions" and "autonomous clinical judgement". Nurses with 16 or more years of experience demonstrated lower attitude scores towards professional autonomy ($p < 0.05$) (Table 3).

A statistically significant difference was found between the nurses' belief that their institution supports autonomous behaviours and their scores on the "autonomous clinical judgement" subdimension of the APASN. Nurses who reported that their institutions support autonomous behaviour had higher attitude scores towards professional autonomy ($p < 0.05$) (Table 3).

The nurses' demographic characteristics were compared with their total and subdimension ASNCR scores, revealing a statistically significant difference between gender and both the total ASNCR score and the treatment subdimension score. The female nurses scored significantly higher than the male nurses ($p < 0.05$) (Table 3).

Nurses' educational levels were significantly associated with the total ASNCR score and the subscales of self-care and treatment. Nurses with postgraduate degrees scored significantly higher than other nurses ($p < 0.05$) (Table 3).

Nurses' participation in professional development was significantly associated with their total ASNCR scores and self-care subdimension scores. Nurses who actively followed professional development had higher scores than those who did not ($p < 0.05$) (Table 3).

There was a statistically significant difference between the nurses' capability to make autonomous decisions in nursing care and their total scores on the ASNCR, along with the scores of the self-care and treatment subscales. Nurses who stated that they could make autonomous decisions in nursing care obtained higher scores than those who could not ($p < 0.05$) (Table 3).

Nurses who believed that their institution supports autonomous behaviours showed statistically significant differences in their total ASNCR scores, as well as in the self-care and treatment subscale scores. Nurses who believed that their autonomous behaviours were supported scored higher than those who did not ($p < 0.05$) (Table 3).

No statistically significant differences or relationships were found between nurses' working units and ages and the mean scores of APASN and ASNCR ($p > 0.05$) (Table 3).

When the relationship between nurses' scores on APASN and ASNCR was examined, a significant positive correlation was found between the total score and subdimension scores of APASN and the total score and subdimension scores of ASNCR ($r = 0.483$; $p < 0.01$) (Table 4).

DISCUSSION

In this study examining the relationship between professional autonomy and caregiver roles among nurses, it was found that nurses exhibited high levels of professional autonomy and held positive attitudes towards their caregiver roles. Additionally, as nurses' professional autonomy increased, their attitudes towards caregiver roles also improved.

Professional behaviour holds a significant place in the health sciences today (5), and professional autonomy constitutes an important aspect of the professionalisation of nursing (26). Nurses are expected to be individuals who can rapidly adapt to changing times, continuously update themselves, think critically, make decisions, and assume responsibility for the decisions they make; therefore, they are expected to possess both individual and professional autonomy (5). Previous studies have found that nurses



Table 3. Comparison of APASN and ASNCR mean scores according to certain characteristics of nurses (n = 291)

Characteristics	APASN			Total	ASNCR			Total
	Control over the work conditions	Job-related independence	Autonomous clinical judgement		Self-care	Safety	Treatment	
Age	-0.102	0.01	0.004	-0.028	-0.025	0.035	-0.049	-0.016
r	0.084	0.862	0.947	0.633	0.672	0.555	0.405	0.779
Gender	Mean ± SD	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD	X ± SD
Female	26.87±3.37	21.39±3.65	29.87±4.43	78.15±9.64	31.13±4.16	18.38±2.19	21.38±3.11	70.89±8.61
Male	26.90±4.32	21.80±4.45	30.36±4.76	79.15±11.60	29.90±4.62	18.07±2.10	20.36±3.27	68.34±9.00
p [¥]	0.474	0.13	0.314	0.232	0.089	0.186	0.030*	0.047*
Education Level								
Associate Degree	26.50±4.00	20.32±4.16	28.28±5.75	75.10±11.16	30.92±4.18	18.28±2.24	20.39±3.91	69.60±9.06
Bachelor's Degree	26.84±3.59	21.22±3.96	29.61±4.51	77.68±10.39	30.41±4.46	18.18±2.32	20.89±3.15	69.49±9.03
Graduate Degree	27.18±3.21	22.83±2.60	31.93±2.95	81.95±6.76	32.60±3.07	18.81±1.50	22.61±2.32	74.03±6.34
p ^β	0.894	0.007*	0.001**	0.008*	0.002*	0.303	0.001**	0.002*
		3>1,2	3>1,2	3>1, 2	3>2, 1		3>1, 2	3>1, 2
Clinical Unit								
Inpatient Service	26.89±3.59	21.40±3.90	29.82±4.62	78.12±10.19	30.90±4.27	18.32±2.09	21.10±3.25	70.34±8.68
Other (Dialysis, mgit., outpatient, etc.)	26.84±3.45	21.67±3.50	30.40±4.06	78.92±9.44	30.92±4.27	18.32±2.43	21.47±2.85	70.73±8.88
p [¥]	0.802	0.808	0.447	0.667	0.819	0.509	0.511	0.626
Years of Experience								
1-5 years	26.94±3.75	20.81±4.37	29.46±4.62	77,23±11.03	30.97±4.21	18.26±2.15	21.25±2.96	70.50±8.45
6-10 years	27.31±3.28	22.22±3.12	30.71±4.09	80.25±8.59	31.00±4.02	18.32±2.26	21.49±3.04	70.82±8.49
11-15 years	27.52±3.49	22.02±3.58	31.30±3.30	80.85±8.16	31.30±4.67	18.35±2.31	21.22±3.59	70.87±9.77
16 + years	25.53±3.48	20.80±3.83	28.50±5.21	74.83±10.72	30.37±4.51	18.41±2.00	20.55±3.35	69.33±8.94
p ^β	0.004*	0.081	0.014 *	0.007*	0.533	0.937	0.357	0.563
		4<1, 2, 3	4<2, 3 1<3	4<2,3				
Following Professional Development								
Following	27.06±3.72	21.57±3.67	30.38±4.30	79.02±10.12	31.29±4.33	18.53±2.04	21.48±3.00	71.30±8.63
Not following	26.64±3.31	21.33±3.97	29.42±4.70	77.39±9.82	30.42±4.13	18.05±2.31	20.82±3.33	69.30±8.74
p [¥]	0.124	0.783	0.085	0.101	0.025*	0.058	0.127	0.028*
Ability to Make Autonomous Decisions in Nursing Care								
Yes	26.80±3.59	21.66±3.56	30.47±4.23	78.94±9.41	31.84±3.45	18.65±1.85	21.77±2.79	72.27±7.31
No	26.97±3.52	21.26±4.05	29.41±4.71	77.65±10.61	29.90±4.80	17.97±2.44	20.57±3.42	68.45±9.66
p [¥]	0.615	0.695	0.063	0.405	0.001**	0.053	0.004*	0.001**
Belief That Their Institution Supports Autonomous Behaviour								
Yes	26.71±3.75	21.84±3.59	30.82±4.04	79.38±9.58	31.76±3.32	18.67±1.61	21.71±2.99	72.15±7.24
No	27.01±3.39	21.17±3.95	29.29±4.72	77.48±10.28	30.24±4.78	18.05±2.50	20.79±3.23	69.09±9.53
p [¥]	0.767	0.226	0.005*	0.115	0.015*	0.150	0.017*	0.007*

