

Perceived autonomy support among Maternity and Psychiatric nursing students

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Abstract: Supporting students' autonomy has many outstanding benefits. It promotes self motivation and satisfaction for students in various learning settings. The aim of this study was to identify the nursing students' perception of their clinical instructors autonomy support. A convenient sample was taken from Faculty of Nursing, Alexandria University at Maternity and Psychiatric Nursing Departments. Sample of this study consisted of 250 undergraduate students attended and studied Maternity and Psychiatric Nursing courses. Data were collected in the second semester of academic year 2009/2010. Two tools were used to collect the necessary data. One questionnaire sheet to obtain demographic data including gender, age, and academic achievement. Second questionnaire sheet was Learning Climate Questionnaire, to assess the perceived autonomy support among students at different learning settings. Results of this study showed that the majority of Maternity and Psychiatric nursing students perceived either low or moderate levels of autonomy support and no statistically significant difference was found. Significant differences were only found between students' perception of clinical instructors autonomy support and gender differences among both groups. Teaching programs will be recommended to train clinical instructors in both specialties to display more autonomy-supportive behaviors.

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1. Introduction:

Motivation is a key element in nursing education. Highly motivated students are more enthusiastic, interested, involved, and persistent in their learning.⁽¹⁾ One source of intrinsic motivation is student autonomy. Autonomy is one of the basic psychological needs in which humans are intrinsically motivated toward learning, growth and intellectual challenge. This innate motivation requires nutrients from interpersonal environment in order to remain operative and creative.⁽²⁾ Among the necessary nutrients are support and encouragement for the individual to be self-initiating and volitional. Autonomy is encouraged when students are allowed to make decisions as to what, when, and how they learn.^(3,4)

According to a large body of empirical research in social psychology, individual autonomy is defined as "independence from others, feeling free and volitional in one's actions".⁽⁵⁾ Spear and Kulbok (2004) had performed a conceptual analysis of autonomy including the examination of selected research studies published between 1985 and 2001 within the fields of education, psychology, and nursing. Their findings demonstrated that the autonomy concept has been used to describe maturation, self-governance, individuation, and self-actualization.⁽⁶⁾ In learning situation, autonomy is

defined as "the students' ability to take charge of their learning, to develop a personal learning plan, to find resources for study and to evaluate themselves".⁽⁷⁾

Autonomy is a priority human need that improves the quality of human development in the light of different theoretical perspectives in psychology, ranging from psychoanalytic thinking in the conceptualization of personality to evolutionary psychology.⁽⁸⁾ It fosters human development in two ways. *First*, human development promotes autonomy because it expands human potentials and people's opportunities to participate in social life. *Second*, it supports human development because the more autonomous people are in better position to expand the potentials they most value and experience the responsibility for their own behaviors. Accordingly, they can enact significant social change in coordination with others to pursue common goals for improving their present and future well-being.⁽⁹⁾

Autonomy in nursing profession refers to nurse's freedom to act on what she/he knows in the best interests of the patient, to make independent clinical decisions in the nursing sphere of practice and interdependent decisions in those spheres where nursing overlaps with other disciplines. It often exceeds standard practice and includes being held accountable in a constructive and positive manner.⁽¹⁰⁾

Nurses in all nursing specialties have to act on their own in different situations. Some of these specialties can at times be much more physically, mentally, and emotionally demanding, such as maternity and psychiatric nursing specialties. Nurses in maternity nursing provide physical and psychological care to women during pregnancy, childbirth, and to women and their babies following birth. Similarly, nurses in psychiatric nursing provide emotional care for patients experiencing acute mental illness, administer and monitor psychopharmacologic agents, and provide crisis intervention. Furthermore, nurses in both specialties respond to the psycho-educational needs of the patient and their family members. All of these caring behaviors in maternity and psychiatric nursing professions require high level of autonomy and flexibility to independently make clinical decisions within the nurses' scope of practice.⁽¹¹⁾

Accordingly, the intended learning outcomes of maternity and psychiatric nursing education endorse many autonomous activities that have been evaluated by clinical instructors in various clinical settings for both specialties. Maternity activities include: the biopsychosociocultural assessment of pregnant, parturient, and puerperal women. Also provision of appropriate nursing interventions throughout the above mentioned 3 stages of the maternity cycle. In addition the provision of the immediate care of the newborn. In psychiatric nursing education, students assess patients' psychological needs, utilize therapeutic communication, build trustful relationships with psychotic patients, produce emotional care plans and apply de-escalation techniques to help patients manage their emotions and behavior. Hence, the development of the autonomous profession, capable of self-determination and independence of thought, has long been valued as a goal of professional nursing education.

