



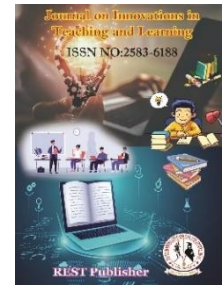
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## **A Framework for the Introduction and Evaluation of Advanced Practice Nursing**

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**Abstract:** Practice Nursing, Nursing is a noble and essential profession that plays a pivotal role in the healthcare industry. It encompasses a wide range of responsibilities, from providing compassionate care to patients and their families to administering complex medical treatments and advocating for the well-being of individuals in times of vulnerability. Nurses are the backbone of healthcare, serving as the bridge between medical expertise and patient needs. In this paragraph, we will delve into the multifaceted nature of nursing practice, exploring the diverse roles nurses play in promoting health, preventing illness, and improving the quality of life for countless individuals. Evidence-Based Practice (EBP): Nursing research provides the foundation for evidence-based practice. EBP involves integrating the best available evidence from research, clinical expertise, and patient preferences to make informed decisions about patient care. By conducting and applying research findings, nurses can ensure that their practice is based on the latest scientific knowledge, leading to better patient outcomes. Improved Patient Care: Nursing research contributes to the development of innovative interventions, treatment protocols, and care practices that can lead to improved patient outcomes. For example, research can help identify more effective ways to manage chronic diseases, prevent infections, or promote patient safety in healthcare settings. Quality Improvement: Research in nursing helps identify areas in healthcare that may need improvement. By conducting studies and evaluating current practices, nurses can identify gaps and inefficiencies in care delivery and work towards quality improvement initiatives to enhance patient care quality and safety. The MOORA method, also known as Multi-Objective Optimization by Ratio Analysis, is a decision-making technique used to evaluate and rank multiple alternatives based on multiple criteria. the MOORA Method can be used to assess and rank different 3D animation software tools based on various criteria, such as animation capabilities, rendering speed, user-friendliness, graphic design features, video editing functionalities, and cost. The study would highlight how the MOORA Method aids in making well-informed decisions when choosing the most suitable 3D animation software for specific multimedia projects. Holistic Nursing, Integrative Nursing, Therapeutic Touch, Therapeutic Touch, Acupressure. Clinical Competence, Patient Outcomes, Communication Skills, Critical Thinking, Ethical and Legal Practice, Documentation. From the result it is seen that Critical Thinking is got the first rank where as is the Documentation. is having the lowest rank.

**Keywords:** Holistic Nursing, Integrative Nursing, Therapeutic Touch, Therapeutic Touch

### **1. INTRODUCTION**

When addressing this issue, the problem is divided into two categories: 'advanced nursing practice' and 'advanced practice nursing'. This distinction serves as the basis for investigating five more issues: the lack of clearly defined anticipations for the responsibilities and goals of Advanced Practice Nurses (APNs), the emphasis on both standing in for and aiding physicians in these positions, not making full use of the entire spectrum of APN role domains, external factors that undermine APN roles, and the limited incorporation of research and evidence-based approaches in introducing new APN responsibilities. [1] These challenges to implementing evidence-based nursing practice have consistently appeared across multiple studies. One barrier is the nursing profession's historical hesitance to embrace innovative methods in generating and progressing new medical and nursing insights. Previous literature suggests that a substantial portion of current protocols heavily depend on individual know-how, well-established customs, and intuition, as opposed to being firmly grounded in empirical validation. Furthermore, despite the growing presence of nurse researchers and initiatives focused on improving frontline nursing, a significant portion of nurses still lacks the required research skills, capabilities, and understanding. [2] The Participatory, Evidence-Based, Patient-Focused Process for Guiding the Development, Implementation, and

