POTENTIALITIES AND LIMITS OF NURSING AUTONOMY IN A HOSPITAL ENVIRONMENT

POTENCIALIDADES E LÍMITES DA AUTONOMIA DO ENFERMEIRO EM AMBIENTE HOSPITALAR POTENCIALIDADES Y LÍMITES DE LA AUTONOMÍA DEL ENFERMERO EN AMBIENTE HOSPITALARIO

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ABSTRACT

Objective: to identify the factors that interfere in the professional autonomy of the nurse in the hospital environment. **Method:** integrative review, carried out in August 2017 in the LILACS, MEDLINE and SCOPUS databases, with 22 articles selected and analyzed using the Content Analysis technique. **Results:** in the analysis emerged the categories "Factors that empower nurses autonomy in the hospital environment" - Systematization of Nursing Assistance, classification of patients in emergency and emergency services, technical and scientific knowledge, professional experience, professional valuation, interpersonal relations, job satisfaction and communication between multi-professional team and patients, and "Factors that limit the autonomy of the nurse in the hospital environment" - Influence of the physician on the work of the nurse, type of unit where the nurse acts (critical or not critical), technical and scientific knowledge, hierarchy, physical and emotional exhaustion (work overload), inadequate physical structure, material shortage and social construction of the gender. **Conclusion:** the factors interfere as potentiators and limiters for nurses' autonomy. Thus, the importance of this professional is constantly improving and seeking recognition. **Descriptors:** Professional Autonomy; Nursing; Desktop; Hospital Nursing Service; Nurses and Nurses; Review.

RESUMO

Objetivo: identificar os fatores que interferem na autonomia profissional do enfermeiro no ambiente hospitalar. **Método:** revisão integrativa, realizada em agosto de 2017 nas bases de dados LILACS, MEDLINE e SCOPUS, com 22 artigos selecionados e analisados pela técnica de Análise de Conteúdo. **Resultados:** na análise, emergiram as categorias "Fatores que potencializam a autonomia do enfermeiro no ambiente hospitalar" - Sistematização da Assistência de Enfermagem, classificação dos pacientes em serviços de urgência e emergência, conhecimento técnico-científico, experiência profissional, valorização profissional, relações interpessoais, satisfação no trabalho e a comunicação entre equipe multiprofissional e pacientes e "Fatores que limitam a autonomia do enfermeiro no ambiente hospitalar" - Influência do médico no trabalho do enfermeiro, tipo de unidade onde o enfermeiro atua (crítica ou não crítica), deficiência do conhecimento técnico-científico, hierarquia, exaustão física e emocional (sobrecarga de trabalho), estrutura física inadequada, escassez de material e construção social do gênero. **Conclusão:** os fatores interferem como potencializadores e limitadores para a autonomia do enfermeiro. Assim, salienta-se a importância deste profissional estar em constante aperfeiçoamento e em busca de reconhecimento. **Descritores:** Autonomia Profissional; Enfermagem; Ambiente de Trabalho; Serviço Hospitalar de Enfermagem; Enfermeiras e Enfermeiros; Revisão.

RESUMEN

Objetivo: identificar los factores que interfieren en la autonomía profesional del enfermero en el ambiente hospitalario. **Método:** revisión integrativa, realizada en agosto de 2017 en las bases de datos LILACS, MEDLINE y SCOPUS, con 22 artículos seleccionados y analizados por la técnica de Análisis de Contenido. **Resultados:** en el análisis, emergieron las categorías "Factores que potencializan la autonomía del enfermero en el ambiente hospitalario" - Sistematización de la Asistencia de Enfermería, clasificación de los pacientes en servicios de urgencia y emergencia, conocimiento técnico-científico, experiencia profesional, valorización profesional, relaciones interpersonales, satisfacción en el trabajo y la comunicación entre equipo multiprofesional y pacientes y "Factores que limitan la autonomía del enfermero en el ambiente hospitalario" - Influencia del médico en el trabajo del enfermero, tipo de unidad donde el enfermero actúa (crítica o no crítica), discapacidad del enfermero, el conocimiento técnico-científico, jerarquía, el agotamiento físico y emocional (sobrecarga de trabajo), estructura física inadecuada, escasez de material y la construcción social del género. **Conclusión:** los factores interfieren como potencializadores y limitadores para la autonomía del enfermero. Así, se subraya la importancia de este profesional estar en constante perfeccionamiento y en busca de reconocimiento. **Descriptores:** Autonomía Profesional; Enfermería; Ambiente de Trabajo; Servicio de Enfermería en Hospital; Enfermeros; Revisión.

