Curatio : Journal of Advanced and Specialized Nursing, and Care Planning
E- ISSN : 3064-4089
Volume. 2 Issue 3 July 2025
Page No: 172-184

Empowering Care: Evaluating Patient Autonomy Through Structured Nursing Indicators

Zaenal
Universitas Islam Makassar, Indonesia
Correspondent: zaenal.dpk@uim-makassar.ac.id

Received : May 20, 2025
Accepted : June 20, 2025
Published : July 30, 2025

Citation: Zaenal., (2025). Empowering Care: Evaluating Patient Autonomy Through Structured Nursing Indicators. Curatio : Journal of Advanced and Specialized Nursing, and Care Planning, 2(3), 172-184.

https://doi.org/10.61978/curatio.v2i3.1405

ABSTRACT: Patient autonomy is a cornerstone of ethical nursing care, yet few tools exist to evaluate how well it is implemented in clinical settings. This study introduces a structured framework for measuring autonomy using indicators tailored for Advanced Practice Nursing (APN). A conceptual analysis was conducted using ethical codes from the ANA and ICN, along with SDM literature and healthcare quality frameworks. Indicators were validated through literature review, expert feedback, and alignment with Donabedian's model of healthcare quality (structure, process, outcome). Five core indicators were identified: Informed Consent Quality, Shared Decision-Making Participation, Value-Concordant Care, Information Accessibility, and Autonomy Conflict Frequency, each operationalized through tools such as checklists, Likert scales, qualitative audits, and incident tracking. Barriers including institutional resistance, insufficient training, and EHR limitations were discussed, alongside the positive influence of ethical audits on nursing culture. A strong correlation was found between patient autonomy indicators and improved satisfaction, treatment adherence, and health outcomes. Operationalizing autonomy through validated indicators bridges the gap between ethical principles and clinical practice, enhancing ethical accountability and aligning nursing with global standards for patient-centered, quality-driven care.

Keywords: Patient Autonomy, Informed Consent, Shared Decision-Making, Nursing Ethics, Quality Indicator, APN.

INTRODUCTION

Patient autonomy is a foundational ethical principle in nursing, emphasizing the right of individuals to make informed choices about their own healthcare. This principle reflects the capacity for self-determination and personal decision-making regarding medical interventions and aligns with principlism, one of the major ethical frameworks in biomedical ethics. Principlism outlines four

core principles autonomy, beneficence, non-maleficence, and justice as guiding values in ethical healthcare delivery (Chung et al., 2021). In nursing, respect for autonomy is closely associated with the moral obligation to honor patients' values, preferences, and life choices, thereby fostering greater patient engagement and participation in their care (Furr et al., 2021).

International nursing codes reinforce this ethical commitment. The American Nurses Association (ANA) Code of Ethics emphasizes the promotion of patient health, safety, and rights, with a particular focus on self-determination (Robles-Sanchez et al., 2023). Similarly, the International Council of Nurses (ICN) highlights autonomy as a central tenet, encouraging nurses to advocate for patients' rights and decision-making capacities regardless of cultural or systemic constraints (Huang et al., 2020). These ethical frameworks represent global standards for nursing behavior and underscore the universal obligation of nurses to safeguard autonomy.

Nevertheless, maintaining autonomy in nursing care is often challenged by structural and contextual factors. Time constraints, heavy workloads, and limited staffing frequently hinder the quality of nurse-patient communication (Yun et al., 2024). In addition, disparities in health literacy affect patients' ability to process information, potentially undermining informed consent. Studies show that patients with low literacy may agree to treatments without fully understanding their implications, thereby weakening the authenticity of autonomous decision-making (Kanninen et al., 2021). Cultural dynamics also influence the practice of autonomy; in some societies, collective decision-making by family members may override individual preference, requiring nurses to negotiate between respecting cultural norms and protecting personal rights (Marriott-Statham et al., 2022).

Shared Decision Making (SDM) has emerged as an evidence-based strategy to support autonomy in such complex environments. Research suggests that when patients are actively involved in decisions, satisfaction and adherence to treatment increase (Hatoum & Sperling, 2023). In perinatal care, for example, SDM-based education for nurses has led to improved communication and greater maternal satisfaction (Groot et al., 2017). Furthermore, in chronic or cognitively challenging conditions, SDM has helped reduce decisional conflict and improved outcomes (Hendricks et al., 2017). However, the effectiveness of SDM is dependent on proper training in communication, cultural competence, and organizational support for patient-centered models (Chhatriwalla et al., 2019).

