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## Nurse Managers Practices and Its Relation to Staff Nurses Autonomy and Satisfaction at a Selected Hospital

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**Abstract: Background:** Nurses are the largest group offering services to patients in the health care organizations. Therefore it's necessary to pay attention to the factors that influence their autonomy and satisfaction as nurse managers practices. **Aim:** Research assessed nurse managers' practices and its relation to staff nurses' autonomy and satisfaction. **Setting:** The study conducted at a university hospital. **Design:** Descriptive correlation design -Cross sectional. **Sample:** A convenient sample of staff nurses who working at the selected hospital. They divided as follows (154) female and (46) male. **Tools:** Data were collected through utilizing three tools as follows: I- First tool was Leadership Practices Inventory, II- The second tool was the Autonomy scale and III- The third tool was the Nurses Job Satisfaction Questionnaire. **Results and conclusion:** Research declared a statistical significant positive correlation between nurse managers' practices and staff nurses autonomy and satisfaction. Moreover, there was a statistical significant positive correlation between all subscales of nurse manager practices staff nurses autonomy and satisfaction. **Recommendations:** Organizations should identify strategies that support nurse managers practices that promote staff nurses autonomy and satisfaction. Health care organizations should identify challenges that influence staff nurses' autonomy and satisfaction and develop strategies that overcome these challenges. Training programs should be implemented to teach nurses how to be more autonomous at their work.

**Keywords:** Nurse Manager Practices- Nurses Autonomy- Nurses Satisfaction

### INTRODUCTION

The role of Nurse Manager is seen as one of the hardest and most complex roles in health care. Nurse Managers at healthcare organizations have obligation toward a unit, with particular tasks and a role that comes with the position. The nurse manager's role could be a significant one which is basic in building up the work environment where nurses are responsible for their professional practice and patient outcomes whereas connecting the operation of their department to the rest of the organization through efficiencies and productivity. As a result of their crucial role, this role entails activities, actions and skills from the nurse manager and forces request on her to consolidate the well-being of patients, nurses and organizations. (Casida & Parker, 2011; Schwart, Spencer, Wilson & Wood, 2011 and Abd el Aal & Zein EIDin, 2013)

According to Weng, Huang, Chen, & Chang (2015) Nurse Manager's actions are essential to guarantee their subordinates' approval of change, and to stimulate them toward the achievement of established goals and high quality care. They stated that Nurse Manager's actions are the activities utilized by managers to raise the autonomy of staff nurses and the actions through which individuals impact others to attain a general goal. A nurse manager action is defined as work achieved by supervision in the clinical setting. The responsibilities of nurse manger comprise, overlooks staff, staff recruitment, clinical training, resolve clashes among subordinates, promote leadership and establish standards of care.

In recent years nurses are responsible and accountable for patients' health care. Simultaneously, they build relations with other members of healthcare team. To carry out this, nurses require being autonomous. (Ann, 2009 and Fantahun, Demessie, Gebrekirstos, Zemene & Yetayeh, 2014). Autonomy means possessing the power of issuing decisions. Nurses' autonomy refers to performing activities within the nursing practice scope in the absence of taking commands from other people. Nurses carry out patients' assessment and observations independently and didn't require orders from others to perform this. (Shohani, Rasouli and Sahebi, 2018).

Nurses are independent, self-regulating health professionals with a special body of knowledge and practice in clinical care. Having greater nurses' autonomy enhances patient care; patient satisfaction rates, and promotes nursing profession status. Staff nurses autonomy enhanced when nurses and nursing work are respected and valued. Increasing nurses' autonomy is associated with recruitment, intention to stay, workload and stress). Autonomy is characterized as the ability of an individual to coordinate how he or she lives. (Kelly, 2014., Siddiqui, Zuccarelli, Durkin, Wu, & Brotman, 2015 and Twomey, 2015). Nurses' autonomy is also viewed as an essential part in nursing practice and quality of care. Autonomy in nursing practice provides nurses with higher degree of satisfaction, which directly affects patient safety. (Supametaporn, 2013 and Twigg & McCullough, 2014).