Several studies showed that the quality of learning engagement does not depend on students' cognitive abilities alone, but is also influenced by complex motivational and affective factors.^(12,13,14) A necessary component for developing autonomy in nursing students is autonomy in approaches to learning, where students can specify what they want to learn, how they want to learn it, how to demonstrate learning, and the criteria to measure learning. The learning climate, which supports students' autonomy, will enhance their intrinsic motivations, whereas climates that control students' behavior and diminish their sense of volition and choice will undermine this natural motivation.⁽¹⁵⁾ Many studies revealed that learners who are involved in making choices and decisions about the aspects of the learning programs are self-motivated and

reflective learners and are likely to feel more secure in their learning.⁽¹⁶⁻¹⁹⁾

The role of clinical instructors in nursing education is to support the students' autonomy to facilitate their growth educationally and personally. The clinical supervision during clinical practice allows student nurses to focus on personal and professional strengths and difficulties. There are number of educators-behaviors that affect students' autonomy support, these behaviors include providing choice, minimizing the use of controls, and acknowledging the students' perspectives and feelings.⁽²⁰⁾

Supporting students' autonomy has many outstanding benefits; one of them is the positive effect it will have on students' perception of self as well as how they view their peers, experience emotional stability and being less vulnerable to depression and psychological distress. It will also create confident, independent thinkers, who will be motivated leaders in nursing profession and this ever-changing global society.^(21,22) Although autonomy supportive contexts in nursing education may hold promise for enhancing students' achievement and psychological development, few researches were done to investigate autonomy support among nursing students in different nursing specialties. Yet, a descriptive study was conducted by Karagozoglu (2009) aimed at determining the level of autonomy of final-year university students. He found that the nursing students' level of autonomy was lower than the students' level of autonomy in other health-related branches.⁽¹²⁾ Another study revealed that clinical accompaniment was perceived as being the availability of nurse educators in clinical settings, it provides autonomy support to student nurses.⁽¹³⁾

Learning strategies in maternity and psychiatric clinical practice can either prepare or be an obstacle to the students' thinking and acting like independent professionals. Therefore, this study aimed to investigate the maternity and psychiatric nursing students' perception of their instructors autonomy support during clinical experience.

Aim of the study:-

This study aims to identify the nursing students' perception of their clinical instructors autonomy support.

Research questions:

- 1- What is the nursing students' perception of their clinical instructors autonomy support?
- 2- Is there a difference between Psychiatric and Maternity nursing students' perception of their clinical instructors autonomy support?

2. Materials and Method

Materials

Design:

A descriptive correlation research design was utilized in this study.

Setting:

The study was conducted at Faculty of Nursing, in Alexandria University.

Subjects:

A total of 250 undergraduate nursing students who were enrolled in the BSN program and who just finished their clinical practice in maternity and psychiatric Nursing courses at the previously mentioned setting (130 of them were maternity nursing students and 120 of them were psychiatric nursing students).

Tools:

Tool (1)

A structured questionnaire sheet was developed by the researchers .It entailed information related to: socio-demographic data of the students such as name, age, sex, residence, and academic achievement.

Tool(2)

A modified version of the learning climate questionnaire (LCQ) that was originally developed by William (1996)⁽²³⁾. It assesses the perceived autonomy support among students at different learning settings. It comprises 15 items .Each item is scored on a 5 point Likert-scale that ranges from one to five where one denotes, two indicates, three to 5. The total score ranges between 15 and 75 with higher average scores represents a higher level of perceived autonomy support.

Methods:-

-Permission to conduct the study was obtained Official permission to conduct the study was obtained from the head of both Maternity and Psychiatric Nursing Departments.

-Tool (LCQ) was tested for the content validity by experts in the fields of Maternity and Psychiatric nursing education and necessary modifications were done. The reliability of the LCQ with the test - retest was tested. It produced an alpha coefficient of 0.94 for maternity nursing students, and 0.96 for psychiatric nursing students.