Evaluation of Advanced Practice Nursing (PEPPA) framework is a model that has been created to facilitate the effective development, implementation, and assessment of advanced practice nursing roles. This framework is built upon the integration of two existing frameworks and aims to address challenges in implementing these roles by leveraging knowledge about advanced practice nursing roles and their operational environments. The construction of this framework is guided by the principles of participatory action research, which emphasizes collaboration and involvement of stakeholders in the research and decision-making process. The PEPPA framework combines elements from two existing frameworks to create a comprehensive approach to the development, implementation, and evaluation of advanced practice nursing roles. The framework is designed to address barriers that may hinder the successful implementation of advanced practice nursing roles. By promoting understanding and knowledge of these roles and their contexts, the framework aims to overcome challenges that may arise during implementation. [3] It appears that you've provided a passage related to a study or survey about the utilization of research findings in nursing practice and nurses' confidence in their research skills. The passage discusses several key points. The text suggests that the limited integration of research findings into nursing practice could be linked to nurses' lack of confidence in their research skills. This implies that nurses might be hesitant to apply research-based knowledge due to their own perceived inadequacies in research skills. The passage mentions that 93% of the respondents felt that their research skills needed improvement. This could indicate that a significant portion of nurses themselves recognize the need to enhance their skills in understanding and applying research. The passage notes that there are several factors contributing to nurses' lack of confidence in their research skills, although these factors are not explicitly mentioned. It suggests that this survey may identify one factor, namely the lack of emphasis on research skills during their pre-registration training. The survey results indicate that only a portion of nurses' pre-registration training covered research skills. Additionally, of those who received such training, a relatively low percentage (29%) considered it sufficient for their current positions. This suggests that the quality or extent of research skill training during pre-registration might not meet nurses' needs. [4] The passage you've shared discusses the nature of nursing practice and the concept of nursing competence. It highlights that nursing practice involves a combination of various elements including knowledge, performance, skills, values, and attitudes. These elements come together in a complex manner to define what it means to be a competent nurse. The authors of the passage suggest that there has been a historical division in how nursing competence is perceived. On one hand, it has been seen as a behaviorist objective, meaning that it's defined by observable actions and skills. On the other hand, it has been seen as a psychological construct, meaning that it also encompasses mental processes and attitudes. The authors argue that this distinction between a behaviorist perspective and a psychological perspective of nursing competence is no longer necessary. They propose that a definition of nursing competence should instead be based on a holistic conception. In other words, nursing competence should be understood as a comprehensive and integrated combination of not only observable skills but also underlying knowledge, attitudes, and values. [5] Identification and Quantification of Contribution to Nursing Research: For advanced nursing practice (ANP) to be effective, it's important to recognize and measure its contribution to nursing research. This means understanding how ANPs are involved in conducting and contributing to research that enhances nursing knowledge and improves patient care. Balancing Clinical Excellence, Research, and Audit: While focusing on achieving clinical excellence is crucial, it's equally important not to neglect nursing research and audit efforts. A balance needs to be struck to ensure that the development of clinical skills doesn't overshadow the advancement of research and the evaluation of healthcare practices. Redefined Practice Parameters and Collaboration: Advanced nursing practice offers an opportunity to redefine the boundaries and interactions between nursing, medicine, and other healthcare professions within the healthcare team. To successfully integrate the role of ANPs into the healthcare system, consultation, collaboration, and effective communication are essential. ANPs need to work closely with other healthcare professionals to ensure that their specialized skills contribute positively to patient outcomes. [6] It appears that you've provided a passage describing the goals and activities of centers that educate nurses in evidence-based nursing practices. These centers aim to enhance nurses' skills and knowledge in incorporating evidence-based approaches into clinical practice, education, and research. Here's a breakdown of the key points mentioned in the passage. These centers have varying goals, but their common objective is to educate nurses about evidence-based nursing practices. This involves teaching them how to use the latest research findings to inform their clinical decisions, teaching methods, and research endeavors. The centers employ workshops or formal courses to educate nurses. Workshops can be intensive, short-duration sessions that focus on specific aspects of evidence-based nursing. Nurses are taught how to apply evidence-based approaches in various areas, including clinical practice, education, and research. This means integrating the most current and relevant research findings into their work. These programs are designed to help nurses develop skills in conducting original research and systematic reviews. This means they learn how to design and carry out studies that contribute to the body of nursing knowledge. Nurses are trained in designing and evaluating strategies for disseminating research findings and integrating them into practice. This is essential for ensuring that evidence-based practices are effectively implemented. [7] Absolutely, you've provided a clear overview of the concept of decision-making in acute care nursing and introduced the "Naturalistic Decision Making" (NDM) framework. NDM indeed plays a crucial role in understanding how experts make decisions in

real-world, high-pressure situations. In the context of acute care nursing, where split-second decisions can have significant consequences for patient well-being, NDM provides insights into how experienced nurses and healthcare professionals navigate these situations. Here are some key points to further elaborate on the concept:

