

## Challenges faced by nurses in relation to their professional autonomy: a literature review

## Desafios enfrentados pelo enfermeiro em relação à sua autonomia profissional: uma revisão da literatura

Jadson Vinícius Oliveira<sup>1</sup>   
Ismael da Silva Costa<sup>2</sup>   
Linkelly Tavares Batista<sup>3</sup> 

Irla Alves de Abreu<sup>4</sup>   
Mayconn Douglas Alves dos Santos<sup>5</sup>   
Daiane de Matos Silva<sup>6</sup> 

<sup>1</sup>Corresponding author. Centro Universitário de Ciências e Tecnologia do Maranhão - UniFacema (Caxias). Maranhão, Brazil. jadsonvinciusnasci@gmail.com

<sup>2-6</sup>Centro Universitário de Ciências e Tecnologia do Maranhão - UniFacema (Caxias). Maranhão, Brazil.

**ABSTRACT | OBJECTIVE:** To highlight the main challenges faced by nurses in relation to autonomy and leadership in Nursing. **METHOD:** Integrative literature review based on studies published between 2018 and 2023. The PICO strategy was used, with the following question: "What are the main challenges faced by nurses in relation to decision-making and leadership capacity?". Data collection took place in the electronic databases BVS, SciELO and PubMed, and the articles that answered the question were in English and Portuguese. The excluded studies were those that did not fit the theme, theses, dissertations, monographs, and studies repeated in the databases. The selected articles totaled 12. **RESULTS:** After analyzing the studies, it became clear that the main challenges related to leadership and autonomy are linked to subordination to medical work, insufficient technical-scientific knowledge, deficits in understanding the scope of action, administrative errors, work overload and ineffective communication, thus making it difficult for professionals to make decisions. **CONCLUSION:** Therefore, the scientific evidence from the present study shows that despite the challenges encountered, it is possible for nurses to have autonomy, as long as they are able to overcome the difficulties that will arise.

**KEYWORDS:** Autonomy. Work. Nursing.

**RESUMO | OBJETIVO:** Evidenciar os principais desafios enfrentados pelo enfermeiro em relação a autonomia e liderança na Enfermagem. **MÉTODO:** Revisão integrativa da literatura tendo por base estudos publicados entre os anos de 2018 e 2023. Foi utilizada a estratégia PICO, com a seguinte indagação: "Quais os principais desafios enfrentados pelo Enfermeiro em relação à capacidade decisória e de liderança?". A coleta de dados se deu nas bases de dados eletrônicas BVS, SciELO e PubMed, e os artigos que responderam questão estavam nos idiomas inglês e português. Os estudos excluídos foram aqueles que não se adequaram ao tema, teses, dissertações, monografias e estudos repetidos nas bases de dados. Os artigos selecionados totalizaram 12. **RESULTADOS:** Após análise dos estudos, evidenciou-se que os principais desafios relacionados à liderança e autonomia estão ligados à subordinação ao trabalho médico, insuficiência de conhecimento técnico-científico, déficit na compreensão do espaço de atuação, erros administrativos, sobrecarga de trabalho e comunicação ineficaz, dificultando assim a tomada de decisão do profissional. **CONCLUSÃO:** Desse modo, as evidências científicas do presente estudo mostram que apesar dos desafios encontrados, é possível que o enfermeiro possua autonomia, desde que consiga superar as dificuldades que surgirão.

**PALAVRAS-CHAVE:** Autonomia. Trabalho. Enfermeiro.

## 1. Introduction

Autonomy can be understood and characterized as moral and intellectual freedom, while in the nursing profession, this concept is related to carrying out activities through acquired skills. Along with autonomy also arises the need for the professional to have decision-making capacity and to resolve situations in their field of activity. They are then empowered to exercise their autonomy in a safe and practical way, enjoying the ability to self-govern, acting freely, but guided by rules and regulations that underpin the profession.<sup>1</sup>

Autonomy within nursing can be achieved through attitudes and practices, as long as the professional has the necessary skills and technical preparation, through theoretical studies and practical experience. To exercise autonomy, a specific environment is not necessary; professionals can go beyond what they are used to, such as hospital care or Primary Care. Through the freedom that is promoted by autonomy, the professional becomes capable of safely exercising everything that nursing is capable of providing, since the area of activity is broad, as long as the professional has knowledge regarding such issues.<sup>2</sup>

Leadership is the ability to influence a group to align practices in pursuit of common goals. In the workplace, it is essential to solve problems and find solutions. When leading a team, nurses must promote everyone's participation, allowing discussions, and sharing of ideas and suggestions to face challenges and develop effective strategies within existing limitations.<sup>3</sup> Many nurses remain as supervisors, without achieving true leadership, as they feel inadequate, especially in light of evidence-based practice and organizational culture.<sup>4</sup>