-Psychiatric and maternity nursing students were asked to complete a confidential Questionnaire. They were informed of their rights to decline participation or to participate voluntarily.

-A pilot study was carried out on 20 students who were excluded from the study. The aims of the pilot study were to:

- Test the validity, relevance and clarity of the questions.
- Estimate the time needed to complete the tool.
- Find out any problem that might interfere with the process of data collection.
- Appropriate modifications were done prior to data collection.
- Explanation of the aim of the study for students was done and the written consent to participate in the study was obtained.
- Students received research questionnaires and were given 30 minutes to complete the questions. Data were collected in the second semester of academic year 2009/2010.

Statistical analysis

The data was collected and entered into the personal computer. Statistical analysis was done using Statistical Package for Social Science (SPSS/version17) software. A comparison of the overall abilities of the two groups to accurately classify the subjects was performed by a Z test to compare two groups.

Arithmetic mean, standard deviation, number and percent were being utilized. For categorized parameters Chi square test was used while for numerical data t-test was used to compare two groups. The level of significant was 0.05.

3. Results

Table (I) presents number and percent distribution of the study subjects according to their general characteristics. The mean age of the subjects was 20.6 ± 1.56 years for maternity nursing students & 22.1 ± 1.1 years for psychiatric nursing students. More than one- half of the maternity and psychiatric students (68.5% &63.3% respectively) were female. The majority of the maternity and psychiatric groups were from rural areas (75.4% and70.0% respectively).

Concerning the students' clinical grades in maternity nursing specialty, only 3.8 % of students had excellent grade, slightly less than one third of them (33.1%) had very good grade , two- fifths of them (40%) obtained good grade , about one- fifth (19.2%)had pass grade , and only 3.8% of the students failed.

On the other hand, only 5.8% of psychiatric nursing students received excellent grade, one third and slightly more (33.3% &34.2%) had very good and good grade respectively. Less than one quarter of them (23.3%) had pass grade and 3.3% failed.

Table I: Socio-demographic data of the studied sample in the two groups.

	Maternity		Psychiatric		X ² P
	No.	%	No.	%	
Gender					
Male	41	31.5	44	36.7	0.73
Female	89	68.5	76	63.3	0.39
Age					
< 20	76	58.5	0	0.0	42.9
20 or more	54	41.5	120	100.0	0.0001*
Range	18 – 23		20 – 24		
Mean	20.6		22.1		
S.D.	1.06		1.17		
Residence					
Rural	98	75.4	84	70.0	0.91
Urban	32	24.6	36	30.0	0.33
Grade					
Excellent (A, A- to B+)	5	3.8	7	5.8	1.63 0.804
Very good (B, B-)	43	33.1	40	33.3	
Good (C+ - C)	52	40.0	41	34.2	
Pass (c-d)	25	19.2	28	23.3	
Fail (d-f)	5	3.8	4	3.3	
Total	130	100	120	100	

Table (II) illustrates the study subject's total score of perceived autonomy support. It was noticed that only 15.4% of maternity nursing students perceived high autonomy support. While about half (49.2%) of them had moderate level and 35.4 % experienced low autonomy support. For psychiatric group, only 12.5% of psychiatric nursing students perceived high autonomy support. 50% & 37.5 % experienced moderate and low autonomy support respectively, no statistical significant difference was found between both groups.

Table II: Total score of perceived autonomy support among the two studied groups.

	Maternity		Psychiatric		X ² P
	No.	%	No.	%	
Low	46	35.4	45	37.5	0.46 0.79
Moderate	64	49.2	60	50.0	
High	20	15.4	15	12.5	
Total	130	100.0	120	100.0	

Table (III) shows the comparison between maternity and psychiatric nursing students' perceptions about instructors' support for their autonomy. The table reveals that, a statistically significant differences between the two studied groups in relation to feeling that instructors provide choices and option as well as able to be open with instructor during clinical training. ($p = 0.03$ & 0.021 respectively.)

Furthermore, a significant differences were also found between both groups in relation to feeling a lot of trust in instructors and not feeling very good about the way the instructor talks to student. ($p = 0.031$ & 0.041 respectively).