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INTRODUCTION

It is understood that the health sector suffers the impacts of the globalized neoliberal market with countless repercussions. Specifically, Nursing seeks the constant development, with a view to professional improvement, in the performance of assistance activities, organizational-administrative, health management, as well as in the process of research and professional training.¹

It is known that the labor market influences the specificities of health work in each profession. For Nursing, these repercussions of the work stimulate the search for new challenges, to develop and qualify in the re-appropriation of the knowledge and its professional capacities, in the valorization of the professional autonomy and in the stimulus to the proactive way of intervening in health in front of the different social demands.¹

It is evidenced, in relation to the professional autonomy of the nurse, that authors point out important aspects that have implications for this issue and include professional training, especially in relation to critical reflection, to the Nursing work process. They also address the issue of interpersonal relations, which may lead to teamwork, freedom of expression and respect for each professional.²

It interferes in the autonomy of the nurse through several factors that may be positive or negative for the work of these professionals. Autonomy is closely related to the knowledges of the profession, in order to carry out activities with power and quality, based on scientific knowledge, which is recognized as the most powerful tool in nurses' work.³

It is also perceived that there are some interferences in the autonomy of the nurse linked to the biomedical model, which still targets the professional performance, acting as a limiting factor for the effective exercise of autonomy. Professional autonomy must be directed to the collective work, in a shared way, since the professionals have different training and practices and necessary for the performance of the activities.⁴

It is stated, in the context of professional autonomy, that nurses' autonomy is directly linked to the work environment. The hospital environment may favor professional autonomy and the exercise of leadership, which is related to the quality of care and professional satisfaction.⁵ The autonomy of the nurse implies that the professional enjoys his / her

ability to govern and, based on the technical-scientific, work for qualified care.⁶

In view of the nursing professional's autonomy in the hospital environment, what are the factors that interfere in the nurse's autonomy in the hospital environment??

OBJECTIVE

- To identify the factors that interfere in the professional autonomy of the nurse in the hospital environment.

METHOD

It is an integrative review⁷, through the following steps: formulation of the question; sampling, which includes the inclusion and exclusion criteria; the selection of the descriptors, the search in each database and the selection of the studies found; extraction of data from primary studies; the critical evaluation with the levels of evidence; the analysis and synthesis of the results of the review and the submission of the review.⁷

The search was carried out in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and SciVerse Scopus (SCOPUS), in August 2017. As a strategy of search, the words and the descriptors "professional autonomy", nursing, autonomy, work, hospitals and factors in different combinations with the use of the boolean operator and.

The following search strategy was used in the LILACS database: "professional autonomy" [descriptor of subject] and "Nursing" [words]. In MEDLINE, the strategy used was: "autonomy" and "nursing" and "work" [words] and "hospitals" and "factors". And in SCOPUS: KEY (professional autonomy) AND KEY (nursing) AND TITLE-ABS-KEY (hospitals) AND TITLE-ABS-KEY (factors) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Portuguese")).

They were listed as criteria for inclusion: on the subject proposed in the title, abstract or descriptors, as well as being available electronically in full in Portuguese, English or Spanish. The exclusion criteria were: articles on the subject with students, teachers and users of primary care and articles without abstract in the database or incomplete. No temporal clipping was defined. Duplicate articles were considered only once.

