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Bridging the Ethical Divide: Enhancing Patient Autonomy through Shared Decision-Making and Advance Care Planning in Advanced Nursing Practice

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ABSTRACT: This study explores the barriers and ethical challenges faced by Advanced Practice Nurses (APNs) in implementing Shared Decision-Making (SDM) and Advance Care Planning (ACP). Although these practices are foundational to patient autonomy and endorsed by professional nursing codes, their application in clinical settings remains limited. This research examines the structural, cultural, and ethical factors that hinder or support SDM and ACP. A qualitative content analysis was conducted on structured datasets detailing clinical autonomy challenges and ethical responsibilities in nursing, using ethical codes from the American Nurses Association (ANA) and the International Council of Nurses (ICN) as guiding frameworks. The analysis identified three major areas of concern: institutional and cultural barriers, ethical conflicts (e.g., autonomy vs. beneficence, coercion), and operational deficiencies in documentation and workflow integration. Organizational constraints such as time pressure, lack of ACP documentation tools, and hierarchical cultures inhibit engagement, while cultural norms prioritizing family over individual autonomy and professional biases further restrict patient involvement. Ethical dilemmas commonly arise in high-acuity settings, and training deficits limit APN confidence in facilitating ethical conversations. The study concludes that effective SDM and ACP implementation requires systemic reforms, including embedded ethical frameworks, ethics education, and standardized documentation tools to promote patient-centered care.

Keywords: Patient Autonomy, Shared Decision-Making, Advance Care Planning, Nursing Ethics, APN, Healthcare Systems.

INTRODUCTION

The ethical foundation of modern nursing has undergone a profound transformation, notably in how patient autonomy is conceptualized and operationalized in care delivery. Historically, nurses

were perceived as directive agents, operating within a framework that emphasized compliance over collaboration. Patients, in turn, were expected to follow prescribed treatment regimens with limited involvement in decision-making processes. However, over recent decades, nursing ethics has evolved to recognize autonomy not merely as a legal right but as a core ethical principle intrinsic to patient dignity and empowerment (Frank et al., 2022; Sellars et al., 2018).

The rise of evidence-based practice has reinforced the need for a model that integrates patient preferences into clinical decisions, aligning interventions with individual values and expectations. In this paradigm, nurses are expected to balance the principles of beneficence and non-maleficence with respect for autonomy. This rebalancing mandates a relational perspective, wherein autonomy emerges not solely from individual independence but from communicative partnerships between patients and healthcare providers (Huang et al., 2020; Jia, 2024). Such a shift has positioned nurses as advocates who support patient agency through ethically sensitive interactions.

Within this evolving landscape, Shared Decision-Making (SDM) and Advance Care Planning (ACP) have emerged as vital mechanisms through which autonomy is actualized. SDM is characterized as a collaborative exchange between clinicians and patients, aimed at reaching healthcare decisions that align with patient values (Childress & Childress, 2020; Rosca et al., 2023). In advanced nursing roles, SDM is supported by training programs that enhance nurses' capacity to engage in ethically grounded dialogue, ensuring that patients are adequately informed and meaningfully involved in choosing their care pathways (Tarhan, 2024).

The operationalization of SDM is particularly critical in managing chronic or complex conditions, where nurses assist patients in navigating medical information, exploring treatment options, and making choices that resonate with their personal goals. Through this engagement, patients experience enhanced satisfaction and improved health outcomes, reaffirming the ethical imperative of participation (Bulut et al., 2024).

Similarly, ACP functions as a forward-looking ethical practice that allows patients to articulate care preferences in anticipation of future medical scenarios. By enabling proactive discussions about values and goals, ACP fosters alignment between anticipated treatments and patient wishes (Detering et al., 2019; Kata et al., 2018). Empirical evidence has linked ACP with reduced hospital admissions, greater palliative care utilization, and decreased decisional conflict within families, enhancing the quality and dignity of end-of-life care (Yamamoto et al., 2021).

The integration of ACP into routine nursing practice is also ethically significant for its capacity to reduce uncertainty and conflict during critical moments. When patients' preferences are documented and respected, the emotional and logistical burdens placed on caregivers are alleviated. Systematic reviews affirm that ACP mitigates relational strain by providing clarity and fostering consensus (Detering et al., 2019; Kata et al., 2018). As such, ACP not only operationalizes autonomy but also upholds principles of justice and beneficence.