Table (IV) presents the relationship between total score of perceived autonomy support among maternity and psychiatric nursing students and their gender. As regards to maternity nursing students, it were obvious that high, moderate and low autonomy score of autonomy support were obtained by (7.3%, 24.4% and 68.3%) respectively of male students as compared to (19.1%, 60.7% & 20.2%) of those female student.

Table III: Comparison between the two studied groups regarding autonomy support Questionnaire.

No. of questions	Maternity	Psychiatric	p
1. I feel that my instructor provides me choices and option	2.62±1.00	4.08±0.97	0.03*
2. I feel understood by my instructor	2.92±0.92	3.74±1.00	0.51
3. I am able to be open with my instructor during clinical training.	2.54±1.06	4.01±1.0	0.021*
4. My instructor conveyed confidence in my ability to do well in the clinical setting.	3.77±1.10	3.71±0.98	0.61
5. I feel that my instructor accepts me.	3.80±1.06	3.01±0.99	0.53
6. My instructor made sure I really understood the goals of the clinical training and what I need to do.	3.61±1.01	2.16±1.21	0.34
7. My instructor encouraged me to ask questions.	3.56±1.02	3.27±1.11	0.33
8. I feel a lot of trust in my instructor.	1.85±1.24	3.41±1.00	0.031*
9. My instructor answers my questions fully and carefully.	3.98±1.02	3.41±1.01	0.42
10. My instructor listens to how I would like to do things.	3.96±0.91	3.18±1.00	0.37
11. My instructor handles people's emotions very well.	2.21±1.01	2.38±1.10	0.42
12. I feel that my instructor cares about me as a person	3.44±1.00	3.68±1.00	0.39
13. I don't feel very good about the way my instructor talks to me.	4.21±1.00	3.05±1.04	0.041*
14. My instructor tries to understand how I see things before suggesting a new way to do things.	3.11±1.28	3.42±1.01	0.32
15. I feel able to share my feelings with my instructor	3.31±1.00	3.61±0.94	0.41

Table IV: Relation between total score of perceived autonomy support and gender.

	Maternity						Psychiatric					
	Low		Moderate		High		Low		Moderate		High	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	28	68.3	10	24.4	3	7.3	7	15.9	28	63.6	9	20.5
Female	18	20.2	54	60.7	17	19.1	38	50.0	32	42.1	6	7.9
Total	46		64		20		45		60		15	
X ²	12.85						5.65					
P	0.0022*						0.012*					

On the other hand, high, moderate & low score of autonomy support were obtained by 20.5%, 63.9%, & 15.9% (respectively) of male psychiatric nursing students compared to 7.9%, 42.1% , & 50% of those who were female psychiatric nursing students. A statistically significant differences between high , moderate & low of perceived autonomy support among the two studied group regarding gender .where p= 0.0022 & 0.012 for maternity & psychiatric group respectively.

Table (V) reveals the relationship between age and total score of perceived autonomy support

among maternity and psychiatric nursing students. For maternity nursing students it was noticed that about one-fifth (19.7%) of students who were less than 20 years old had high autonomy support compared to only 9.7% of those who were 20 years old and more. On the other hand, for psychiatric nursing students all studied groups (100%) were 20 years old had high (17.5%) , Moderate (50%) and low autonomy support (37.5%). A statistically significant differences were found between age and total score of perceived autonomy support for maternity group where P= 0.0255.

Table V: Relation between total score of perceived autonomy support and age.

	Maternity						Psychiatric					
	Low		Moderate		High		Low		Moderate		High	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
< 20	20	26.3	41	53.9	15	19.7	0	0	0	0	0	0
20 or more	26	48.1	23	42.6	5	9.3	45	100	60	100	21	100
Total	46		64		20		37.5		50		17.5	
X ²	7.33						-					
P	0.0255*						-					

Table (VI) shows the relationship between residence and autonomy support among maternity & psychiatric nursing students. For maternity nursing students, it was observed that, 7.1% of the students who came from rural areas had high autonomy support as compared to 40.6% of the students who came from urban areas. In addition, 52% & 40.8% of the students who came from rural areas had moderate and low autonomy support respectively as compared to 40.6% and 18.8% of those who came from urban areas.