Thus, according to established criteria, 79 productions were found in LILACS, 211 productions in MEDLINE and 108 productions in

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SCOPUS, totaling 398, among which 22 articles were selected for the analysis, as shown in figure 1.

After the confrontation of the divergent results, the analysis of the search until the consensus was made.

It should be noted that the search was carried out by two reviewers, independently.

Figure 1 - Research flowchart.

RESULTS

A careful reading of all the information was carried out considering the articles selected for this research. Figure 2 shows the articles included in the study according to the title,

type of study and level of evidence. The studies were classified according to the levels of evidence described by Melnyk and Fineout-Overholt,⁸ which take into account the type of clinical question of each primary study.

Title	Study type	Level of Evidence
Systematization of nursing care in the perspective of professional autonomy ⁹	Descriptive and exploratory research. Analyzed using descriptive statistics	L4***
Treatment of skin lesions in newborns: knowing the needs of the nursing team ¹⁰	Qualitative of the convergent-assistance type	L2***
Nurses' perception of the risk classification in the emergency department ¹¹	Qualitative	L2***
Professional autonomy and systematization of nursing care: nurses' perception ¹²	Qualitative, descriptive research with focal group.	L2***
Current dynamics of nursing in Portugal: the representation of nurses ¹³	Qualitative research through narrative testimonies	L2***
Autonomy and nursing care practice ¹⁴	Qualitative	L2***
Autonomía de la enfermera que asiste el parto normal en Brasil ¹⁵	Qualitative and exploratory research	L2***
Study of the structure of the social representation of professional autonomy in nursing ¹⁶	Theory of Social Representations	L2***
Factors Affecting Professional Autonomy of Japanese Nurses Caring for Culturally and Linguistically Diverse Patients in a Hospital Setting in Japan ¹⁷	Cross-sectional descriptive drawing	L4***
Factors Associated With Full Implementation of Scope of Practice ¹⁸	Descriptive correlational study	L4***
An evaluation of nurses' professional autonomy in Turkey ¹⁹	Approach to mixed methods	L2***
Burnout in Psychiatric Nursing: Examining the Interplay of Autonomy, Leadership Style, and Depressive Symptoms ²⁰	Structural approach, free evocation technique at term autonomy	L2***
Professional autonomy, collaboration with physicians, and moral distress among European intensive care nurses ²¹	Descriptive correlational study	L4***
Professional autonomy and job satisfaction: Survey of critical care nurses in mainland Greece ²²	A questionnaire survey - multiple logistic regression	L4***
American nurses' work autonomy on patient care and unit operations ²³	Electronic method of data collection, invitation letter.	L2***
Nurses' autonomy: Influence of nurse managers' actions ²⁴	Descriptive research	L2***
Factors influencing job valuation: A comparative study of critical care and non-critical care nurses ²⁵	Factor analysis	L4***
Professional autonomy and work setting as contributing factors to depression and absenteeism in Canadian nurses ²⁶	Cross-sectional secondary analysis	L4**
Nurses' autonomy level in teaching hospitals and its relationship with the underlying factors ²⁷	Descriptive cross-sectional study	L4***
Supervisor-subordinate communication relationships, role ambiguity, autonomy and affective commitment for nurses ²⁸	Cross-sectional design	L4***
Use of technological equipment in critical care units: nurses' perceptions in Greece ²⁹	Questionnaire based on a literature review	L2***
Determinants of staff nurses' perceptions of autonomy within different clinical contexts ³⁰	Qualitative research	L2***

Figure 2 - Selected articles in the LILACS, SCOPUS and MEDLINE database.

* Corresponds to primary studies with clinical questions directed to the treatment / intervention;
** Corresponds to primary studies with clinical questions directed to the prognosis or etiology;
*** Corresponds to primary studies with clinical issues directed at meaning or experience.

It should be noted that the articles were published from 1982 to 2016. Of these, the year of greatest publication was 2014, with 18.2%, followed by 2016, with 13.7%. The years 2015, 2012, 2010 and 2005 totaled 9.1% each. There were predominant studies in the English language (68.2%), with 15 publications, followed by six articles published in Portuguese (27.3%) and one in Spanish (4.5%).