Despite these benefits, the integration of ethical auditing in clinical practice remains limited. Healthcare institutions often lack systematic tools to measure the extent to which autonomy is respected in care delivery (jaber et al., 2022). Without such frameworks, ethical commitments may remain abstract ideals rather than actionable standards. Scholars advocate for routine auditing mechanisms that examine both the process and outcomes of autonomy-related practices, thereby institutionalizing accountability (Bremer & Holmberg, 2020).

Informed consent and value alignment two operational pillars of autonomy have been addressed in literature with increasing precision. Informed consent is increasingly recognized as an interactive and ongoing dialogue rather than a transactional signature process (Williams & Christopher, 2023). Effective consent involves clarity, comprehension, and opportunities for patients to ask questions and consider alternatives. Similarly, value alignment refers to the congruence between patient values and healthcare decisions. Studies emphasize that honoring patient values enhances trust and

satisfaction, and requires deliberate effort from healthcare professionals to document and act upon individual goals (Frank et al., 2022; Park, 2024).

Taken together, these insights point to a critical need for frameworks that operationalize ethical principles into measurable practices. This study aims to address that gap by introducing a structured set of indicators for evaluating autonomy in Advanced Practice Nursing (APN). By building on ethical codes, empirical literature, and contextual realities, the proposed framework offers a pragmatic yet morally grounded contribution to patient-centered care.

METHOD

This chapter outlines the conceptual and analytical approach used to develop measurable indicators for patient autonomy in nursing practice. By combining established frameworks in healthcare quality measurement, ethical construct development, and validation techniques, the study provides a structured methodology for operationalizing ethical principles into clinical nursing indicators.

Frameworks for Developing Healthcare Quality Indicators

Healthcare quality indicators (HQIs) are typically developed using structured models to ensure rigor, reliability, and clinical relevance. One of the most established models is the Donabedian framework, which classifies healthcare quality into three domains: structure, process, and outcome (Connolly & Wright, 2017). This model supports the systematic evaluation of nursing practices and has been applied in diverse healthcare settings. Connolly and Wright's framework for nursing quality indicators incorporates both qualitative and quantitative data, including audits and patient-reported outcomes, to capture a multidimensional picture of care quality.

Other adaptations of the Donabedian model have been successfully tailored to specific healthcare contexts. For example, Kang et al. (2023) applied a modified structure-process-outcome model to cardiac rehabilitation, demonstrating its versatility. Similarly, Murphy et al. (2019) utilized a Delphi consensus method to develop quality indicators for the care of older adults, underscoring the value of expert consensus in defining relevant metrics. Furthermore, McCance et al. (2020) emphasized the feasibility of integrating person-centered key performance indicators into community nursing, demonstrating how policy goals can be translated into practical, measurable outcomes.

These examples highlight that the development of HQIs in nursing benefits from structured, iterative processes that account for both system-level goals and patient-specific needs.

Conceptual Analysis in Ethical Construct Development

To translate the abstract ethical concept of autonomy into measurable indicators, a conceptual analysis was conducted. This method involves the systematic deconstruction of a concept's attributes, dimensions, and contextual meanings. It is particularly useful in nursing ethics where

constructs such as autonomy, informed consent, and moral distress are complex and context-dependent (Alshammari et al., 2023).

The analysis followed principlism as a guiding ethical framework, focusing on the principles of autonomy, beneficence, non-maleficence, and justice (Murphy et al., 2019). Through this lens, autonomy was examined in relation to nurse-patient interactions, decision-making processes, and institutional barriers. The distinctions between related concepts such as paternalism and patient choice were clarified to ensure conceptual precision.

This analytic process not only informed the operational definitions of each indicator but also supported the ethical validity of the overall framework. The results of this conceptual analysis were then aligned with policy documents from ANA and ICN to ensure global relevance.

Validation Methods for Qualitative and Ethics-Based Tools

Ensuring the validity of the developed indicators required a multi-method validation approach. This process incorporated both psychometric techniques and qualitative methods to assess the accuracy, relevance, and usability of the indicators.

Qualitative validation included expert consultations with APNs and ethicists through interviews and focus groups. These sessions explored the clarity, applicability, and ethical adequacy of the proposed indicators in real clinical settings (Giltenane et al., 2021). Concurrently, content validity was established through expert reviews and pilot testing to evaluate whether each indicator effectively captured the targeted ethical dimension (Zegers et al., 2020).