Moreover, Autonomy has a vital role in the satisfaction of staff nurses. It is a critical element in job happiness and staff possession. Nurses' job satisfaction is playing an essential role in improving staff nurses performance and promoting

the quality of patient care in health care institutions and decreasing nurses' intention to leave their work. Studies showed that nurses were unsatisfied during work, and wish best working situation and enhance autonomy in their filed. Hence, the enhancement of nurses' job satisfaction should be recognized as a critical task in hospital management. (Kvist, Voutilainen, Mäntynen, & Vehviläinen-Julkunen, 2014., Jahromi, Jalali, Eshghi, Zaher & Dehghani, 2015 and Masih, Sehar, Afzal & Gilani, 2019). Nurse Managers have primary function in promoting autonomy of her staff and exerting a strong influence on staff nurses and patient outcomes. Successful nurse managers should have the ability to correlate between nurses' autonomy, job satisfaction, and intention to stay (Hamdan, Bawadi, Bawadi & Mrayyan, 2013 and Bach & Kerzner, 2014).

Nurses have the desire to provide effective, safe, and quality care but with the absence of nurse managers' shore, nurses will exhibit a sense of dissatisfaction and this increase their desire to leave the organization. Therefore nurse managers are responsible for making work environment healthy. When staff nurses' work appreciated and supported by nurse managers, they become satisfied and they become more committed to their organizations. (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Job satisfaction is defined as the level to which employees like their jobs, it is an essential issue for health care organizations and their leaders in the last few decades. Especially in the nursing sector nurses' job satisfaction has been arisen as a great problem as a result of nurses' shortage worldwide. Therefore nurses' job satisfaction has attracted great attention (Kvist, Mantynen & Vehviläinen-Julkunen, 2013 and Carsten et al, 2015).

Furthermore, nurses are considered the "backbone" of any human services and their work is varied and complicated. When nurses perform their jobs, they face different circumstances and patients (Mudihanselage and Chamaru, 2015). Nurses' job satisfaction is realized as "the degree to which nurses like their jobs". It is an important issue for health care services. (Konstantinou and Prezerakos, 2017). Studies showed that nurses dissatisfaction with their jobs impacts their desire to leave, increases their absenteeism and turnover rate, affects their quality of life, raises work stress and decreases their job performance (Courvoisier, Agoristas, Perneger, Schmidt & Cullati, 2011). Moreover, nurses dissatisfaction affects their practice, productivity, recruitment, commitment and patient care (Jones, 2011., Castaneda & Scanlan, 2014 and Masum et al, 2016).

Nurse Manager who takes care of her staff, recognizes their performance, and supports their personal development influence staff retention directly. Moreover, nurse managers' actions and practices can affect staff nurses' intent to stay in an indirect manner, through utilizing: her work experience, her decision making ability, her ability in disseminating essential information, and also through her relations with colleges. One of the most important factors that impact job satisfaction of staff nurses is the nurse manager practices and actions. Therefore nurse managers have to learn how to motivate nurses to be satisfied with their job, what are the components of job that make nurses

satisfied and what are the components of job that make them dissatisfied. (Despres, 2011 and Perez, 2014).

Therefore nurse managers have a critical role in enhancing staff nurses' autonomy. They should provide supportive work environments with flexible policies and regulations. They must have a broad view about staff nurses autonomy, in addition to applying the actions, practices and competencies that can influence staff nurses' autonomy. Autonomy allowing nurses to practice the skills of their profession and provided them the chance to determine how and when work was arranged and coordinated. Nurses' autonomy is most associated with job satisfaction (Traynor., Boland & Buus, 2010., Varjus., Kilpi & Suominen, 2011 and Mc Glynn, Griffin, Donahue, & Fitzpatrick, 2012).

## SIGNIFICANCE

In today's healthcare environment Nurse Managers' roles and functions are constantly changing. This dynamic change requests a lot of practices and skills from the nurse manager and puts demand on Nurse Managers to enhance nurses to be autonomous. Autonomy will impact patients, nurses and organizational positively. Nurse Managers have a direct contact with staff nurses; therefore they have the ability to influence nurses' autonomy. They spend much time of their work time among nurses, so they should reinforce sufficient time and efforts to promote their autonomy and employ specific strategies and ways of determining what enhance nurses' autonomy (Enns, Currie & Wang, 2015., Amini, Negarandeh, Ramezani-Badr, Moosaiefard, & Fallah, 2015 and Bonfada, Pinno, Camponogara, 2018).

Nursing practice needs autonomy to become powerful and sound. If nurses don't recognize that they work in an autonomous and independent work climate, they will not have the capability to practice in professional manner. Autonomy is considered as a very critical part of nurses' professional identity and an origin of power during nurses' clinical practice. Although few researches concentrated on the roles of Nurse Managers, some researches demonstrated that Nurse Managers have necessary roles in impacting nurses' autonomy. One of the major responsibilities of nurse managers is to promote staff nurses autonomy. Thus, they should possess the skills, abilities and practices that preserve autonomy of staff nurses. (Naseem, Afzal, Sehar and Gilani, 2018).