It was verified, with regard to the characterization of the selected studies, that seven were developed in Brazil (31.8%); two in the United States of America (9.1%); two in Greece (9.1%); two in Australia (9.1%); one in Japan (4.5%); one in Portugal (4.5%); one in Iran (4.5%); one in Israel (4.5%); one in Turkey (4.5%); one in Europe (4.5%); one in Canada (4.5%); one in the USA / Canada / United Kingdom (4.5%) and one (4.5%) that had no identification as to the place of accomplishment.

It was observed that the participants included: 11 studies with nurses from different hospital units (50%) followed by three studies with intensive care nurses (13.7%); two with nurses from the hospitalization unit (9.1%); one with psychiatric nurses (4.5%); one with emergency nurses (4.5%); one neonatal intensive care unit (4.5%); one in an adult ICU (4.5%); one of obstetric center (4.5%); one with orthopedic / neurology nurses and adult ICU (4.5%).

It is revealed, in terms of the types of studies included, the level of evidence II, which corresponds to primary studies with clinical issues directed at meaning or experience, has prevailed in 11 studies (50%).

Two categories emerged after the analysis of the selected articles: "factors that enhance nursing autonomy in the hospital environment" and "factors that limit nurses' autonomy in the hospital environment".

Factors that enhance nurses' autonomy in the hospital environment

In this category, the factors that enhance nurses' autonomy in the hospital environment are highlighted, which include: Nursing Care Systematization (NCS); the classification of patients in emergency and emergency services; technical and scientific knowledge; cross-cultural assistance; professional experience; professional appreciation; interpersonal relations and communication between multiprofessional and patient team.

It was possible, through the analysis of the studies, to identify the importance of Nursing Care Systematization (NCS), as a generator of autonomy, during the work process. Studies

show that nurses claim that the NCS promotes autonomy at the moment when each professional seeks the essential knowledge to organize and order the assistance, in addition to facilitating the work directing it so that all Nursing professionals can act in the same way and making the work of nurses visible to both the professional nurse and the multi-professional team.^{9,12} They also point out the importance of the organization of care and nursing records of what has already been done in order for the team to follow the same behaviors.

It is described, through authors, that autonomy is potentialized not only in theoretical knowledge, but in resolute action in complex situations and in decision-making capacity.¹⁴ Still, studies^{10,13,18} point to knowledge as the propellant of autonomy. Knowledge of the activities developed is considered a positive factor to enhance professional autonomy, since it is considered as the basis for the care and trust of the team. In addition, the realization of specialization courses can also be considered as a generator of autonomy.²⁴

It should be noted that technical-scientific knowledge, professional experience,^{14,19,21,23-4} ability, leadership in their activities,^{14,20} positive interpersonal relationships, professional appreciation and team confidence¹⁴ appeared as factors which positively interfere with the nurse's autonomy in the hospital environment.

It is reported that knowledge appears as a consequence of the improvement and professional development for the achievement of the workspace. This knowledge implies the autonomy of action, giving the freedom to seek change and overcome practices based on empiricism.¹⁶ In a study developed in Japan, the importance of communication between professionals and patients, due to cultural diversity, was emphasized. autonomy of the nurse.¹⁷

Personal fulfillment²⁰ and job satisfaction²¹ are seen as other factors that also stand out for positively interfering with professional autonomy, as well as self-confidence when work is performed with pleasure.¹⁹ Still, the question of being a nurse manager provides more autonomy,^{22,27} as well as a good communication / relationship with the management of the institution.^{24,30}

It also focuses on the classification of risk in emergency and emergency service as a form of organization of services that benefits nurses to the extent that it grants them autonomy. Autonomy is present in decision making in patient classifications regulating

the door of entry and attending individually to each patient. As a result of this autonomy, it is pointed out the professional recognition by the patients.¹¹

It can be perceived, therefore, that there are many fundamental factors that generate the professional autonomy in the work of the nurse. These factors also contribute to the growth and quality of care where professionals seek knowledge, experiences, teamwork, the ability, among others, in order to seek their professional recognition by users, colleagues, society. However, factors that limit nurses' autonomy in the hospital environment and that have a negative influence on care are still visible, which is explained in the following category.