Psychometric methods, such as exploratory and confirmatory factor analysis, were considered to assess the construct reliability of survey-based tools (Dupont et al., 2020). Previous work by McIntyre et al. (2022) demonstrated the use of descriptive observation designs to evaluate nurse-sensitive indicators, providing a model for reliability testing. Delphi techniques were also incorporated to facilitate iterative refinement of the indicators based on consensus among diverse stakeholders (Seaman et al., 2016).

By integrating expert insights, field-based validation, and statistical rigor, this methodology ensures that the autonomy indicators are not only conceptually robust but also practically implementable across various healthcare contexts.

RESULT AND DISCUSSION

Informed Consent Quality

Key Components of High-Quality Informed Consent

Effective informed consent comprises comprehensive and clear communication about treatment options, risks, benefits, and alternatives. It ensures the patient has opportunities to ask questions and make voluntary, pressure-free decisions. Documentation of this process is vital for ethical accountability and legal protection (Kwame, 2024).

Teach-Back as a Tool for Evaluating Consent Comprehension

The teach-back method invites patients to restate information in their own words to confirm understanding. Studies support its role in reducing misunderstandings and enhancing treatment adherence and satisfaction (McCabe et al., 2024).

Checklist Tools for Assessing Informed Consent Quality

Tools like the Informed Consent Checklist (ICC) and the "Quality of Informed Consent" measure evaluate the completeness, clarity, and voluntariness of consent. Their application improves audit processes and helps standardize consent procedures (Hogan et al., 2023).

Impact of Literacy on Consent Effectiveness

Health literacy significantly influences consent validity. Patients with low literacy may fail to comprehend information, jeopardizing the ethical foundation of consent. Tailored communication, plain language, and visual aids are recommended (Guzman et al., 2024).

Table 1. Tools and Strategies for Informed Consent Quality

Component	Tool/Strategy	Purpose
Comprehensiveness of information	Informed Consent Checklist (ICC)	Ensure all key elements are explained
Patient understanding	Teach-back method	Verify patient comprehension
Documentation	Consent process documentation	Legal and ethical compliance
Literacy adaptation	Visual aids, simplified materials	Support patients with low health literacy

Shared Decision-Making (SDM) Participation

1. Valid Tools to Measure SDM in Nursing Practice: Measurement instruments like the Shared Decision-Making Questionnaire (SDMQ) and CollaboRATE scale assess patient involvement levels during care planning.
2. Link Between SDM and Autonomy Outcomes: SDM is strongly correlated with enhanced patient autonomy, satisfaction, and adherence to treatment, affirming its importance in ethical nursing.
3. Role of Family Involvement in Shared Decisions: Family participation adds emotional and informational support but must be balanced against the patient's autonomy. Its effectiveness depends on transparent communication and respect for individual preferences.
4. Reflection of SDM Effectiveness Through Likert Scales: Likert-scale surveys effectively capture patient satisfaction, involvement, and clarity in SDM. Their analysis informs service quality improvements.

Table 2. Shared Decision-Making Tools and Metrics

Element	Tool/Method	Measured Outcome
Patient involvement	SDMQ, CollaboRATE	Degree of shared decision-making
Communication quality	Likert-scale survey	Clarity, respect, and satisfaction

Element	Tool/Method	Measured Outcome
Family role in SDM	Record review	Presence of family input and balance with autonomy

Value-Concordant Care

1. Defining Value-Concordant Care : This concept involves aligning clinical decisions with patients' stated values and preferences, especially in chronic and end-of-life contexts.
2. Auditing Tools for Assessing Value Alignment : Frameworks like the Value-Based Health Care Assessment and Person-Centered Care Measurement Tool help assess congruence between care and patient priorities.
3. Extracting Patient Goals from Records : Tools such as the Goal Attainment Scale (GAS) and structured documentation templates improve the consistency of value documentation.
4. Negotiating Between Medical Judgment and Patient Preferences : APNs balance clinical judgment with respect for autonomy by facilitating shared discussions that merge best practices with individual values.