**Complexity of Acute Care Nursing Decision-Making:** Acute care nurses often face situations where they must make rapid decisions based on incomplete information. These decisions can range from prioritizing patient needs, administering medications, responding to emergencies, and coordinating with the healthcare team. Factors Influencing Decision-Making: NDM acknowledges that decision-making in such settings is influenced by a combination of individual expertise, experience, cognitive processes, and external factors. These external factors can include the environment, team dynamics, patient condition, available resources, and time constraints. [8] The third stage involved a logistic regression analysis. Logistic regression is a statistical method used to predict the likelihood of an outcome (in this case, EBNP implementation) based on the relationships between predictor variables. In this analysis, several variables were considered as potential predictors. These variables included role, education, attitudes towards research, knowledge sources, barriers, support, and skills. The researchers used a technique called "forward selection" to identify predictive variables for their model. Forward selection involves gradually adding variables to the model one by one, starting with the variable that has the strongest relationship with the outcome. This process continues until no more variables contribute significantly to the model at a predefined level of significance (in this case, 5%). For each predictive variable, the researchers calculated odds ratios (ORs). An odds ratio indicates the change in odds of a particular outcome (in this case, using EBNP) for a one-unit increase in the predictive variable. The 95% confidence intervals provide a range within which the true odds ratio is likely to fall. [9] One barrier is that the nursing profession can be resistant to adopting new methods of practice. This means that even when new nursing and medical knowledge is developed, it might not be readily incorporated into the way nurses provide care. This resistance could stem from a variety of factors, including the comfort of sticking with familiar practices and a reluctance to adapt to change. Reliance on Tradition and Intuition: The passage suggests that a significant portion of current nursing practice is based on experience, tradition, and intuition rather than being supported by scientific evidence. This means that some nurses might continue to follow established routines or methods simply because they have always done so, even if there's no concrete evidence to support the effectiveness of those practices. Instead of being validated through scientific research, some nursing practices might be continued due to historical precedent or anecdotal experiences. This can hinder the incorporation of newer, evidence-based approaches that have been rigorously tested and proven effective through research. While there might be an increase in nurse researchers and studies aimed at improving nursing practice at the staff nurse level, many nurses might still lack the necessary knowledge, skills, and understanding of research methodologies. This can create a gap between research findings and their practical application at the bedside. [10] It seems like you've provided a passage that discusses the factors influencing the emergence of the advanced practice role in nursing, the changing landscape of healthcare delivery, financial constraints, and consumer demand. Additionally, it highlights the role of nurse educators in analyzing, communicating, and developing collaborative curricula, as well as the responsibility of educational institutions to educate and develop Advanced Nurse Practitioners (ANPs) to improve patient/client outcomes. The passage also mentions a national policy document aimed at guiding advanced nursing practice development, establishing an accreditation process, and informing curriculum development. In essence, this passage emphasizes how various factors in healthcare, including changes in delivery methods, financial challenges, and patient expectations, have contributed to the growth of advanced practice roles in nursing. It underscores the importance of education, collaboration, and policy development in shaping these roles and improving patient care. The mentioned policy document plays a significant role in setting guidelines for the advancement of nursing practice, ensuring quality education, and ultimately enhancing patient outcomes. [11] It appears that you're describing the purpose and activities of centers that focus on educating nurses about evidence-based nursing practices. These centers aim to enhance nurses' understanding and utilization of evidence-based approaches in their clinical practice, education, and research. Here's a breakdown of the key points you've mentioned: These centers are established with the goal of educating nurses in the principles of evidence-based nursing. The centers may have varying specific goals, but they generally aim to improve nurses' skills and knowledge related to evidence-based practices. Educational Methods: The centers employ workshops or formal courses as their educational methods. These programs are designed to provide nurses with practical knowledge and tools to integrate evidence-based approaches into their work. [12] The researchers likely used a method known as forward selection to identify predictive variables. In forward selection, variables are added to the regression model one by one based on their statistical significance until no further variables significantly contribute to the model's predictive power at a predetermined level of significance (in this case, 5%). The odds ratios (ORs) were calculated for each predictive variable. The odds ratio represents the likelihood of a certain event occurring (EBNP implementation in this case) given a one-unit increase in the predictive variable. The 95% confidence intervals provide a range within which the true odds ratio is likely to fall. Overall, this methodology aimed to understand the factors influencing evidence-based nursing practice and to predict the likelihood of its implementation based on various variables. [13] The excerpt you provided appears to discuss the effort made to balance theoretical and practical aspects in nursing research, involving the input of clinical nurse