Moreover, Libano (2017) and Konstantinou & Prezerakos (2018) added that nurses perform various tasks and functions, they play an essential role in the health care services. They act as caregivers, teachers, change agents, care coordinators, and counselors. Additionally they act as advocate to assure that patients obtain the required medical care and health service. Therefore nurses are critical to patient care, and it is necessary that managers develop strategies to enhance retention, recruitment of qualified nurses and autonomy. Nurses' autonomy is associated with job satisfaction. A nursing research has linked nurses' autonomy to improved job satisfaction, professionalism, and patient outcomes. From extensive researches it was found that nurses' autonomy minimizes nurses' turnover, therefore autonomous nurses are more committed to their job a result of high job satisfaction (Abd el Aal and Zein EIDin, 2013).

This study will provide important information about staff nurses perceptions of nurse managers' practices that enhance their autonomy and satisfaction. This research will be useful and will give insight into potential strategies that can be used to retain staff nurses. Ultimately, the results of the study could help in understanding nurse manager practices that positively impact staff nurses autonomy, job satisfaction and retention.

**The aim of the study:**

The study aimed to assess nurse managers' practices and its relation to staff nurses' autonomy and satisfaction.

**Research questions:**

To fulfill this aim the following research questions were developed:

1. What is the relationship between nurse managers' practices and staff nurses' autonomy?
2. What is the relationship between nurse managers' practices and staff nurses' satisfaction?
3. What is the relationship between staff nurses' autonomy and satisfaction?

**Design:**

Descriptive correlational design - Cross sectional was utilized.

**Sample:**

A convenient sample of staff nurses who working at the selected hospital. They divided as follows (154) female and (46) male. Around one third of the sample, their age ranged from 35 years to less than 45, they worked at different departments and two thirds of them had diploma degree. Staff nurses with predetermined inclusion criteria which included all staff nurses who had at least one year of experience, providing direct patient care within the study settings and accepted to participate in the study constituted the study sample. Their total number was (n=200) staff nurses.

**Setting:**

The study conducted at a university hospital. Units within this hospital include: critical care units, medical units, surgical units, and other units such as kidney dialysis units, obstetric units, plastic surgery unit and general ward.

**Tools for data collection:**

To achieve the aim of the present study, data were collected during 2019 with duration of four months (August to November). **I-** First tool was consisted of two parts: A- Personal data sheet: it included nurses' personal data as gender, age, educational level, social status, years of experience in nursing profession and years of experience in the hospital. B- Leadership Practices Inventory, it was developed by Kouzes, & Posner (2002). It is divided into five subscales including 30 items (6 items per each subscale) as follow: 1- Challenge the process, 2- Inspire a shared vision, 3- Enable others to act, 4- Model the way and 5- Encourage the heart. **II-** Second questionnaire was the Autonomy scale; it was developed by Blegen et al (1993). It is divided into two subscales containing 38 items as follow: 1- Patient care decisions (18 items) and 2- Unit operation decisions (20 items). **III-** Third tool was the Job Satisfaction Questionnaire. It was developed by Spector, (1985). It

included (36) items phrased positively and negatively and require reverse scoring.

**Scoring system:**

Leadership practices and autonomy questionnaires were assessed using three-point likert scale (always=3, sometimes =2, and never = 1). Satisfaction questionnaire was assessed using three-point likert scale (agree=3, uncertain=2 and 1=disagree)

**TOOLS VALIDITY AND RELIABILITY**

**Validity:**

Study tools content validity was established by a group of five experts, two professors and three assistant professors from the Faculty of Nursing/ Cairo University. Each expert on the group asked to examine the tools for content coverage, clarity, wording, length, format and overall appearance.

**Reliability:**

Pearson correlation coefficient between study variables was used to compute correlation between the items of applied tools. Reliability test of the questionnaire of Leadership Practices Inventory was (0.88), Autonomy Scale reliability test was (0.90) and Job Satisfaction Questionnaire reliability test was (0.92). This means that the three questionnaires were highly reliable.

**Ethical consideration**

Prior to the initial interview, verbal explanation of the nature and the aim of the study had been explained to the nurses included in the study sample. Clarification of the nature and purpose of the study was done in the interview with each subject. They were given an opportunity to refuse or to participate, and they were assured that their information will be confidentially utilized and used for the research purpose only.