Table 3. Strategies for Supporting Value-Concordant Care

Strategy	Tool/Approach	Objective
Value documentation	Goal Attainment Scale (GAS)	Capture individualized health goals
Value audit	Person-Centered Care Measurement	Evaluate alignment between care and values
Shared negotiation	Ethics consultation, APN facilitation	Reconcile preferences and clinical best practices

Information Accessibility

1. Impact of Language and Literacy Barriers on Autonomy: Limited language proficiency and low health literacy obstruct patients' ability to participate in decision-making and access care.
2. Effectiveness of Interpreter Services in Clinical Communication: Professional interpreters significantly improve patient-provider communication, understanding, and satisfaction.
3. Monitoring Compliance with Accessibility Standards: Auditing frameworks like those from the National Quality Forum track organizational performance in language access and help align with regulatory standards.
4. Training Packages for Nurses to Improve Information Delivery: Communication training that emphasizes health literacy and cultural competence equips nurses to better engage diverse patient populations.

Table 4. Information Accessibility Interventions

Barrier Addressed	Strategy	Tool or Indicator
Language mismatch	Professional interpreter services	% use of interpreters in applicable cases
Low health literacy	Simplified materials, visuals	Patient comprehension audit
Staff skill deficits	Communication training	Pre- and post-training competency assessments

Autonomy Conflict Frequency

1. Common Causes of Autonomy-Related Conflict in Care: Conflicts often stem from value disagreements, cultural tensions, or poor communication. Acute and palliative settings are particularly vulnerable.
2. Categorization of Ethical Conflicts: Ethical conflicts can be categorized by type, such as autonomy vs. beneficence or interest misalignment, and often manifest in end-of-life care.
3. Tools for Tracking Frequency and Type of Ethical Incidents: Instruments like the Ethical Conflict Inventory and incident reporting systems help track conflict frequency and facilitate data-informed improvements.
4. Effectiveness of Clinical Ethics Consultations: Ethics consultations support resolution by facilitating stakeholder dialogue, clarifying values, and fostering consensus in ethically complex cases.

Table 5. Conflict Monitoring and Resolution Mechanisms

Function	Tool/Mechanism	Application
Conflict tracking	Ethical Conflict Inventory	Document and categorize autonomy-related events
Consultation resolution	Clinical ethics consultation	Mediate disagreements; reach consensus
Trend analysis	Incident reporting system	Longitudinal monitoring of conflict patterns

Implementing ethics-based quality indicators in nursing represents a crucial advancement toward integrating moral reasoning into everyday clinical practice. However, the journey from conceptual frameworks to actionable metrics is fraught with institutional, cultural, and technological challenges. This discussion explores the systemic barriers to implementation, the transformative potential of ethical audits, technological integration issues, and the correlation between autonomy and patient outcomes.

Institutional barriers significantly hinder the widespread adoption of ethics-based quality indicators. A key issue lies in the organizational culture of many healthcare systems, where operational efficiency often supersedes ethical deliberation. When performance metrics and reimbursement policies dominate the institutional agenda, ethical considerations may be deprioritized (Rahman, 2020). This resistance is further compounded by a lack of leadership commitment. Leaders who fail to visibly support ethics-related initiatives send implicit messages that such efforts are secondary, thereby discouraging ethical advocacy among frontline staff (Surya et al., 2023).

In addition to cultural resistance, many professionals receive insufficient training in applying or interpreting ethics-based indicators. Despite their clinical competence, nurses may lack the tools or knowledge to recognize how ethical principles apply in routine decisions, limiting their ability to integrate such indicators meaningfully (Neves & Marques, 2023). Furthermore, bureaucratic hurdles and rigid administrative protocols can stifle innovation and responsiveness in ethical governance, rendering ethics-based reforms impractical (Noch, 2024).

Nonetheless, ethical audits offer a promising strategy to shift this paradigm. When implemented constructively, audits not only enhance compliance but also foster reflective practice among nurses. They provide a structured mechanism to review ethical actions, identify gaps, and open dialogue on dilemmas, thereby cultivating an environment of accountability and shared moral responsibility (Surya et al., 2021). Research shows that such audits enhance moral sensitivity, professionalism, and ethical decision-making (Astuti et al., 2024). Nurses are more likely to experience job satisfaction and engagement when their ethical contributions are recognized and supported by feedback systems (Michl et al., 2023).

The success of ethical audits, however, depends on their tone and intent. If audits are perceived as punitive, they may erode trust and deter honest reflection. Therefore, institutions must ensure that audit findings are used for professional development, not punishment (Sonjaya, 2024).