specialists and lecturer practitioners. The aim is to ensure that the practical realities of nursing are adequately addressed. The passage also highlights a discussion about the abundance of knowledge available in nursing and emphasizes the sources of this knowledge. The excerpt goes on to mention that the literature pertaining to nursing knowledge and its sources has been explored, underscoring that nursing practice relies on various ways of knowing. This refers to the different ways in which nurses acquire and use knowledge to inform their practice, which can include empirical evidence, personal experience, intuition, and expert opinion, among others. The next step, according to the passage, is to consider what types of knowledge are needed for nursing practice and how this knowledge can enhance the quality of nursing care. This suggests a focus on understanding not only the sources of knowledge but also the relevance and application of different types of knowledge in the context of nursing [14]. It seems like you've provided a passage discussing the concepts of conformist reasoning, nursing practice, ethical behavior, and the importance of nurses' ethical competence. The passage suggests that conformist reasoning and certain practices within nursing can hinder the creation of an environment focused on what's best for each patient. Here's a breakdown of the key points: This refers to a tendency to follow established norms, practices, or opinions without critically evaluating their appropriateness in a specific situation. In the context of nursing, conformist reasoning might lead to decisions based on tradition rather than what's best for the individual patient. The passage implies that certain practices within nursing may not always align with what is ethically right or best for patients. This could be due to factors such as institutional routines, hierarchy, or lack of attention to individual patient needs. The passage suggests that conformist reasoning and rigid nursing practices can hinder the goal of providing patient-centric care, where each patient's unique needs and best interests are the primary focus [15]. It appears that you've provided a breakdown of a passage discussing the evolving perspective on nursing practice and the importance of professional relationships between nurses and patients in the context of health predicaments. The passage emphasizes several key points

**Focus on Nursing Practice:** The passage acknowledges that the current emphasis in nursing is on "practice," which refers to the actions, responsibilities, and activities that nurses perform to provide care and support to patients.

**Importance of Nurse-Patient Relationships:** The passage highlights the significance of the relationships that nurses build with their patients within the framework of their practice. These relationships are seen as crucial in helping individuals navigate health challenges effectively.

**Re-Envisioning Nursing Practice:** The passage suggests that it's necessary to rethink the scope of nursing practice. This could involve moving beyond traditional medical procedures and interventions and adopting a more holistic approach that addresses the overall well-being of patients [16].

## 2. MATERIALS & METHODS

**Alternative:** Holistic Nursing, Integrative Nursing, Therapeutic Touch, Therapeutic Touch, Acupressure.

**Evaluation Preference:** Clinical Competence, Patient Outcomes, Communication Skills, Critical Thinking, Ethical and Legal Practice, Documentation.

**Alternative:**

**Holistic Nursing:** Holistic nursing focuses on treating patients as whole individuals, taking into account their physical, emotional, social, and spiritual well-being. Nurses practicing holistically often incorporate complementary therapies such as acupuncture, aromatherapy, massage, and mindfulness techniques into their care plans.

**Integrative Nursing:** Integrative nursing combines conventional medicine with complementary therapies and focuses on evidence-based practices that support the body's natural healing processes. It emphasizes collaboration between healthcare providers and a patient-centered approach.

**Therapeutic Touch:** Therapeutic Touch is a non-invasive energy-based therapy that aims to promote relaxation and healing. Practitioners use their hands to assess and balance the energy field around the patient's body.

**Aromatherapy:** Aromatherapy involves using essential oils from plants to promote physical and psychological well-being. Nurses can incorporate aromatherapy into their practice by diffusing essential oils, applying them topically, or using them during massage therapy.

**Acupressure:** Acupressure is based on traditional Chinese medicine principles and involves applying pressure to specific points on the body to promote healing and alleviate discomfort. Nurses can incorporate acupressure techniques to help manage pain and stress.

**Evaluation Preference:**

**Clinical Competence:** Assess a nurse's ability to apply clinical knowledge, skills, and judgment in delivering safe and effective care. This could include evaluating their proficiency in tasks like medication administration, wound care, patient assessments, and critical thinking.

**Patient Outcomes:** Measure the impact of nursing care on patient health and well-being. This involves tracking patient progress, recovery rates, and the prevention of complications resulting from nursing interventions.

**Communication Skills:** Evaluate a nurse's communication with patients, families, and the interdisciplinary healthcare team. Effective communication is crucial for conveying information, ensuring patient understanding, and collaborating with others for optimal care.

**Critical Thinking:** Assess a nurse's ability to analyze situations, prioritize tasks, and make informed decisions. Critical thinking helps nurses adapt to changing patient conditions and respond appropriately to unexpected challenges.

**Ethical and Legal Practice:** Ensure that nursing care is provided within ethical and legal boundaries. Evaluate a nurse's adherence to professional codes of conduct, patient confidentiality, and informed consent.