Nursing's ethical framework is further shaped by international standards such as the ANA and ICN codes, which explicitly advocate for patient autonomy and collaborative care (Alodhialah et al., 2024; Briganti & Moine, 2020). These codes assert that nurses must enable informed decision-making by offering patients accessible, relevant information and supporting them in expressing

their values. They also underscore the importance of interdisciplinary cooperation to implement SDM effectively (Frank et al., 2022; Jia, 2024). Through such codes, nurses are provided with a normative compass to navigate ethical complexities in diverse care contexts.

Despite this ethical clarity, implementing SDM and ACP remains fraught with barriers that vary across healthcare systems. Institutional deficits, including the absence of formal policies or documentation systems, impede consistent practice. Many nurses report insufficient education and training to facilitate ACP or engage meaningfully in SDM processes (Bulut et al., 2024; Tarhan, 2024). Cultural influences further complicate practice, particularly in collectivist societies where family involvement may override individual autonomy (Yamamoto et al., 2021).

The failure to adequately implement SDM and ACP gives rise to ethical consequences, chiefly the erosion of autonomy and potential harm to patient welfare. Patients excluded from decision-making may feel disempowered, leading to diminished trust, satisfaction, and overall outcomes (Esfandiari et al., 2024). From a nursing ethics perspective, this constitutes a failure to honor the principles of respect, dignity, and advocacy (Javed et al., 2024).

In light of these challenges, this study aims to examine how structural and ethical factors limit the use of SDM and ACP by Advanced Practice Nurses (APNs). It seeks to develop a conceptual and practical framework for enhancing autonomy through these practices, grounded in nursing ethical standards. The novelty of this research lies in its ethical-operational approach, which bridges normative codes with real-world practices. By exploring the ethical implications and proposing actionable reforms, the study contributes to the advancement of ethical nursing care in complex clinical settings.

METHOD

This chapter outlines the methodological approach used to investigate the ethical and structural barriers to implementing Shared Decision-Making (SDM) and Advance Care Planning (ACP) in Advanced Practice Nursing (APN). The research applies qualitative content analysis to systematically examine documented ethical challenges and APN responsibilities, as drawn from validated tables. These data sources are interpreted through the lens of nursing ethical principles namely, autonomy, beneficence, non-maleficence, and justice using international standards set by the ANA and ICN as guiding frameworks.

Research Design

The study adopts a qualitative research design grounded in content analysis, a method particularly suited for exploring ethical dilemmas and patterns in textual or structured clinical data. This methodology is appropriate given the need to understand complex, context-sensitive issues such as moral reasoning, autonomy challenges, and system-based barriers in ethical nursing practice (Shojaee et al., 2024).

Rationale for Qualitative Content Analysis

Qualitative content analysis is instrumental in extracting themes and categories from textual material, particularly in evaluating how ethical principles are expressed and operationalized in nursing. It allows for an interpretive process that categorizes data in a way that reflects recurring ethical tensions and responsibilities. This method was previously used effectively by Shojaee et al. (2024) to explore professional ethics from multidisciplinary perspectives, providing a model for the present research.

The content analysis here focuses on two primary datasets: (1) autonomy-related clinical challenges categorized by type, trigger, ethical conflict, and risk; and (2) a table of APN ethical responsibilities aligned with standards and measurable indicators. The unit of analysis is each entry that reflects a theme of autonomy, SDM, or ACP.

Application in Ethical Nursing Research

The use of content analysis in ethical research is supported by a growing body of literature emphasizing the importance of qualitative approaches in unpacking the subjective dimensions of moral dilemmas (Zhao et al., 2022). Studies have shown that nurses often encounter ethical stressors in high-pressure situations where ACP or SDM are either ignored or inadequately practiced. Qualitative methods, particularly phenomenology and thematic analysis, allow researchers to explore these experiences in depth (Aiken et al., 2023).