Factors that limit nurses' autonomy in the hospital environment

In this category, the factors that limit the autonomy of the nurse in the hospital environment are addressed. Regarding this category, the influence of the physician on the work of the nurse, the type of unit where the nurse acts (critical or uncritical), the deficiency of technical-scientific knowledge, hierarchy, physical and emotional exhaustion work overload), inadequate physical structure, scarcity of material, and also the social construction of gender.

It is known that nurse autonomy in the hospital environment is strongly influenced by the relationship with the medical professional. Several studies have addressed the question of compliance with medical orders, which limits the nurse's autonomy,^{13,21-2,24-5} as well as the nurse's dependence on the physician to perform some care and / or action.¹⁹ There was also mention of the fact that there is a greater appreciation of the work of the medical professional¹⁴ to the detriment of the work performed by the nurse.

It is pointed out, in a study related to the work of the obstetric nurse that, at the moment of normal delivery, the work is associated with the medical orders. Although in normal childbirth, the nurse's care is the legal attribution of the profession, the conduct followed and respected is that of the physician. A study emphasizes that in emergency situations the physician can not be present so that nurses can perform the necessary procedures on their own.¹⁵ This doctor-nurse relationship refers to the nurse's subordination over the historically constructed physician.¹⁵

It is noted, in relation to the workplace, that the articles indicate a greater autonomy

and valorization of the nurse professional in critical care units differently from the autonomy of the nurses working in non-critical care units.²⁵

In the same direction, it is related to the work in intensive care units, the autonomy of the restricted nurse when related to the use of technologies, since Nursing professionals report that they are not independent in the decision making on the use of this technology. In this aspect, the other professionals who work in the intensive care units are those who coordinate the care process and handle the devices.²⁹

It is also observed that the lack of professional autonomy is linked to the lack of technical-scientific knowledge for work management¹⁵ and overload in daily work.^{15,24,30} Vocational training that does not stimulate autonomous practice^{14,16} also had as a limitation in the autonomy of the nurse practitioner, in the limited practice of the nurse¹⁶ and in the devaluation of the nurse's work.¹⁴

Contrary to studies already presented in the previous category, there are authors with different opinions about NCS describing that it does not help the nurse to have more autonomy, but rather that autonomy needs to be achieved in each procedure safely and quality.¹²

It is also pointed out, as limiting factors of the nurse's autonomy, the hierarchy, the mental and emotional state and the excess of bureaucracy in the fulfillment of norms.¹⁴ Emotional exhaustion, depersonalization and depression,^{20,26} moral suffering,²⁶ traditional rules of non-participating autocratic supervision and management²⁴ hamper professional autonomy.²⁰

Autonomy is also hampered by the negative working conditions imposed by the institution (excessive bureaucracy, compliance with regulations, hierarchy), inadequate physical structure and scarce material,^{14,19} of the lack of nursing professionals and knowledge and the fact that it is a profession predominantly exercised by women.¹⁹ The fact that the professional is young,^{22,30} the power of the institution over the professional,¹⁴ as well as the lack of communication and subordination with your superiors.²⁸

It should be pointed out that, with regard to gender issues, a study pointed out that male nurses are more independent than female nurses, in addition to the age group also influencing autonomy, with the age range of 30 to 40 years being pointed out with greater autonomy in the hospital environment

and the other age groups present a limitation of autonomy.²⁷ Another factor is related to the workplace. In this case, the fact that there is no initial preparation for action in the respective sector has a negative influence on the exercise of autonomy vis-à-vis other team members.²⁷

It is important to note that the professional autonomy of the nurse in the hospital environment, when limited, generates physical and psychological wear and tear on the professional. In general, it can be deduced that the wear and other factors considered as limiting the professional autonomy can result in damages to the care process, as well as in the lack of motivation in the work and, often, in the sickness of the nurses.