**Procedure:**

An official permission was obtained from the hospital administrator after explaining the nature of the research study. Researcher fully explained the aim and significance of the study for eligible nurses to obtain their acceptance to participate in the study and to the administrator to get her cooperation. The investigator handed the questionnaires individually to staff nurses at their units; the investigator explained the questionnaires to them and asked them to fill it. The time spent to fill the questionnaires ranged between 30 to 45 minutes. The researcher waited until the participants complete the questionnaires and was ready to answer any question. After completion of filling the questionnaires the researcher collected them. Data collected during 2019 with duration of four months (August to November).

**Statistical design:**

Data entry and statistical analysis were done using computer software the statistical package for social studies (SPSS), version 21. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, standards deviations for quantitative variables and correlations p-value <0.05.

## RESULTS

Table 1: Frequency Distribution of Study Sample Regarding Their Personal Characteristics (n=200)

Personal Characteristics	Frequency	%
<b>1. Age:</b>		
a. less than 25	48	24.0
b. 25- less than 35	50	25.0
c. 35- less than 45	74	37.0
d. 45- less than 55	27	13.5
e. more than 55	1	0.5
X= 2.415	SD = 1.013	
<b>2. Gender:</b>		
a. Male	46	23.0
b. Female	154	77.0
<b>3. Marital status:</b>		
a. Single	70	35.0
b. Married	130	65.0
<b>4. Educational level:</b>		
a. Nursing secondary school	136	68.0
b. Technical institute	51	25.5
c. Baccalaureate nursing	13	6.5
<b>5. years of experience in nursing:</b>		
a. 1 year - less than 3 years	31	15.5
b. 3 years -less than 6 years	30	15.0
c. 6 years and more	139	69.5
X= 2.540	SD = 0.749	
<b>6. years of experience at hospital:</b>		
a. 1 year - less than 3 years	36	18.0
b. 3 years -less than 6 years	33	16.5
c. 6 years and more	131	65.5
X= 2.475	SD = 0.782	

Table (1) shows that the highest percentage (77.0%) of staff nurses were female, (68.0%) of them had a secondary school degree and (65.0%) of them were married. As regards to the age of study sample, the mean age was  $2.415 \pm 1.013$ , while the mean of their years of experience in nursing profession was  $2.540 \pm 0.749$  compared to  $2.475 \pm 0.782$  years of experience at hospital.

Table 2: Correlation between Nurse Managers Practices Subscales and Staff Nurses Autonomy Subscales

Nurse Managers Practices Subscales	Staff Nurses Autonomy Subscales			
	Patient care decisions		Unit operation decisions	
	r	p	r	p
1. Challenge the process	0.382	0.000	0.278	0.000
2. Inspire a shared vision	0.304	0.000	0.254	0.003
3. Enable others to act	0.238	0.001	0.195	0.006
4. Model the way	0.313	0.000	0.311	0.000
5. Encourage the heart	0.288	0.000	0.302	0.000

This table summarizes that there is a highly statistical significant relationship between all subscales of nurse managers' practices and all subscales of staff nurses autonomy.

Table 3: Correlation between Nurse Managers Practices Subscales and Staff Nurses Satisfaction

Nurse Managers Practices Subscales	Staff Nurses Satisfaction	
	r	p
1. Challenge the process	0.600	0.000
2. Inspire a shared vision	0.622	0.000
3. Enable others to act	0.570	0.000
4. Model the way	0.616	0.000
5. Encourage the heart	0.589	0.000

Table 3 displays that there is a highly statistical significant relationship between all subscales of nurse managers' practices and staff nurses satisfaction.

Table 4: Correlation between Staff Nurses Autonomy Subscales and Their Satisfaction

Nurse Managers Practices Subscales	Staff Nurses Satisfaction	
	r	p
1. Patient care decisions	0.183	0.000
2. Unit operation decisions	0.347	0.000

This table explores that there is a highly statistical significant relationship between all subscales of staff nurses autonomy and their satisfaction.

**Table 5: Correlation between Nurse Managers Practices, Staff Nurses Autonomy and Satisfaction**

Study Variables	Staff Nurses Autonomy		Staff Nurses Satisfaction	
	r	p	r	P
Nurse Managers Practices	0.357	0.000	0.630	0.000

Table 5 shows that there is a highly statistical significant relationship between nurse managers practices, staff nurses autonomy and satisfaction.