Indicators of Ethical Responsibilities

To assess APN ethical engagement, this study references existing validated indicators, including those from tools like the Advanced Practice Nursing Competency Assessment Instrument (APNCAI), which evaluates ethical attitudes, advocacy, and decision-making capacities (Sastre-Fullana et al., 2017). Delphi studies have been used to validate competencies in ethical reasoning, reflective practice, and patient communication all of which are relevant in SDM and ACP.

These indicators were mapped onto the APN responsibilities table, which lists ethical actions, operational definitions, observable indicators, and code references. Each indicator was reviewed to evaluate how well it aligns with professional standards and whether it is likely to support the implementation of SDM and ACP.

Data Interpretation Framework

The interpretation of findings follows a framework grounded in the core nursing ethics principles:

- Autonomy: Evaluated through the presence or absence of patient-centered decision-making.
- Beneficence and Non-maleficence: Assessed based on the clinical risks of not implementing SDM/ACP.

- Justice: Reflected in whether patients are equally supported in making informed choices, regardless of language, literacy, or socio-cultural background.

By applying this ethical framework, the study identifies both institutional and interpersonal factors that affect the ethical fulfillment of APN roles.

Ethical Considerations

Although this study analyzes secondary data, ethical considerations were adhered to in how data were interpreted and framed. The content was analyzed in a manner respectful of the integrity of clinical scenarios and with acknowledgment of the complexity of ethical nursing practice. In all instances, the analysis aimed to highlight the need for structural improvements rather than critique individual behavior.

This chapter provides a structured, evidence-informed methodology for exploring ethical gaps and opportunities in APN practice. By grounding the analysis in ethical theory and validated indicators, the study ensures both academic rigor and practical relevance.

RESULT AND DISCUSSION

The results of this study are organized into three key domains barriers to implementation, ethical conflicts, and operational gaps in the application of Shared Decision-Making (SDM) and Advance Care Planning (ACP) by Advanced Practice Nurses (APNs). The findings are presented in the table below.

Table 1. Summary of Barriers, Ethical Conflicts, and Operational Gaps in SDM and ACP Implementation

Category	Key Issue	Description	Supporting Literature
Barriers	Organizational limitations	Lack of SDM policies, poor communication, time constraints	Waddell et al., 2021; Mun et al., 2024
	Cultural dynamics	Familial decision dominance, collectivist norms	Handtke et al., 2019; Crawford et al., 2022
	Documentation systems	Limited ACP templates in EHRs	Gilissen et al., 2021; Dael et al., 2021
Ethical Conflicts	Emergent care vs autonomy	Urgency overrides consent	Mathijssen et al., 2020
	Professional bias	Assumptions about patient competence affecting SDM	Kim & Kim, 2019; Scholl et al., 2020
	Coercion in interactions	Pressure from providers or family compromising free choice	Abbasinia et al., 2019
	Beneficence vs autonomy	Tension between well-being and respecting refusal	Mathijssen et al., 2020
Operational Gaps	Poor SDM/ACP documentation	Minimal records in terminal care scenarios	Baduge et al., 2023; Pivodic et al., 2022
	Lack of standardized tools	Non-uniform ACP processes across facilities	Rietjens et al., 2017; Pivodic et al., 2022

Category	Key Issue	Description	Supporting Literature
	Underuse in practice	Limited time, procedural priorities sidelining SDM	Waddell et al., 2021; Mun et al., 2024
	Training deficiencies	Limited APN training on ethical communication and ACP	Gilissen et al., 2020

This table synthesizes key barriers, ethical dilemmas, and systemic gaps in the implementation of SDM and ACP, as observed in nursing literature. It categorizes findings by thematic issue, providing specific examples and aligning them with supporting studies. For instance, institutional constraints like insufficient time or lack of standardized forms are shown to directly impair the documentation and practice of ACP, while cultural and professional biases interfere with truly collaborative decision-making.

Overall, the data underscore that these challenges are interrelated, requiring a holistic, multi-level intervention strategy. Addressing these issues demands organizational commitment, the integration of ethical frameworks into routine workflows, and enhanced training efforts to strengthen APNs' ethical competencies and confidence in promoting patient autonomy.