With regard to his performance, the nurse needs to assume the role of leadership of his team, requiring the professional to have the ability to organize and know how to manage health services, making him competent and able to manage his work group in

an efficient manner to ensure assistance focused on the individuality of users. Putting yourself in the position of leader requires a more careful and fair look, as each scenario has its own characteristics and different professional opinions, so it is necessary to reinforce your own concepts regarding team and individual work.<sup>5</sup>

The leader within healthcare services is responsible for motivating and inspiring team members, in order to instigate their continuous professional development, thus ensuring greater job satisfaction. In this way, nursing leadership plays a fundamental role in the team's evolution process, ensuring greater efficiency in the care provided to patients, as well as influencing the promotion of a healthy and productive work environment.<sup>6</sup>

Based on the definitions presented, the study is guided by the following question: what are the main challenges faced by nurses in relation to decision-making and leadership capacity?; and as an objective: highlight the main challenges faced by nurses in relation to autonomy and leadership in nursing.

## 2. Method

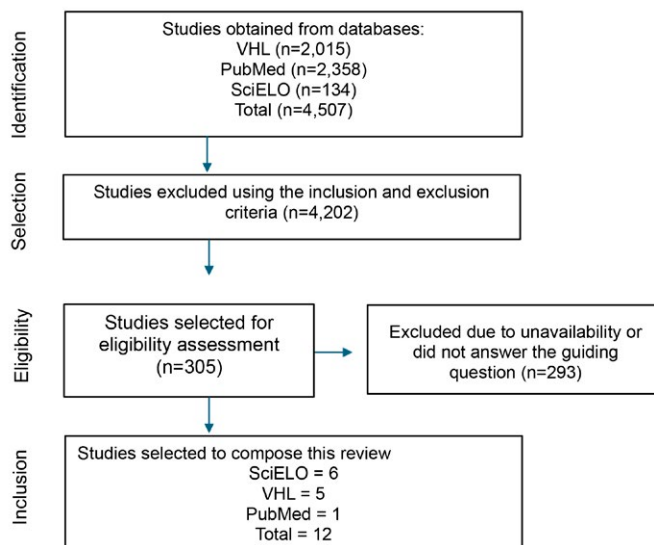
This is an integrative review of the literature, whose main purpose is to investigate and obtain data through the application of scientific techniques on sources of relevant academic studies that allow a critical evaluation of theoretical references on a given field of study.<sup>7</sup>

To construct the question to be answered, the PICO strategy was used, defined as Population (P= Nurse), Intervention (I= Decision-making and leadership capacity), Comparison (C= Main challenges faced) and Outcome (O= Outcome= Prove the autonomy of the Nurse). Thus, to direct the research, the following guiding question was adopted: "What are the main challenges faced by nurses in relation to decision-making and leadership capacity?"

Data collection and analysis came from Scientific Electronic Library Online (SciELO) and National Library of Medicine (PubMed) and Virtual Health Library (VHL) databases, through the Health Sciences Descriptors (DeCS): "Autonomy", "Work", and "Nursing", combined with each other by the Boolean operator AND.

The search in the databases took place in August 2023. The inclusion criteria were defined as: articles available in full, in Portuguese, English and Spanish, that addressed the topic, from the last five years, that is, from 2018 to 2023. Exclusion criteria: theses, dissertations, monographs, articles that did not cover the topic and repeated studies in the databases. From the initial search with defined Boolean descriptors and operators, 4,507 studies were found in the selected databases and after applying the inclusion and exclusion criteria, 12 studies were selected to compose the review. The entire scheme can be seen in Figure 1.

**Figure 1.** Flowchart of the study selection process for integrative review - Caxias, Maranhão, Brazil, 2023



Source: database (2023).

### 3. Results

Of the 12 articles selected, two were prepared in other countries, namely: Iran and Pakistan; two were published in English and 10 in Portuguese. The predominant database was SciELO (n=6), which presented the largest number of works that covered this thematic approach. The studies were described in Table 1, showing authors/year, title, objectives, type of study and the main results found.