**Table 6: Correlation between Staff Nurses Autonomy and Their Satisfaction**

Study Variables	Staff Nurses Satisfaction	
	r	p
Staff Nurses Autonomy	0.266	0.000

This table shows that there is a highly statistical significant relationship between staff nurses autonomy and satisfaction.

**Table 7: Correlation between Nurse Managers Practices, Staff Nurses Autonomy, Staff Nurses Satisfaction and Study Sample Personal Characteristics**

Study Sample Personal characteristics	Test	Nurse Managers Practices Subscales	Staff Nurses Autonomy	Staff Nurses Satisfaction
1. Age:	f:	0.701	2.050	1.475
	p:	0.592	0.089	0.211
2. Years of experience in nursing:	f:	0.222	1.469	0.340
	p:	0.802	0.233	0.712
3. Years of experience at hospital:	f:	0.204	0.947	0.251
	p:	0.816	0.390	0.779
4. Educational level	f:	1.554	0.750	0.780
	p:	0.214	0.474	0.460
5. Gender	t:	0.625	0.165	0.607
	p:	0.533	0.869	0.545
6. Marital status	t:	1.484	0.275	0.108
	p:	0.139	0.784	0.914

This table shows that there is no statistical significant relationship between nurse managers' practices; staff nurses autonomy and satisfaction and personal characteristics.

## DISCUSSION

Abdullah & Shaw (2007) and Iliopoulou & While (2010) reported that the success of any health care organization is influenced by the role of unit level nurse managers. Therefore, nurse managers should spend a lot of their work time with staff nurses to initiate their autonomy and assessing the means that increasing staff nurses autonomy. Moreover, Lee & Yang (2015) added that one of the changes that occurs in health care organizations to enhance the quality of care provided to their customers is to improve the autonomy and satisfaction of staff nurses.

Health care organizations exert a great effort to maintain nursing workforce and to enhance staff nurses retention. Nurses' autonomy and satisfaction are critical factors that promote staff nurses retention and commitment. Therefore, nurse managers are positioned to enhance autonomy and satisfaction of staff nurses. They should manipulate the skills and practices that motivate nurses' autonomy and promote their satisfaction to be committed and retained (Labrague, McEnroe-Petitte & Tsaras, 2018).

As regards correlation between nurse manager practices and staff nurses' autonomy subscales, the findings of the current study demonstrated a statistical significant relationship

between all subscales of nurse manager practices and all subscales of autonomy. This result was consistent with the results of Mryyan (2004) whose findings proved that nurse manager actions positively correlated with patient care autonomy, unit operation autonomy as well as the total nurses' autonomy. In the same line Krairiksh & Anthony (2001) and Atwater, Brett & Charles, (2007) found that nurse managers' practices improved involvement of nurses in decision-making process. They demonstrated that as a result of the influence of nurse managers' practices, they considered as the most critical person for staff nurses. They provide nurses with leadership, coaching and support. Therefore when the nurses scored the managers actions as high, they also scored their autonomy as high and vice versa.

Moreover, the current study findings showed a statistical significant correlation between all subscales of nurse manager practices and staff nurses satisfaction. Also, the study demonstrated positive statistical significant correlation between nurse manager practices and staff nurses satisfaction. These findings were supported by Lake and Friese (2006), Bono, Foldes, Vinson, and Muros (2007) and. Their results revealed that staff nurses satisfaction is influenced by nurse managers' supportive behaviors as good communication, showing respect and providing a feeling of being cared for all staff nurses. In the same line with this result, Kramer & Schmalenberg (2004), Kramer et al (2007) and Feather, Ebright & Bakas (2014) found a positive relationship between nurse manager behaviors and nurses

satisfaction. They supported that nurse manager practices formulate an important role in the satisfaction and retention of staff nurses.

Furthermore, this result was congruent with Roche, Duffield, Dimitrelis & Frew (2015), they supported that nurse manager role plays an important role in the operation of nursing unit. Nurse Manager Practices lead to greater job satisfaction and reduce turnover intention among nursing staff (Wong & Cummings, 2007 and Duffield, Roche, O'Brien-Pallas & Catling-Paull, (2009). When nurses recognized by nurse managers, provided a constructive feedback and shared in decision making, they become more satisfied, committed and retained (Schmalenberg & Kramer, 2009 and Duffield., Roche., Blay & Stasa, 2010). Additionally, other studies were in the same line with the findings of the current study as Casida & Parker (2011), Mah'd Alloubani, Almatari & Almukhtar (2014) and Karadag (2015 ) Whose findings supported the relationship between nurse managers practices and staff nurses satisfaction .