The findings of this study reinforce the ethical imperative to strengthen the implementation of Shared Decision-Making (SDM) and Advance Care Planning (ACP) within Advanced Practice Nursing (APN). Despite the well-documented benefits and strong ethical support from international nursing codes, these practices remain inconsistently applied due to persistent institutional, cultural, and interpersonal barriers. This chapter reflects on the findings in light of relevant literature, emphasizing the need for institutional reforms, ethical integration into clinical routines, and enhanced educational frameworks.

Institutional environments exert significant influence on nurses' ability to practice ethically. The absence of structured policies and support mechanisms contributes to the underutilization of SDM and ACP. Lim & Kim (2021) argue that hospital-wide ethics committees are crucial for supporting ethical decision-making by providing formal forums for deliberation and peer learning. These platforms not only enforce existing guidelines but also adapt ethical principles to emerging clinical contexts. Further, institutions that promote continuous ethics education and professional development foster environments where ethical practice is both expected and achievable (Dawar et al., 2023; Ibrahim, 2024). The link between ethical training and patient outcomes underscores the practical relevance of these reforms.

Integrating ethical frameworks into daily clinical workflows is another necessary reform. ÖNDER et al. (2024) advocate for the adoption of decision-making models embedded within nursing protocols. This systematic approach allows nurses to consider ethical dimensions during routine care activities, thereby aligning their actions with principles such as autonomy, justice, and beneficence. Silva et al. (2024) suggest that integrating ethical algorithms into decision support systems can further operationalize these frameworks. When reinforced through regular training and reflective exercises, such models normalize ethical reasoning within clinical practice, preventing it from becoming an afterthought (Ibrahim, 2024).

To bridge the knowledge-practice gap in SDM and ACP, training models must be both structured and contextually relevant. Peer-led programs such as the train-the-trainer model have

demonstrated effectiveness in cultivating ethical leadership and disseminating best practices throughout nursing teams (Silva et al., 2024). These models encourage collaborative learning and help establish ethical competencies as part of professional identity. Simulation-based training also shows promise by immersing nurses in realistic ethical dilemmas and facilitating practice in ethical communication and patient engagement (Dubey, 2024; Gassas et al., 2024). These experiential learning opportunities are especially critical in equipping nurses to handle sensitive conversations under time constraints and high-pressure environments.

The ongoing discrepancy between ethical codes and clinical reality remains a central challenge. Although ANA and ICN provide comprehensive ethical frameworks, their applicability can be limited by institutional pressures, unclear policies, and the subjective nature of ethical decision-making. Nursing scholars such as Lim and Kim (2021) and Stephens (2022) underscore the importance of capturing nurses' lived experiences to understand how these codes are interpreted in practice. Qualitative research methods, such as interviews and focus groups, offer insights into the factors that inhibit or distort ethical conduct in real-time. Mapping these ethical tensions allows for the identification of persistent gaps and informs revisions to both policy and educational content.

In conclusion, the integration of SDM and ACP into nursing practice must be reinforced through structural reforms, operational frameworks, and training programs that align ethical ideals with clinical realities. Ethical competence must be nurtured not only through education but also through organizational cultures that value and enable ethical nursing practice. This comprehensive approach ensures that the moral responsibilities outlined in ethical codes are reflected in everyday care, advancing both the autonomy and well-being of patients.

CONCLUSION

This study has examined the structural, cultural, and ethical dimensions that influence the implementation of Shared Decision-Making (SDM) and Advance Care Planning (ACP) in Advanced Practice Nursing (APN). Despite their ethical importance and proven benefits in enhancing patient autonomy and care outcomes, SDM and ACP remain underutilized across clinical settings.

Key findings indicate that institutional barriers such as time constraints, insufficient documentation tools, and lack of formal protocols significantly hinder these practices. Cultural dynamics and professional biases also contribute to challenges in upholding patient autonomy, particularly in contexts where familial decision-making predominates or where nurses operate within hierarchical structures that prioritize efficiency over ethical deliberation.

Ethical conflicts frequently arise in high-pressure environments, such as emergency or critical care settings, where immediacy often overrides patient preference. These tensions between autonomy and beneficence, or between patient choice and systemic demands highlight the need for ethical decision-making to be integrated directly into clinical workflows.