[¥]Mann Whitney U Test, ^βKruskall Wallis Test, APASN: The Attitude toward Professional Autonomy Scale for Nurses, ASNCR: The Attitude Scale for Nurses in Caregiving Roles, Mean ± SD: Standard Deviation, *p < 0.05, **p < 0.01,

generally exhibit positive attitudes towards professional autonomy (30,32). On the other hand, Erikmen and Vatan (33) reported that nurses possess a moderate level of autonomous personality. Similarly, Labrague et al. (8) demonstrated that nurses display a moderate level of professional

autonomy, which positively impacts work-related outcomes such as organisational commitment, job satisfaction, and job performance. The finding of a high level of professional autonomy among nurses in this study is noteworthy in terms of professional development. Findings in the



literature generally indicate that nurses' levels of professional autonomy range from moderate to good and that this autonomy has positive effects on organisational outcomes such as job satisfaction, performance, and institutional commitment. This underscores the critical importance of supporting professional autonomy for strengthening the nursing profession and improving the quality of healthcare services.

The high attitude scores of nurses towards their caregiving roles in the study indicate that they perform this role effectively and with a strong sense of responsibility, adopting a patient-centred care approach that considers physical, psychosocial, and emotional needs. Similar findings were reported by Altınbaş and İster (34), whose study revealed that nurses had positive attitudes towards their caregiving roles, prioritised individualised care, and held strong perceptions in this regard. Additionally, studies by Yılmaz et al. (13) and Bakır and Su (35) also found that nurses exhibit positive attitudes towards their caregiving roles. These findings indicate that similar trends were observed across different study groups and that nurses perceived caregiving not only as a technical task but also as a humanitarian and ethical responsibility.

Table 4. The Relationship Between APASN and ASNCR (n = 291)

APASN	ASNCR			
	Self-care	Safety	Treatment	Total
Control over the work conditions	0.328*	0.300*	0.296*	0.338*
Job-related independence	0.387*	0.399*	0.412*	0.427*
Autonomous clinical judgement	0.426*	372*	0.428*	0.463*
APASN Total	0.449*	0.407*	0.451*	0.483*

Spearman's correlation analysis; * p<0.01 ; APASN: The Attitude toward Professional Autonomy Scale for Nurses, ASNCR: The Attitude Scale for Nurses in Caregiving Roles

The study found that gender affects nurses' attitudes towards their caregiving roles, with female nurses demonstrating more positive attitudes compared to their male counterparts. This finding aligns with similar results reported in the literature. Indeed, studies conducted by Akçoban and Güngör (36), Gezginci et al. (37), and Başoğlu et al. (38) also reported that female nurses exhibit higher levels of positive attitudes towards caregiving roles than male nurses. This difference may be associated with the influence of traditional gender roles on the nursing profession. The conventional association of caregiving behaviours with women may have predisposed female nurses to approach this role more favourably and positively.