**Table 1.** Distribution of selected articles according to authors/year/citation number, title, objective, type of study and results (to be continued)

AUTHORS/YEAR/CITATION NO.	TITLE	GOAL	KIND OF STUDY	RESULTS
1 Jacob et al., 2022 <sup>8</sup>	The autonomy of obstetric nursing in assistance at the Normal Birth Center	Analyze the meanings of the autonomy of obstetric nursing in assistance at the Normal Birth Center.	Case study.	The autonomy of obstetric nursing is based on the work process and the applicability of the nursing process to ensure safe practice.
2 Silva Filho et al., 2021 <sup>9</sup>	Nurse autonomy in caring for people with chronic injuries	The present work aims to reflect on the autonomy of nurses in caring for people with chronic injuries.	Theoretical-conceptual study.	The nurse's autonomy should not override the patient's autonomy.
3 Soares et al., 2019 <sup>10</sup>	Between what is said and what is not said about nurses' autonomy: (dis)continuities in discourses	Know how autonomy is constituted in the professional practice of nurses in the hospital context.	Qualitative, analytical study.	Autonomy in nurses' professional practice permeates the centrality of knowledge, political positioning and working conditions.
4 Pereira JG, Oliveira MAC, 2018 <sup>11</sup>	Nurse autonomy in Primary Care: from collaborative practices to advanced practice	Verify how Primary Health Care (PHC) nurses identify their professional autonomy in their daily work and how this autonomy is perceived by other professionals in the multidisciplinary team.	Exploratory, descriptive research.	Professional autonomy in PHC is categorized into: possible autonomy, autonomy dictated by protocols and subordination to medical work.
5 Silva G et al., 2022 <sup>12</sup>	Management and leadership in the perception of nurses: a journey in light of professional bureaucracy	Analyze the styles and factors involved in the management and leadership of nurses in three countries, Brazil, Portugal and Spain, in light of professional bureaucracy.	Exploratory and descriptive study with a qualitative approach.	Different perceptions were detected in the three nations, highlighting communication from different perspectives.
6 Silva A et al., 2021 <sup>13</sup>	Good nurse leadership practices in hospital context	Describe good nursing leadership practices carried out by nurses in the context of a public hospital in Belém-Pará.	Search of qualitative descriptive field.	Three central themes emerged: good leadership practices from the perspective of nurses; O nurses and decision-making in hospital practice; dealing with errors and conflicts.
7 Setoodegan et al., 2019 <sup>14</sup>	Experiences lived by nurses regarding professional autonomy in Iran	The present study aimed to evaluate the experiences lived of professional autonomy for nurses in Shiraz, Iran.	Qualitative study.	Through the study, themes were identified such as: Advocacy for patients and nurses, independence in the workplace, Involvement in professional decision-making and Professional responsibility.
8 Alsadaan et al., 2023 <sup>15</sup>	Impact of nurse leader behaviors on nursing team performance: a systematic literature review	It is to explore the relationship between nursing leadership and nurse performance, understanding leadership behaviors and the factors that motivate nurses to perform well.	Systematic review.	The present study identified some factors that account for 51 which, when categorized, result in 06 domains that influence good professional performance.
9 Petry et al., 2019 <sup>16</sup>	Nursing Autonomy and its Trajectory in Building a Profession	It aims to articulate theoretical-conceptual aspects of profession, discipline and work with the aim of supporting reflection on the autonomy of nurses in developing their profession.	Reflective, descriptive study based on literature review and with a qualitative approach.	Based on the reflection formed in this study, it was observed the need for legislation that increases and expands the prescriptive authority of nurses to work in health promotion and maintenance of the various bodily systems, and above all professional training based on science.

**Table 1.** Distribution of selected articles according to authors/year/citation number, title, objective, type of study and results (conclusion)

AUTHORS/YEAR/CITATION NO.	TITLE	GOAL	KIND OF STUDY	RESULTS
10 Fischborn et al., 2018 <sup>17</sup>	Work and autonomy of health workers: considerations on theoretical and methodological assumptions for analyzing health work	Questions are raised about the possibility of creating spaces of autonomy for workers in contexts of standardization and regulation arising from public policies.	Literature review.	In this way, it is possible to say that autonomy in nursing is based on construction, that is, it can be seen as a professional experience based on social construction.
11 Costa, R, Santos, R, Costa, L, 2021 <sup>18</sup>	Professional nursing autonomy in times of pandemic	Reflect on the exercise of professional autonomy in Nursing in times of pandemic.	Theoretical reflection in light of the Sociology of Professions proposed by Eliot Freidson.	Even with all the difficulties experienced on a daily basis, it is clear that the practice of leadership has a great contribution to nursing professionals.
12 Dezoti et al., 2021 <sup>19</sup>	Implementation of Advanced Nursing Practice in Latin America	Describe the implementation of advanced nursing practice in Latin America.	Integrative literature review.	The selected studies were grouped into three categories based on thematic similarities, initiatives, opportunities and challenges in implementing advanced nursing practice in Latin American countries.

Source: the authors (2023).