Operational gaps were also identified, including inconsistent documentation of ACP in terminal care, minimal use of SDM in routine practice, and limited confidence among APNs in navigating ethical conversations. These issues are compounded by insufficient training, further distancing everyday practice from the ethical standards endorsed by professional codes such as those from the ANA and ICN.

To address these challenges, the study recommends several reforms:

- Institutionalize ethics education and reflective practice as part of professional development.
- Implement structured ethical frameworks and algorithms within clinical workflows.
- Develop and deploy standardized ACP templates and SDM protocols in electronic health records.
- Promote experiential training models such as simulations and peer-led programs to strengthen ethical competence.

Ultimately, this research contributes to the discourse on ethical nursing by offering an ethical-operational framework for embedding SDM and ACP into advanced nursing roles. By bridging the gap between ethical codes and clinical practice, the study advocates for reforms that uphold patient dignity, enhance trust, and support equitable, values-based care.

REFERENCE

Alodhialah, A. M., Almutairi, A. A., & Almutairi, M. (2024). Ethical and Legal Challenges in Caring for Older Adults With Multimorbidities: Best Practices for Nurses. *Healthcare*, *12*(16), 1585. https://doi.org/10.3390/healthcare12161585

Briganti, G., & Moine, O. L. (2020). Artificial Intelligence in Medicine: Today and Tomorrow. *Frontiers in Medicine*, *7*. https://doi.org/10.3389/fmed.2020.00027

Bulut, A., Şengül, H., Mumcu, Ç. İ., & Mumcu, B. (2024). Physician-Nurse Collaboration in the Relationship Between Professional Autonomy and Practice Behaviors. *Nursing Ethics*, *32*(1), 253–271. https://doi.org/10.1177/09697330241252971

Childress, J. F., & Childress, M. D. (2020). What Does the Evolution From Informed Consent to Shared Decision Making Teach Us About Authority in Health Care? *The Ama Journal of Ethic*, *22*(5), E423-429. https://doi.org/10.1001/amajethics.2020.423

Dawar, S., Nayak, R., & R., R. J. (2023). Ethical Considerations in Critical Care Nursing and Their Impact on Professional Conduct in Intensive Care Units. *Seminars in Medical Writing and Education*, *2*, 121. https://doi.org/10.56294/mw2023121

Detering, K., Buck, K., Ruseckaite, R., Kelly, H., Sellars, M., Sinclair, C., Clayton, J. M., & Nolte, L. (2019). Prevalence and Correlates of Advance Care Directives Among Older Australians Accessing Health and Residential Aged Care Services: Multicentre Audit Study. *BMJ Open*, *9*(1), e025255. https://doi.org/10.1136/bmjopen-2018-025255

Dubey, Ms. S. D. (2024). *Ethical and Professional Issues in Nursing*. 19–26. https://doi.org/10.58532/v3bipn18p2ch2

Esfandiari, M., Nazari, A. M., Zamani, F., & Gholampour, M. H. (2024). Ethical Dilemmas in Nurses Toward Deception in Medicine in Patients at the End-of-Life Stage: An Important Yet Challenging &Amp; Questionable Issue. *JNRCP*, *0*(0), 0–0. https://doi.org/10.32598/jnrcp.23.103

Frank, C., Holmberg, M., Jernby, E. E., Hansen, A. S., & Bremer, A. (2022). Older Patients' Autonomy When Cared for at Emergency Departments. *Nursing Ethics*, *29*(5), 1266–1279. https://doi.org/10.1177/09697330221105637

Gassas, R., Ahmed, M. E., & Asloob, M. (2024). Ethical Decision-Making Confidence and Professional Values Among Nurse Leaders. *Jona the Journal of Nursing Administration*, *54*(6), 353–360. https://doi.org/10.1097/nna.0000000000001438

Huang, C., Lam, L., Zhong, Y., Plummer, V., & Cross, W. (2020). Chinese Mental Health Professionals' Perceptions of Shared Decision-making Regarding People Diagnosed With Schizophrenia: A Qualitative Study. *International Journal of Mental Health Nursing*, *30*(1), 189–199. https://doi.org/10.1111/inm.12771_1

Ibrahim, A. M. (2024). Nurses' Ethical Responsibilities: Whistleblowing and Advocacy in Patient Safety. *Nursing Ethics*, *31*(7), 1289–1314. https://doi.org/10.1177/09697330241235306