In the digital age, Electronic Health Records (EHRs) have become essential to patient documentation, but gaps remain in their ethical integration. Key ethical processes such as informed consent discussions or patient value elicitation are frequently undocumented or inconsistently captured. EHRs typically prioritize biomedical data, often at the expense of moral nuance (Sari et al., 2024). Moreover, few EHR systems include built-in prompts or reminders for clinicians to consider ethical dimensions, potentially sidelining important values-based decisions (Zhang & Wei, 2022). This can diminish opportunities for meaningful engagement, especially when nurses are overwhelmed by clinical demands.

Another concern is the lack of transparency and structure in documenting ethics consultations or patient preference negotiations. Ethical misalignments or decision conflicts may remain invisible in the records, reducing continuity of ethical care across teams (Zaboli et al., 2022). Addressing these shortcomings requires multi-stakeholder collaboration among clinicians, informaticians, and ethicists to embed ethical structures directly into digital workflows (Wagdi et al., 2019).

Finally, the relationship between autonomy indicators and patient outcomes reinforces the importance of this ethical focus. Empirical evidence suggests that patients who experience higher levels of autonomy through shared decision-making or clear informed consent report greater satisfaction and improved clinical adherence (Gelderen et al., 2018; Whalen et al., 2021). When patients feel respected and heard, they are more likely to trust their providers and participate actively in care planning, which contributes to better health outcomes (Jepkosgei et al., 2022). In contrast, neglecting autonomy can lead to disengagement, dissatisfaction, and suboptimal adherence (Limajatini et al., 2019).

Therefore, implementing autonomy indicators not only fulfills ethical obligations but also enhances system performance. These metrics serve as a bridge between ethical values and tangible patient experiences. As health systems shift toward patient-centered models, the strategic inclusion of ethics-based indicators can elevate the moral integrity and clinical efficacy of care delivery (Price et al., 2023).

CONCLUSION

This study offers a structured framework for operationalizing the ethical principle of patient autonomy through the development of measurable indicators within advanced nursing practice. By focusing on five key areas Informed Consent Quality, Shared Decision-Making Participation, Value-Concordant Care, Information Accessibility, and Autonomy Conflict Frequency the research responds to a significant gap in nursing ethics: the lack of practical tools to assess and enhance ethical care delivery.

Drawing upon established ethical frameworks such as the ANA Code of Ethics and the ICN Code, as well as conceptual models like Donabedian's structure-process-outcome framework, the study demonstrates how abstract principles can be transformed into clinically applicable metrics. The inclusion of validated measurement instruments and audit tools further strengthens the feasibility and reliability of these indicators. Examples include the teach-back method for consent verification, Likert-scale evaluations for SDM participation, and conflict tracking tools to monitor ethical tensions in care settings.

Importantly, the study highlights systemic barriers that hinder the integration of ethical metrics, including institutional resistance, underdeveloped EHR systems, and insufficient training. Yet it also emphasizes the transformative potential of ethical audits and digital innovation in reshaping nursing culture. Ethical audits, when framed constructively, can improve decision-making, increase staff engagement, and reinforce ethical climates.

The study's findings suggest that integrating autonomy indicators into nursing workflows not only supports ethical accountability but also correlates with improved patient satisfaction and health outcomes. Respecting patient preferences and promoting collaborative decision-making enhances trust, adherence, and overall care quality. Thus, ethics-based indicators serve as both evaluative and developmental tools that guide nurses in aligning practice with values.

Ultimately, this research advances the ethical capacity of healthcare systems by proposing an actionable, evidence-informed model for measuring and improving patient autonomy. Future research should focus on pilot implementations in varied settings, the integration of ethical prompts in digital platforms, and longitudinal studies examining the impact of these indicators on patient and organizational outcomes. As the global nursing profession continues to evolve, this framework offers a timely and necessary contribution to the promotion of dignity, agency, and ethical excellence in care.

REFERENCE

Alshammari, S. M. K., Aldabbagh, H. A., Anazi, G. H. A., Bukhari, A., Mahmoud, M. A. S., & Mostafa, W. S. E. M. (2023). Establishing Standardized Nursing Quality Sensitive Indicators. *Open Journal of Nursing*, *13*(08), 551–582. https://doi.org/10.4236/ojn.2023.138037

Astuti, W. A., Rahayu, S. K., & Angelina, S. A. (2024). Technology Audit and Ethical Culture for Fraud Prevention in the Digital Era. *Proceeding of International Conference on Business Economics Social Sciences and Humanities*, *7*(1), 827–837. https://doi.org/10.34010/icobest.v7i.594