#### 4. Discussion

The analysis of the articles demonstrated that several factors influenced nursing, whether in its construction and/or consolidation of nurses' autonomy, from political, social, economic issues and even reasons related to gender. Thus, the need for autonomy in nursing arises, which can and should make use of the available methods, that is, the nursing process, as by using such tools it will be possible to obtain autonomy and the ability to decide with your own experiences and knowledge.<sup>16</sup>

Nurse autonomy is the result of a long process, governed by three distinct mechanisms, which results in the process that regulates the practice of professional autonomy. The first is guided in Law No. 7,498/86, of June 25, 1986 – amended by laws No. 14,434/2022 and 14,602/2023, which governs the exercise of the profession and the legislation relating to professional activity. The second is based on technical, theoretical and practical knowledge, which guarantees competence and decision-making. The latter refers to the political mechanism, based on all the standards established by the Ministry of Health, which serves as an inductive aspect, which guarantees professional autonomy. Furthermore, nurses' autonomy within their work sector reflects how they construct their own professional identity, with characteristics that differentiate them from other professions or professional groups.<sup>8,20</sup>

Some of the managerial skills are based on neutrality and impartiality, which consist of the ability to separate your beliefs, political positioning, and culture from your workplace. Based on the idea that human beings are influenceable, such an ability requires a high level of ability to be neutral. On the other hand, there is a need for the leader to boost his team based on his personal characteristics, without letting this become an imposition, but a model to be followed, that respects individuality. Therefore, the manager must have broad and comprehensive knowledge, having the ability to adequately select problems, and to implement a participatory management model, respecting and encouraging the appreciation of singularity.<sup>21</sup>

Therefore, to guarantee full autonomy, nurses need to act with awareness of their areas of activity, aiming at their own satisfaction as well as those who need their work, taking into account the importance and relevance of their actions for people, health services and work processes. As a member of the healthcare team, the nurse has the main role in promoting protocols, selecting, evaluating and recommending new technologies, in addition to knowing, providing essential information and guidance for decision-making, without having any type of persuasion or manipulation, always respecting the patient and valuing their right to dignity, privacy and freedom and considering their social responsibilities.<sup>9</sup>

Thus, at some levels of care, nurses have greater autonomy in their work process, including primary care, where in this environment the professional plays a leader role, expanding their insertion and visibility in the profession. It is important that the professional does not reduce the extent of his autonomy only in assistance activities, but that he takes into consideration management practices, to better elucidate his independence in health services.<sup>22</sup>

Professional autonomy within the scope of primary care is divided into three categories, namely: possible autonomy, which brings to light the nurse's independence, the resolution of individual situations within their competence and proactivity. Autonomy dictated by protocols, which is represented by sufficient activities for the profession, with a view to not overloading. On the other hand, nurses reported that protocols governed by professional bodies tend to rigidify the profession. Finally, the last category mentioned alludes to subordination to medical work, associated by the author with the lack of legal and institutional support for decision-making at work.<sup>11</sup>

In this same scenario, decision-making and independence in the workplace are hampered mainly by the feudal mentality of doctors in relation to the nursing team and administrative errors in hospital institutions related to the lack of benefits, perks in relation to the workplace, tasks, promotions, labor benefits granted based on favoritism and lack of trust in the professional.<sup>14</sup>

Regarding the Nurse's role in hospital management, a great example of action is given by Florence Nightingale, who worked directly in the administration of hospitals in a war context, revealing the need for nurses to develop skills that allow them to act in unfavorable situations and to rediscover their ability to act as administrators in health units; therefore, they are able to transform what was previously just assistance into management, based on the observation of individual and community needs, promoting a balanced professional performance.<sup>23</sup>

Still, other factors support the discourse on actions that limit professional autonomy, namely: the scarcity of human and material resources, dependence on other services, the absence of medical prescription, the gap between the nurse/doctor and the lack of support from health institutions. All of these factors end up interfering with the practice of nurses, thus minimizing their decision-making and leadership capacity. Given this, it is necessary to make investments in working conditions and relationships, especially within the place of nursing practice, in addition to providing training and improvement, thus enabling the construction of autonomy and satisfaction of professional nurses.<sup>10</sup>

The nurse is considered autonomous concerning his assistance, he acts with an awareness of his spaces and aims at the satisfaction of both sides, taking into account the importance of his work in health services. As a member of health services, nurses must have management skills and conduct assessment protocols that facilitate the process of assistance and communication with health users.<sup>24</sup>

The current scenario reinforces that the work process has been undergoing modifications for a long time, with each technological advance, for example, new work models emerge, all of these modifications can be observed regardless of the work area, such as even in the health area; therefore, it can be observed that the activities carried out are always subordinated to something or someone. In view of this, it is seen that the achievement of autonomy is not something free from difficulties or struggles, but, despite all the clashes, professionals must be encouraged to health that fight and achieve protagonism.<sup>17</sup>

In the context of health, good training represents the increase and mastery of knowledge that goes beyond that offered in their training, knowing about specific knowledge makes the nurse more likely to stand out and, as a result, will be more competent in the exercise of its functions. This promotes professional satisfaction, as it guarantees you the necessary autonomy to effectively perform your duties, in addition to improving your decision-making capacity to achieve goals and objectives, thus favoring appropriate treatment for each patient.