DISCUSSION

The objective of this study was to identify the factors that interfere in the professional autonomy of nurses in the hospital environment. The results showed that there are factors that potentiate this autonomy as: the Nursing Care Systematization (NCS); the classification of patients in emergency and emergency services; technical and scientific knowledge; professional experience; professional appreciation; interpersonal relationships and job satisfaction. Just as there are factors that limit this autonomy such as: the influence of the doctor in the work of the nurse; the type of unit where the nurse acts (critical or non-critical); the deficiency of technical-scientific knowledge; the hierarchy; physical and emotional exhaustion (work overload); inadequate physical structure; the scarcity of material and also the social construction of the genre.

It was pointed out in this integrative review that there are several factors that enhance nurse autonomy in the hospital environment. Among them is the NCS, in order to organize the professional work on the method, personnel and instruments, making possible the operationalization of the Nursing process, regulated by Resolution COFEN 358 / 2009.³¹ NCS is a method that can enable autonomy professional approach to the nurse and the patient during the care when performed a qualified care and, mainly, through the demonstration of the technical-scientific knowledge that the NCS allows to perform.³²

It is understood that the NCS assists in the organization of care management, through the availability of systematic and standardized records in the medical records, valuing the nurse's performance and being able to

guarantee a quality assistance to the patient.³³

It is also inferred that, in order to organize the services, the risk classification present in the emergency and emergency services was also highlighted. This classification system, which is the attribute of the nurse, can provide professional autonomy and a sense of professional satisfaction, by developing adequate, agile and humanized care, essential for patient survival.³⁴ Nurses who work in the classification system of need to be trained and present the protocol's domain in order to guarantee the quality and effectiveness of the care provided.³⁴

In several studies, scientific knowledge in nurses' work is essential for the attainment of professional autonomy by demonstrating their ability to perform and being able to perform quality care.³² Scientific knowledge is characteristic of the work of the nurse, with the purpose of being able to exercise their assistance, management, education with the patient, allowing adequate communication with the staff, patients and the institution itself and providing a good interpersonal relationship, leadership of their service and respect for others colleagues.³⁵⁻³⁶

It is appropriate for the nursing professional, in relation to the courses of specialization in Nursing, to increase their knowledge and their knowledge to act competently in their activities.³⁷ In this sense, the importance of the nurse's knowledge, abilities and attitudes coherent in the your job. It is also possible to improve the sense of valorization and identity reconstruction at the moment when it is able to carry out its work with agility and safety.³⁷ In the case of potential factors, the relation of professional experience is strongly present in studies related to autonomy. The professional experience of the professionals plays an essential role for the construction of the autonomy of the nurse as a way of security of their doing.³⁸

The professional autonomy is also linked to the feeling of pleasure and to the appreciation of the nurse's work. Another study addresses the satisfaction of nurses in performing their activities with quality to patients so that their actions are recognized. Still, satisfaction lies in the possibility that the professional has to learn, create and innovate their daily activities.³⁴

In a study related to the different cultures of the assisted patients, the importance of the Nursing process in comprehensive and qualified care is reported. It is also described the need for the professional nurse to keep

the information for the maintenance of health interconnecting them with the culture of each patient. Nursing is the profession that has the most contact with the different cultures and it is up to these professionals, through communication as a way to approach the subject, to understand the uniqueness of each patient.³⁹

It is necessary, in order to provide comprehensive assistance to patients in the hospital environment, that the professionals involved enjoy knowledge, communication skills and dialogue and that they dominate the organization of work processes in health, interaction in teams, freedom of expression, self-confidence, cooperative work, and openness to discussions.³⁸

It is considered fundamental, for the practice of nurses' work, the various issues that enhance the autonomy of the professional in order to support care and management with quality and safety, as well as providing a fundamental context in the personal and professional development of each nurse. However, it is possible to perceive that there are factors that limit the autonomy of these professionals that end up causing damages in the quality of the service and harming the professionals themselves and the other members of the team.