As for psychiatric nursing students, 14.3% of the students who lived in rural areas experienced high autonomy support as compared to 8.3% of those who lived in urban areas. While 50% & 35.7% of the students who lived in rural areas had moderate & low autonomy support score respectively as compared to 50% & 41.7% of those who lived in urban areas. It was observed that no statistical significant differences between residence and perceived autonomy support among students for both studied groups

Table VI: Relation between total score of perceived autonomy support and residence.

	Maternity						Psychiatric					
	Low		Moderate		High		Low		Moderate		High	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Rural	40	40.8	51	52.0	7	7.1	30	35.7	42	50.0	12	14.3
Urban	6	18.8	13	40.6	13	40.6	15	41.7	18	50.0	3	8.3
Total	46		64		20		45		60		15	
X ²	21.54						0.95					
P	0.0002*						0.621					

Table VII presents the relationship between total score of autonomy support and students' academic grades. It was found that most of the maternity & psychiatric nursing students who had excellent grades experienced high autonomy support (80% & 85.7% respectively). Whereas, the majority of the students in maternity and psychiatric groups who

failed experienced low autonomy support (100% & 75% respectively). Statistically significant differences were found between perceived autonomy support and students' academic grades for both studied groups.

Table VII: Relation between total score of perceived autonomy support and grade.

	Maternity						Psychiatric					
	Low		Moderate		High		Low		Moderate		High	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Excellent (A,A- to B+)	0	0.0	1	20.0	4	80.0	0	0.0	1	14.3	6	85.7
Very good (B, B-)	1	2.3	30	69.8	12	27.9	14	35.0	20	50.0	6	15.0
Good (C+, C)	18	34.6	30	57.7	4	7.7	13	31.7	28	68.3	0	0.0
Pass (C-)	22	88.0	30	12.0	0	0.0	15	53.6	10	35.7	3	10.7
Fail (D, F)	5	100.0	0	0.0	0	0.0	3	75.0	1	25.0	0	0.0
Total	46		64		20		45		60		15	
X ²	12.5						16.22					
P	0.007*						0.004*					

4. Discussion

Maternity and psychiatric nursing education requires the nursing students to be more self-directed and engaged in a process of continuous professional development. They need encouragement to participate in social and educational activities that affect the practice of nursing and the quality of health care. The concept of autonomy in nursing education is regarded as an essential element for gaining professional status. Yet, it remains poorly defined and understood, little research has focused on exploring how nursing students in different

specialties perceive autonomy support.^(24,25) Hence, the purpose of this study was to determine the perception of autonomy support among maternity and psychiatric nursing students in their clinical practices.

The results of the present study indicated that nearly half of both maternity and psychiatric nursing students perceived a low level of autonomy support with no significant difference was found between them. This can be explained in the light of lacking of instructors' experience to promote motivational learning climate within the stressful context of the practical area in both specialties. Moreover, these

results are expected because the faculty curricula still focus on the traditional educational practices, where they prioritize conveying knowledge, preventing the apprentices from being creative, innovative, and of becoming responsible for their own learning process.

However, a significant differences were found between both groups regarding student's perception for some aspects of autonomy support as: allowing students to have some choices and options, being opened with instructors and having a lot of trust in instructors. These aspects of autonomy support were more reported by psychiatric nursing students as compared to maternity nursing students. While the aspect of feeling bad about the way that instructors talk to students was more reported by maternity nursing students than psychiatric nursing students. These data are consistent with the findings of Saarikokkia et. al. (2007) who claimed that a good mentor in psychiatric nursing education possesses appropriate professional attributes, knowledge, good communication skills and the motivation to teach and support students as well as maintaining supportive relationships with student nurses.⁽²¹⁾ Freeburn (2009) added that Psychiatric nursing students experience more stressors in Psychiatric settings than any other nursing specialties. Hence, they need supportive learning climate to manage these stressful situations during practice placement.⁽²⁶⁾

Furthermore, the role models in psychiatric nursing education must have the required knowledge, skills, integrity, personal bearing, neatness, empathy, sympathy and willingness to assist and motivate students. Role models are accountable for what happens in their clinical settings and should be trusted by student nurses because they are professional nurse practitioners. The image projected by role models should be positive and acceptable to student nurses at all times.⁽²⁷⁾