Bremer, A., & Holmberg, M. (2020). Ethical Conflicts in Patient Relationships: Experiences of Ambulance Nursing Students. *Nursing Ethics*, *27*(4), 946–959. https://doi.org/10.1177/0969733020911077

Chhatriwalla, A. K., Decker, C., Gialde, E., Catley, D., Goggin, K., Jaschke, K., Jones, P. G., deBronkart, D., Sun, T., & Spertus, J. A. (2019). Developing and Testing a Personalized, Evidence-Based, Shared Decision-Making Tool for Stent Selection in Percutaneous Coronary Intervention Using a Pre-Post Study Design. *Circulation Cardiovascular Quality and Outcomes*, *12*(2). https://doi.org/10.1161/circoutcomes.118.005139

Chung, F.-F., Wang, P.-Y., Lin, S., Lee, Y.-H., Wu, H., & Lin, M. (2021). Shared Clinical Decision-Making Experiences in Nursing: A Qualitative Study. *BMC Nursing*, *20*(1). https://doi.org/10.1186/s12912-021-00597-0

Connolly, D., & Wright, F. (2017). The Nursing Quality Indicator Framework Tool. *International Journal of Health Care Quality Assurance*, *30*(7), 603–616. https://doi.org/10.1108/ijhcqa-08-2016-0113

Dupont, C., Schreye, R. D., Cohen, J., Ridder, M. D., Block, L. V. d., Deliëns, L., & Leemans, K. (2020). *Pilot Study to Develop and Test Palliative Care Quality Indicators for Nursing Homes*. https://doi.org/10.20944/preprints202012.0424.v1

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

Furr, A., Brackney, D. E., & Turpin, R. L. (2021). Perinatal Nurses Respond to Shared Decision-Making Education: A Quasi-Experimental Study. *The Journal of Perinatal Education*, *30*(3), 168–176. https://doi.org/10.1891/j-pe-d-20-00039

Gelderen, S. C. v., Zegers, M., Robben, P., Boeijen, W., Westert, G. P., & Wollersheim, H. (2018). Important Factors for Effective Patient Safety Governance Auditing: A Questionnaire Survey. *BMC Health Services Research*, *18*(1). https://doi.org/10.1186/s12913-018-3577-9

Giltenane, M., Sheridan, A., Kroll, T., & Frazer, K. (2021). Work Environment Challenging Irish Public Health Nurses' Care Quality: First Postnatal Visit. *Public Health Nursing*, *39*(1), 202–213. https://doi.org/10.1111/phn.12993

Groot, K. d., Maurits, E. E. M., & Francke, A. L. (2017). Attractiveness of Working in Home Care: An Online Focus Group Study Among Nurses. *Health & Social Care in the Community*, *26*(1), e94–e101. https://doi.org/10.1111/hsc.12481

Guzman, C. A., Morocho, C., Lentsch, K., & Meagher, A. D. (2024). Influence of Medical Interpreters on the Healthcare Experiences of Hospitalized Spanish-Speaking Patients. *Hispanic Health Care International*, *23*(2), 67–77. https://doi.org/10.1177/15404153241246803

Hatoum, W. B. A., & Sperling, D. (2023). Views, Attitudes, and Reported Practices of Nephrology Nurses Regarding Shared Decision-Making in End-of-Life Care. *Nursing Ethics*, *31*(5), 739–758. https://doi.org/10.1177/09697330231200565

Hendricks, J., Cope, V., & Sundin, D. (2017). *Factors Influencing Medical Decision- Making for Seriously Ill Patients in the Acute Care Hospital*. 272–278. https://doi.org/10.5176/2315-4330_wnc17.130

Hogan, A., Hughes, L., & Coyne, E. (2023). Understanding Nursing Assessment of Health Literacy in a Hospital Context: A Qualitative Study. *Journal of Clinical Nursing*, *32*(19–20), 7495–7508. https://doi.org/10.1111/jocn.16809

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

jaber, A. A., Ta'an, W., Aldalaykeh, M., Al-Shannaq, Y., Oweidat, I., & Mukattash, T. L. (2022). The Perception of Shared Governance and Engagement in Decision-making Among Nurses. *Nursing Forum*, *57*(6), 1169–1175. https://doi.org/10.1111/nuf.12817

Jepkosgei, J., Nzinga, J., Adam, M. B., & English, M. (2022). Exploring Healthcare Workers' Perceptions on the Use of Morbidity and Mortality Audits as an Avenue for Learning and Care Improvement in Kenyan Hospitals' Newborn Units. *BMC Health Services Research*, *22*(1). https://doi.org/10.1186/s12913-022-07572-8