The doctor is seen, especially in the hospital environment, as the only professional responsible for all patient care and decisions. As observed in most of the articles, this is a negative factor for nurses' performance regarding their autonomy. The fragility of the nurse's work is permeated by medical hegemony and the valorization of medicine.⁴⁰ The lack of appreciation of the profession and respect for the doctors about their knowledge and skills are also reported in another study.⁴¹

It is warned that the autonomy of the nurse in teamwork is also not recognized and respected due to medical interference, as well as by the hospital institution.³⁵ The ethical, institutional, and care standards that condition the practice, at the same time, limit the nurses' work by fragmenting and embedding the care.⁴²

It is conceived, in this direction, that the work of Nursing takes place around the rigid hierarchy, the fragmentation of the tasks, the work focused on the manuals of procedures, norms, routines and scales, being influenced by medical and administrative conducts.⁴³

It is also emphasized that for Nursing to develop its activities with respect and reliability, it is essential that this work is based on scientific knowledge, since, without

it, there is interference in the exercise of the autonomy of the professional and in the relationship with the health team, with patients and with the institution. Therefore, the importance of knowledge of the profession in order to sustain the execution of its activities.³⁶

Not only that, the limitation of human and material resources as a limitation of autonomy is visible, and the nurse professional often needs to work with the precarious resources to conduct daily care to each patient.³⁸ In addition to acting nurses in the care and management of care, this professional also needs to manage the organization of their team. This organization is present in the sizing of personnel and in the control of the working day of each worker.⁴³

It is reported, through authors, the difficulty of having autonomy when there is not the ideal number of employees working.³⁸ Personnel sizing is one of the most aggravating factors in the limitation of nurses' autonomy in their daily lives, besides directly influencing the quality of care that is often permeated by the high demand for patients and activities.⁴⁴

In one study, workloads and institutional charges are present as generators of feelings of professional and personal devaluation.⁴⁵ The use of hard technologies in an intensive care unit is a generator of emotional exhaustion, dissatisfaction and intensification of work due to the lack or the small supply of permanent training for these equipments, which do not replace the care and direct interaction of Nursing.⁴³

In a study, the issue of the limitation of autonomy in relation to the female gender was also found. Some authors describe a little about this historical limitation where the woman was seen as a being of easy domination and without self-direction.^{35,38} Thus, in the area of health, the figure of the male doctor was what dominated the knowledge and behavior in the hospital environment.³⁸

It is understood that this theme makes it possible to broaden the view of nurses' work in the hospital environment. With the research, one can understand the importance that the autonomy of the nursing professional has in the quality of care, in the professional growth and for the institution.

CONCLUSION

Through this review, the scientific evidences regarding the factors that interfere in the professional autonomy of the nurse in the hospital environment were identified.

It was concluded that the positive factors that were the most important were: Nursing Care Systematization (NCS); classification of patients in emergency and emergency services; technical and scientific knowledge; professional experience; professional valuation; interpersonal relationships; job satisfaction and communication between multi-professional team and patients. Among the factors that presented as limiting factors, the following stand out: the influence of the physician in the work of the nurse; type of unit where the nurse acts (critical or non-critical); deficiency of technical and scientific knowledge; hierarchy; physical and emotional exhaustion (work overload); physical structure and scarcity of material, and also the social construction of the genre.

It should be emphasized that there was a predominance of qualitative studies and descriptive studies, which allows one to infer to be a subject that has not yet been explored in the development of quantitative studies. It should be pointed out that the most frequent researches present a low level of evidence, which demonstrates the need for Nursing, as a research, to advance clinical studies.

It is possible that the autonomy of nurses in the hospital environment is intertwined with several factors, both positive and negative. Thus, in order to bring greater autonomy to the role of nurses, it is important to emphasize the importance of this professional in constant improvement, to seek recognition and their position within their work space, thus making professional autonomy in their environment work together with teamwork.

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