Clinical instructor's motivating style influences a great deal of engagement in learning situations and enhances intrinsic motivation among students. It is suggested that whenever students perform under autonomy supportive conditions, they tend to perceive themselves as more competent in cognition-based activities and report higher self-esteem⁽²⁸⁾. This explains why perceived autonomy support was positively correlated with students' final grades among nursing students in the present study for both groups. Several studies have also confirmed the detrimental effects of controlling environment over student's intrinsic motivation and academic performance.^(22, 28,29)

Regarding the relationship between autonomy support and gender differences, the present study showed a significant difference between male and female students in relation to their perception of

autonomy support for both groups. Male students in psychiatric nursing specialty perceived more autonomous support from clinical instructors than female students did. This can be explained by the fact that, culture fosters the sex difference by permitting male independency and assertiveness, while encouraging female dependency and passivity. Other studies reported that female students have less positive attitudes toward autonomous behavior, and participate in fewer relevant extracurricular activities than males. Furthermore, they also revealed that teachers' attitudes toward the inclusion of male students in nursing education indicated overall positive acceptance of males in nursing.⁽³⁰⁻³⁴⁾

As for maternity nursing students, the results of the present study were the opposite. Male students experienced low level of autonomy support than female.

Men in obstetric nursing often find themselves discriminated against, especially in the area of obstetrics. Male nursing students are not allowed to provide personal or intimate care for female patients. The biases that exist for men in nursing might be better described as "glass walls," since they are a barrier that prevents men from functioning in a full nursing role in this nursing specialty. Based on researchers' observation, male students at Faculty of nursing, Alexandria University, in Egypt are prevented from practicing clinical skills on real patients in the maternity hospital for some practical areas such as antenatal care, natal care, post - natal care and family planning. They allowed only carrying out some clinical skills in lab on simulated patients. Many studies revealed that male students have reported increasing numbers of women declining to have male students involved in their care and that some clinical instructors are less helpful than they are to female students. Differences in clinical experience according to sex have been reported in the United States, with women students receiving more experience in seven of 12 skills specific to women and men receiving more experience in two of three skills specific to men. Greatest experience was gained where teacher, student, and patients were of the same sex. This reason can clear up why male students perceived low autonomy support than female and had inferior position when trained in this female-bias specialty.⁽³³⁻³⁵⁾

Descriptions of the meaning of autonomy support in psychiatric and maternity nursing education can add to nursing knowledge by identifying how higher perceived autonomy support is positively correlated with student's academic performance and psychological maturity. Supporting the student's autonomy may increase students' interest and involvement in learning. It allows students to see

themselves as decision makers who are able to influence events in their professional and social lives.

4. Conclusion

According to the findings of the present study it could be concluded that, most of maternity and psychiatric nursing students perceived either low or moderate levels of autonomy support and no statistically significant difference was found. Significant differences were only found between students' perception of clinical instructors autonomy support and gender differences among both groups. The majority of male students in maternity nursing course perceived low level of autonomy support in comparison with male students in psychiatric nursing course. Furthermore, most students who experienced low level of autonomy support had obtained lower academic grades than those with high autonomy support among both groups

Recommendations

Based on the study findings it is recommended that:

1. Clinical instructors of maternity and psychiatric nursing courses need to be aware of their styles of supporting students' autonomy during clinical experience.
2. Teaching programs should be conducted for clinical instructors in both specialties by psychiatric nursing professors to train them to display more autonomy-supportive behaviors.
3. Formative and summative evaluation of students' perception of autonomy support should be conducted periodically in both specialties in order to provide information on program effectiveness and to make early improvements.
4. Undergraduate educational programs should promote self-directed and reflective learning.
5. Structuring the learning environment and using a variety of self learning strategies in both specialties for promoting and supporting students' autonomy.
6. Helping students to set and prioritize goals, and work towards explicit goals when developing and applying maternity and psychiatric care plans in clinical experiences.
7. Maternity nursing educators should develop learning strategies to improve the educational experience for male nursing students .
8. Re-planning of some of the clinical rotations of Maternity Nursing to include substitute clinical experience for the male students .
9. Male students should be oriented to and encouraged to identify with role model of male obstetricians during the clinical practice.
10. Further research is needed for larger sample to compare between nursing students' perception of

autonomy support with other health- related students

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