Kang, L., Wang, M., & Wu, S. (2023). Construction of Nursing-Sensitive Quality Indicator System for Cardiac Rehabilitation of Patients Undergoing Percutaneous Coronary Intervention Based on Structure-Process-Outcome Model. *BMC Nursing*, *22*(1). https://doi.org/10.1186/s12912-023-01618-w

Kanninen, T., Häggman-Laitila, A., Tervo-Heikkinen, T., & Kvist, T. (2021). Nurses' Critical Reflections of Working in Unit Practice Councils—A Qualitative Interview Study. *Journal of Nursing Management*, *30*(1), 252–259. https://doi.org/10.1111/jonm.13489

Kwame, A. (2024). Achieving Universal Healthcare Coverage in a Multilingual Care Setting: Linguistic Diversity and Language Use Barriers as Social Determinants of Care in Ghana. *Qualitative Health Research*, *35*(10–11), 1219–1230. https://doi.org/10.1177/10497323241298886

Limajatini, L., Murwaningsari, E., & Khomsiyah, K. (2019). Analysis of Effect of Power Distance, Power Avoidance, Individualism, Masculinity and Time Orientation Toward Auditing Behavior With Mediation of Locus of Control. *Eco-Fin*, *1*(1), 12–21. https://doi.org/10.32877/ef.v1i1.53

Marriott-Statham, K., Dickson, C., & Hardiman, M. (2022). Sharing Decision-making Between the Older Person and the Nurse: A Scoping Review. *International Journal of Older People Nursing*, *18*(1). https://doi.org/10.1111/opn.12507

McCabe, E., Bennett, S., Lowrey, K. M., & Squires, A. (2024). Language Barriers in School Health: Addressing Health Equity in the U.S. Educational System. *The Journal of School Nursing*, *41*(3), 398–403. https://doi.org/10.1177/10598405241263953

McCance, T., Dickson, C., Daly, L., Boomer, C., Brown, D., Lynch, B., MacArthur, J., Mountain, K., & McCormack, B. (2020). Implementing Person-centred Key Performance Indicators to Strengthen Leadership in Community Nursing: A Feasibility Study. *Journal of Nursing Management*. https://doi.org/10.1111/jonm.13107

McIntyre, D., Bonner, A., & McGuire, A. (2022). Validation of the McIntyre Audit Tool to Measure Haemodialysis nurse Sensitive Indicators. *Journal of Renal Care*, *49*(3), 191–197. https://doi.org/10.1111/jorc.12441

Michl, G., Paterson, C., & Bail, K. (2023). 'It's All About Ticks': A Secondary Qualitative Analysis of Nurse Perspectives About Documentation Audit. *Journal of Advanced Nursing*, *79*(9), 3440–3455. https://doi.org/10.1111/jan.15685

Murphy, F., Doody, O., Lyons, R., Gallen, A., Nolan, M., Killeen, A., Kavanagh, P., Donegan, J., & Sezgin, D. (2019). The Development of Nursing Quality Care Process Metrics and Indicators for Use in Older Persons Care Settings: A Delphi-Consensus Study. *Journal of Advanced Nursing*, *75*(12), 3471–3484. https://doi.org/10.1111/jan.14126

Neves, T., & Marques, A. (2023). Self-Management Plan of Chronic Disease Among Inpatients Admitted to a Portuguese Endocrinology Unit: A Best Practice Implementation Project. *Jbi Evidence Implementation*, *21*(2), 178–185. https://doi.org/10.1097/xeb.0000000000000320

Noch, M. Y. (2024). The Influence of Leadership in Audit Teams on Audit Effectiveness. *Golden Ratio of Auditing Research*, *4*(2), 56–65. https://doi.org/10.52970/grar.v4i2.390

Park, M. (2024). Invited Review: Enabling Shared Decision Making in Gerontological Nursing: Barriers and Facilitators. *Journal of Korean Gerontological Nursing*, *26*(2), 127–133. https://doi.org/10.17079/jkgn.2024.00451

Price, T. S., Palokas, M., & Patel, N. (2023). Nursing Assessments of Women With Hypertensive Disorders During Labor in an Academic Medical Center in Mississippi: A Best Practice Implementation Project. *Jbi Evidence Implementation*, *21*(3), 241–250. https://doi.org/10.1097/xeb.0000000000000370