The study determined that nurses with postgraduate education exhibited higher levels of both professional

autonomy and positive attitudes towards caregiving roles. Education enhances nurses' professional autonomy, while professional and institutional experience further supports this development. Autonomy enables nurses to independently perform their duties by using their knowledge, clinical skills, and decision-making competencies. This, in turn, increases job satisfaction, professional commitment, and quality of care (7). In research conducted by Kaplan et al. (39), nurses with postgraduate education were found to have more positive attitudes towards caregiving roles. This finding highlights the importance of the educational level in acquiring professional competence and fostering positive attitudes towards caregiving roles. Similarly, numerous studies have reported that nurses with postgraduate education score higher in caregiving role attitudes (8,30,37,40).

The study found that nurses with more than 16 years of professional experience had lower professional autonomy scores. However, the literature presents conflicting findings on this topic. While Şahan and Özdemir (41) reported no significant relationship between years of professional experience and professional autonomy, studies by Çakı and Sönmez (42) and Dikmen et al. (43) indicated that nurses with longer professional tenure exhibited significantly higher professional attitudes. These divergent results indicate that professional autonomy and professional attitudes are influenced not only by years of experience but also by various factors such as organisational culture, individual motivation, education level, and professional support.

The study found that nurses who reported following professional developments had higher attitude scores towards caregiving roles. Similarly, Danacı et al. (30) identified that nurses who were members of scientific journals and kept up with scientific publications and evidence related to their profession exhibited higher autonomy levels. Likewise, Dikmen et al. (43) found that nurses attending professional scientific meetings demonstrated increased autonomy. These findings underscore the importance of access to scientific knowledge and continuous professional development opportunities in enhancing nurses' capacities for independent decision-making, assuming professional responsibility, and building professional confidence.

Professional autonomy involves nurses' participation in patient care decisions and the responsibility to improve care processes, thereby enhancing both service quality and patient safety (7). In this study, nurses who reported being able to make autonomous decisions had higher attitude scores towards caregiving roles; similarly, nurses who believed their institutions supported autonomy scored higher in both autonomy and caregiving roles. In addition,



a moderate positive correlation was found between nurses' professional autonomy levels and their attitudes towards caregiving roles. These findings indicate that professional autonomy strengthens nurses' professional role behaviours and contributes to a more effective role in care processes. In the study by Altınbaş and İster (34), a relationship was found between nurses' attitudes towards caregiving roles and their decision-making abilities; as nurses' decision-making levels increased, their scores related to caregiving roles also rose. Similarly, in a study conducted by Al-Sbehat et al. (44), a positive correlation was identified between intensive care nurses' perceptions of professional autonomy and their level of professionalism, with findings indicating that promoting professional autonomy and professionalism contributes to the improvement of nursing care. According to the findings of the qualitative study by Setoodegan et al. (1), strengthening nurses' professional autonomy contributes to the improvement of care quality. In this context, it is emphasised that health authorities and hospital administrators should support nurses' ability to make independent decisions in the workplace and enable them to exercise their autonomy.

LIMITATIONS

This study was conducted using self-reported online questionnaires, which may carry a risk of response bias. The use of convenience sampling and the inability to reach the planned larger sample limit the generalizability of the findings. Additionally, nurses without internet access could not participate due to the online data collection method, reducing participant diversity. The cross-sectional design of the study also prevented the determination of causal relationships.

CONCLUSION

This study reveals the relationship between nurses' levels of professional autonomy and their attitudes towards caregiving roles. According to the research findings, nurses demonstrated high levels of professional autonomy and positive attitudes towards their caregiving roles. Furthermore, an increase in professional autonomy was found to strengthen nurses' positive attitudes towards these roles. The results indicate that demographic and professional variables such as gender, educational level, professional experience, and engagement in scientific developments can influence both professional autonomy and attitudes towards caregiving roles. The finding that nurses with postgraduate education exhibit higher levels of autonomy and more positive attitudes towards caregiving roles highlights the importance of enhancing professional development opportunities. The

fact that female nurses demonstrate more favourable attitudes towards caregiving roles indicates the influence of gender roles within the profession. In conclusion, increased professional autonomy positively affects nurses' attitudes towards caregiving roles; skills such as independent decision-making, assuming responsibility, and exercising professional initiative are seen to strengthen approaches and practices related to patient care. It is recommended to improve nurses' educational levels, support their professional development, and encourage autonomous decision-making abilities.



Ethics Committee Approval	This study was approved by the ethics committee of the Trakya University Faculty of Medicine Scientific Research Ethics Committee (Date: 08/05/2023, no 08/16).
Informed Consent	Written consent was obtained from the participants.
Peer Review	Externally peer-reviewed.
Author Contributions	Conception/Design of Study- S.B.K., Ş.B., E.P.G.; Data Acquisition- S.B.K., Ş.B., E.P.G.; Data Analysis/Interpretation- S.B.K., Ş.B., E.P.G.; Drafting Manuscript- S.B.K., Ş.B., E.P.G.; Critical Revision of Manuscript- S.B.K., Ş.B., E.P.G. ; Final Approval and Accountability- S.B.K., Ş.B., E.P.G.
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