In the formation and training of a good leader, there are even greater and more complex obstacles, it is known that the nursing professional has a direct relationship with the patient, in view of this there is a need for the leader to have well-defined and visible characteristics both for those led and for patients, so that it is possible to promote quality and effective care.<sup>15</sup>

Even so, there is a correlation between nurse leaders in the countries Brazil, Portugal and Spain, evidence that training for the development of effective communication, and its imposition in the work environment, is of great importance for the excellence of team and process management, based on in people development, motivation, collaboration, and provision of quality care.<sup>12</sup>

Communication has great potential for conducting a leader's work, aligned with the bond with the team, presence, construction of feedback, encouragement of participation in the care process, management of all process factors, humanization, conflict reconciliation, transfer of duty, and planning. In general, the authors complement by reporting that the intermediation of conflictual situations, through effective communication and impartiality, are essential roles to be developed by a leader, being necessary in cases of errors and team complications, an approach aimed at error prevention and the training of the professionals involved, to maintain quality of care.<sup>13</sup>

The qualification of professional nurses is closely related to their competence in developing their functions with mastery, and this results from quality training and training. In this context, professional training promotes greater satisfaction, favors their autonomy, and expands their ability to make decisions in the face of care and management demands in health services.<sup>25</sup>

Advanced Nursing Practice (ANP) has been known and implemented gradually in several places around the world, highlighting positive points, such as greater autonomy of nursing professionals in diagnoses, clinical judgment and prescriptive actions, however this is still a challenge to be overcome, another benefit pointed out by the author is the formation of new professional profiles, because through Advanced Practice what is expected is better quality of care.<sup>19</sup>

In dark times and great tragedies, Nursing gained greater visibility, both related to its greatness and profession. Given this, it can be said that Nursing during the crisis was able and obtained an opportunity, even if unexpectedly, to legitimize its autonomy in health care, with the expertise it uses in its practice, thus reaffirming the commitment and responsibility of the class with quality healthcare, and along with this there was the advancement of professionals with greater experience.<sup>18</sup>

The limitations of this study are related to the scarcity of available studies and their quality. The availability of articles that address specific challenges to nurse autonomy may be restricted, especially in certain locations, or may be embedded in specific practice contexts. Furthermore, the quality and relevance of available findings may vary, as many of them are based on small or unrepresentative samples, which limits the generalizability of their results.

## 5. Conclusion

Through the scientific evidence found in the studies, it was possible to verify that professional autonomy in Nursing is still an issue that faces many obstacles and some challenges that end up affecting its decision-making and leadership capacity. Furthermore, it was observed that the autonomy of the profession is closely linked to the feeling of appreciation and recognition, and that, when these professionals have the freedom to manage their actions and carry out their activities, they feel more motivated and thus provide effective assistance and quality to the customer. Finally, despite the obstacles, Nursing remains strong and active, always fighting to achieve a leading role, seeking professional autonomy, based on scientific knowledge, ethics, theory, and practice.

### Authors' contributions

Oliveira JVN developed the initial idea for the article, contributed to the design of the literature review, drafting the manuscript, incorporating contributions from co-authors and final editing of the manuscript, in addition to ensuring appropriate formatting. Costa IS participated in the critical analysis of the studies included in the literature review and in the discussion and interpretation of the results presented in the review. Batista LT participated in the critical analysis of the studies included in the literature review and in the discussion and interpretation of the results presented in the review. Santos MDA participated in the selection and exclusion of studies based on pre-defined criteria, reviewed and provided critical feedback on the content and structure of the article. Abreu IA participated in the selection and exclusion of studies based on pre-defined criteria, reviewed and provided critical feedback on the content and structure of the article. Silva DM actively participated in the discussion and interpretation of the results presented in the review, the final edition of the manuscript and ensured appropriate formatting. All authors reviewed and approved the final version and are in agreement with its publication.

### Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, private corporations and foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to, grants and financing, advisory board participation, study design, preparation manuscript, statistical analysis, etc.).

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