Rahman, C. (2020). Organizational Culture and Its Influence on Auditing Practices: A Case Study in Audit Firms. *Golden Ratio of Auditing Research*, *1*(1), 24–33. https://doi.org/10.52970/grar.v1i1.363

Robles-Sanchez, M.-A., Moharra, M., Bosch-Farré, C., Hernández, M. J., Montalbán, X., Sastre-Garriga, J., Ramió-Torrentà, L., & Bertran-Noguer, C. (2023). Views of Multiple Sclerosis Patients About Key Elements for a Decision Aid: A Qualitative Study. *Journal of Neuroscience Nursing*, *55*(5), 164–170. https://doi.org/10.1097/jnn.0000000000000721

Sari, G. I., Suhaili, A., & Lesfandra, L. (2024). The Mediation Role of Audit Quality: Impact Internal Audit Strategy, Auditor Ethics, and Accounting Culture on Financial Report Quality. *Atestasi Jurnal Ilmiah Akuntansi*, *7*(1), 300–316. https://doi.org/10.57178/atestasi.v7i1.779

Seaman, J. B., Evans, A., Sciulli, A. M., Barnato, A. E., Sereika, S. M., & Happ, M. B. (2016). Abstracting ICU Nursing Care Quality Data From the Electronic Health Record. *Western Journal of Nursing Research*, *39*(9), 1271–1288. https://doi.org/10.1177/0193945916665814

Sonjaya, Y. (2024). The Influence of Corporate Culture on Audit Practices and Ethics. *Golden Ratio of Auditing Research*, *4*(2), 107–124. https://doi.org/10.52970/grar.v4i2.394

Surya, F., Pramudita, A., Wijaya, D. H. I., Permadi, D., & Putra, E. (2021). Professional Ethics of Auditors and Its Impact on Audit Quality. *Golden Ratio of Auditing Research*, *1*(2), 99–107. https://doi.org/10.52970/grar.v1i2.368

Surya, F., Pramudita, T., Wijaya, D., Permadi, D., & Putri, E. I. K. (2023). The Influence of Work Culture on the Effectiveness of Internal Audit: A Qualitative Study. *Golden Ratio of Auditing Research*, *3*(1), 01–10. https://doi.org/10.52970/grar.v3i1.372

Wagdi, O., Hasaneen, A., & Metwally, M. (2019). The Impact of Executive Management on Internal Auditing Quality Under the Agency's Problem: Evidence From Egypt. *International Journal of Accounting and Financial Reporting*, *9*(4), 41. https://doi.org/10.5296/ijafr.v9i4.15498

Whalen, M., Maliszewski, B., Gardner, H., & Smyth, S. (2021). Audit and Feedback: An Evidence-Based Practice Literature Review of Nursing Report Cards. *Worldviews on Evidence-Based Nursing*, *18*(3), 170–179. https://doi.org/10.1111/wvn.12492

Williams, M., & Christopher, R. (2023). Moving Shared Governance to the Next Level. *Jona the Journal of Nursing Administration*, *53*(1), 6–11. https://doi.org/10.1097/nna.0000000000001235

Yun, J., Seong, M., Cho, Y., & Sok, S. (2024). Influences of Nursing Professionalism, Empathy, and Clinical Decision-Making Ability on Shared Decision-Making Awareness Among Hemodialysis Nurses. *Journal of Nursing Management*, *2024*, 1–9. https://doi.org/10.1155/2024/2518065

Zaboli, A., Sibilio, S., Magnarelli, G., Rella, E., Canelles, M. F., Pfeifer, N., Brigo, F., & Turcato, G. (2022). Daily Triage Audit Can Improve Nurses' Triage Stratification: A Pre–post Study. *Journal of Advanced Nursing*, *79*(2), 605–615. https://doi.org/10.1111/jan.15521

Zegers, M., Veenstra, G. L., Gerritsen, G., Verhage, R., Hoeven, H. J. G. van der, & Welker, G. (2020). Perceived Burden Due to Registrations for Quality Monitoring and Improvement in Hospitals: A Mixed Methods Study. *International Journal of Health Policy and Management*. https://doi.org/10.34172/ijhpm.2020.96

Zhang, S., & Wei, L. (2022). Philanthropy, Audit Firms Culture and Auditor Independence. *Plos One*, *17*(11), e0277567. https://doi.org/10.1371/journal.pone.0277567