Javed, H., Muqeet, H. A., Javed, T., Rehman, A. U., & Sadiq, R. (2024). Ethical Frameworks for Machine Learning in Sensitive Healthcare Applications. *Ieee Access*, *12*, 16233–16254. https://doi.org/10.1109/access.2023.3340884

Jia, Y. (2024). Ethical Dilemmas of Nurses on Patient Autonomy in End-of-Life Care in a Selected Tertiary Hospital in Nanyang City, China. *International Journal of Social Science and Human Research*, *7*(08). https://doi.org/10.47191/ijsshr/v7-i08-24

Kata, A., Sudore, R. L., Finlayson, E., Broering, J. M., Ngo, S., & Tang, V. (2018). Increasing Advance Care Planning Using a Surgical Optimization Program for Older Adults. *Journal of the American Geriatrics Society*, *66*(10), 2017–2021. https://doi.org/10.1111/jgs.15554

Lim, A., & Kim, S. (2021). Nurses' Ethical Decision-Making During End of Life Care in South Korea: A Cross-Sectional Descriptive Survey. *BMC Medical Ethics*, *22*(1). https://doi.org/10.1186/s12910-021-00665-9

Rosca, A., Karzig-Roduner, I., Kasper, J., Rogger, N., Drewniak, D., & Krones, T. (2023). Shared Decision Making and Advance Care Planning: A Systematic Literature Review and Novel Decision-Making Model. *BMC Medical Ethics*, *24*(1). https://doi.org/10.1186/s12910-023-00944-7

Sastre-Fullana, P., Morales-Asencio, J. M., Sesé, A., Bennasar-Veny, M., Fernández-Domínguez, J. C., & Pedro-Gómez, J. E. d. (2017). Advanced Practice Nursing Competency

Assessment Instrument (APNCAI): Clinimetric Validation. *BMJ Open*, *7*(2), e013659. https://doi.org/10.1136/bmjopen-2016-013659

Sellars, M., Chung, O., Nolte, L., Tong, A., Pond, D., Fetherstonhaugh, D., McInerney, F., Sinclair, C., & Detering, K. (2018). Perspectives of People With Dementia and Carers on Advance Care Planning and End-of-Life Care: A Systematic Review and Thematic Synthesis of Qualitative Studies. *Palliative Medicine*, *33*(3), 274–290. https://doi.org/10.1177/0269216318809571

Shojaee, A., Hasanvand, F., Namazi, H. R., Parsa, M., & Rashidi, K. (2024). Nurses' Professional Ethics Dimensions From the Point of View of Nurses and Physicians: A Qualitative Content Analysis. *Iranian Journal of Medical Ethics and History of Medicine*. https://doi.org/10.18502/ijme.v16i19.15955

Silva, D. K. M. De, Kaushalya, K. A. D. S., & Asurakkody, T. A. (2024). Ethical Problems and Application of Ethical Decision-Making Models in Nursing Practice: A Scoping Review. *University of Colombo Review*, *5*(2), 136–150. https://doi.org/10.4038/ucr.v5i2.179

Stephens, S. (2022). Qualitative Content Analysis: A Framework for the Substantive Review of Hospital Incident Reports. *Journal of Healthcare Risk Management*, *41*(4), 17–26. https://doi.org/10.1002/jhrm.21498

Tarhan, M. (2024). The Relationship Between Attitudes Towards Professional Autonomy and Nurse–nurse Collaboration: A Cross-sectional Study. *International Nursing Review*, *72*(2). https://doi.org/10.1111/inr.13039

Yamamoto, K., Yonekura, Y., Hayama, J., Matsubara, T., Misumi, H., & Nakayama, K. (2021). Advance Care Planning for Intensive Care Patients During the Perioperative Period: A Qualitative Study. *Sage Open Nursing*, *7*. https://doi.org/10.1177/23779608211038845

Zhao, J., Xu, J., & He, Y. (2022). The Status Quo and Influencing Factors of the Moral Distress in Nurses in Tertiary Grade a Hospitals in Wuhan. *Open Journal of Nursing*, *12*(07), 537–547. https://doi.org/10.4236/ojn.2022.127036