In relation to autonomy and satisfaction, the current study indicated a positive statistical significant correlation between staff nurses' autonomy subscales and staff nurses satisfaction. Also the study revealed a positive correlation between nurses' autonomy and satisfaction. These findings were consistent with the findings of Unruh & Zhang (2013) and Santos Alves, Silva& Brito Guirardello (2017) who indicated that improved nurses' autonomy increased nurses' satisfaction. Staff nurses autonomy considered as a predictor for nurses' satisfaction and job retention. Staff nurses had a positive attitude towards autonomy in terms of independent decision making, had self confidence and job satisfaction. In the same line with these findings, Giles, Parker, Mitchell & Conway (2017) ., Asegid, Belachew & Yimam (2014), Athey et al (2016) and Halcomb, Smyth & McInnes (2018) supported that nurses autonomy and job satisfaction are related, autonomy is vital for nurses satisfaction, nurses who have higher levels of autonomy within their work practice are satisfied with their jobs.

As regards relationship between the variables of current study and personal data of study sample, the current study showed that there is no statistical significant correlation between nurse manager practices, autonomy and satisfaction and all personal data of staff nurses as age, gender, marital status, educational level, years of experience in nursing profession and years of experience at unit. The study findings were inconsistent with the findings of Cajulis and Fitzpatrick (2007) and Papathanassoglou, Karanikola, Kalafati , Giannakopoulou , Lemonidou & Albarran (2012) which demonstrated reverse relationship between age and work experience of staff nurses and autonomy. They added that the older and more experienced nurses are more autonomous. Moreover, these findings were incongruent with the findings of (Supametaporn, 2013) which indicated that autonomy was directly correlated with the age and experience of staff nurses. They revealed that nurses age and work experience play a critical role in enhancement of nurses' autonomy.

Furthermore, the findings of (Dorgham & Al.Mahmoud, 2013 and Motamed-Jahromi, Jalali, Eshghi, Zaher& Dehghani, 2015) weren't in the same line with the findings of this study. They indicated a relationship between nurses' autonomy and their educational level; they found that nurses who had higher educational level had professional autonomy. AllahBakhshian, Alimohammadi, Taleghani, Nik, Abbasi & Gholizadeh. (2017) and Georgiou, Papathanassoglou, & Pavlakis (2017) supported that highly educated nurses possesses the knowledge and skills that enable them to be autonomous. However, a study carried out by Morgan & Taylor (2008) showed no relationship between nurses' autonomy and degree of education.

The results of Afroz & Mitra (2010) and Kahiga (2018) were incongruent with the results of the current study. They found a relationship between staff nurses satisfaction and personal characteristics of staff nurses. They revealed that younger and unmarried nurses had higher job satisfaction. Also nurses who had higher educational level with great experience had higher job satisfaction. Moreover, a study conducted by Echevarria, Patterson and Krouse (2017) indicated a relationship between staff nurses' educational level and their job satisfaction. They found that bachelor nurses had higher satisfaction.

## CONCLUSION

It was concluded that there was a highly statistical significant relationship between all subscales of nurse managers' practices and all subscales of staff nurses autonomy. Moreover, there was a highly statistical significant relationship between nurse managers practices, staff nurses autonomy and satisfaction. It was found that there is a statistical significant correlation between all subscales of nurse manager practices and nurses satisfaction and between staff nurses autonomy and satisfaction. However the study revealed no statistical significant relation between staff nurses' personal characteristics and nurse manager practices, staff nurses autonomy and satisfaction.

## RECOMMENDATIONS

Based on the findings of the current study, the following recommendations have been generated:

1. A training program should be provided for nurse managers about actions and practices that should be carried out to promote staff nurses' autonomy.
2. Organizations should identify strategies that support nurse managers practices that promote staff nurses autonomy and satisfaction.
3. Health care organizations should identify challenges that influence staff nurses' autonomy and satisfaction and develop strategies that overcome these challenges.
4. Training programs should be implemented to teach nurses how to be more autonomous at their work.
5. Further research is needed to:
  - replicate the study on large sample of staff nurses to generalize the results.
  - compare the perception of nurses who working at general and private health care organizations.
  - investigate the relation between nurse manager practices and other variables as staff nurses turnover, absenteeism, performance and quality of work life.

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