**Documentation:** Review the accuracy and completeness of a nurse's documentation, including patient assessments, care plans, interventions, and outcomes. Well-maintained documentation is essential for continuity of care and legal purposes.

**MOORA method:** The MOORA method, which stands for Multi-Objective Optimization on the basis of Ratio Analysis, is a decision-making technique used to evaluate and rank multiple alternatives based on multiple criteria or objectives. It's commonly used in situations where there are several criteria to consider, and each alternative has different performances on these criteria. The goal is to find the best compromise solution that optimizes the multiple objectives simultaneously. Here's a general overview of how the MOORA method works: **Criteria Selection:** Identify the criteria that are relevant to your decision-making problem. These criteria could be quantitative (e.g., cost, time, efficiency) or qualitative (e.g., customer satisfaction, environmental impact). **Normalization:** Normalize the performance values of each alternative on each criterion. This step is important to ensure that criteria with different measurement units and scales are treated fairly. **Weight Assignment:** Assign weights to each criterion based on their relative importance. These weights can be determined through discussions, surveys, or other decision-making processes. **Ideal and Anti-Ideal Solutions:** Identify the ideal and anti-ideal solutions for each criterion. The ideal solution represents the best value for each criterion, while the anti-ideal solution represents the worst value. **Ratio Calculation:** Calculate the ratios of each alternative's performance on each criterion to the performance of the ideal solution. Additionally, calculate the ratios of the performance of the anti-ideal solution to each alternative's performance on each criterion. **Aggregate Score:** Aggregate the ratios for each alternative across all criteria using weighted average or other aggregation methods. This will result in a single score for each alternative, reflecting its overall performance. **Ranking:** Rank the alternatives based on their aggregate scores. The alternative with the highest aggregate score is considered the best compromise solution. The MOORA method provides a structured approach to multi-criteria decision-making, allowing decision-makers to systematically compare and evaluate alternatives based on their performance across different criteria. It's worth noting that the method requires clear criteria, accurate performance data, and well-defined weights to be effective. Additionally, while MOORA is a widely used technique, there are other methods available for multi-criteria decision analysis, so choosing the right method depends on the specific characteristics of your problem and preferences

#### STEP 1: Design of decision matrix and weight matrix

For a MCDM problem consisting of  $m$  alternatives and  $n$  criteria, let  $D = x_{ij}$  be a decision matrix, where  $x_{ij} \in \mathbb{R}$

$$\begin{bmatrix} x_{11} & x_{12} & \cdots & x_{1n} \\ x_{21} & x_{22} & \cdots & x_{2n} \\ \vdots & \vdots & \ddots & \vdots \\ x_{m1} & x_{m2} & \cdots & x_{mn} \end{bmatrix}$$

The weight vector may be expressed as.

$$w_j = [w_1 \dots w_n], \text{ where } \sum_{j=1}^n (w_1 \dots w_n) = 1$$

$$n_{ij} = \frac{x_{ij}}{\sqrt{\sum_{i=1}^m x_{ij}^2}}$$

where  $i \in [1, m]$  and  $j \in [1, n]$

#### STEP 3: Weighted normalized decision matrix

$$W_{nij} = w_j n_{ij}$$

#### STEP 4: Calculation of Performance value

The performance value of each alternative is calculated as

$$y_i = \sum_{j=1}^g N_{ij} - \sum_{j=g+1}^n N_{ij}$$

Where g is the number of benefit criteria and (n - g) is the cost criteria.

The alternatives are ranked from best to worst based on higher to lower  $y_i$  values.

### 3. RESULT AND DISCUSSION

TABLE 1. Nursing Practice

	Holistic Nursing	Integrative Nursing	Therapeutic Touch	Aromatherapy	Acupressure
Clinical Competence	93.43	84.13	97.43	24.13	34.12
Patient Outcomes	85.46	87.46	98.34	28.43	39.76
Communication Skills	96.43	69.48	90.54	29.16	32.58
Critical Thinking	95.46	75.43	88.73	19.74	30.71
Ethical and Legal Practic	88.64	78.12	99.46	27.28	28.65
Documentation	84.36	76.18	79.54	21.34	27.43

The table 1 presents a comparative overview of competency scores across different nursing approaches: Holistic Nursing, Integrative Nursing, Therapeutic Touch, Aromatherapy, and Acupressure. These scores reflect proficiency in various aspects of nursing practice, including Clinical Competence, Patient Outcomes, Communication Skills, Critical Thinking, Ethical and Legal Practice, and Documentation.

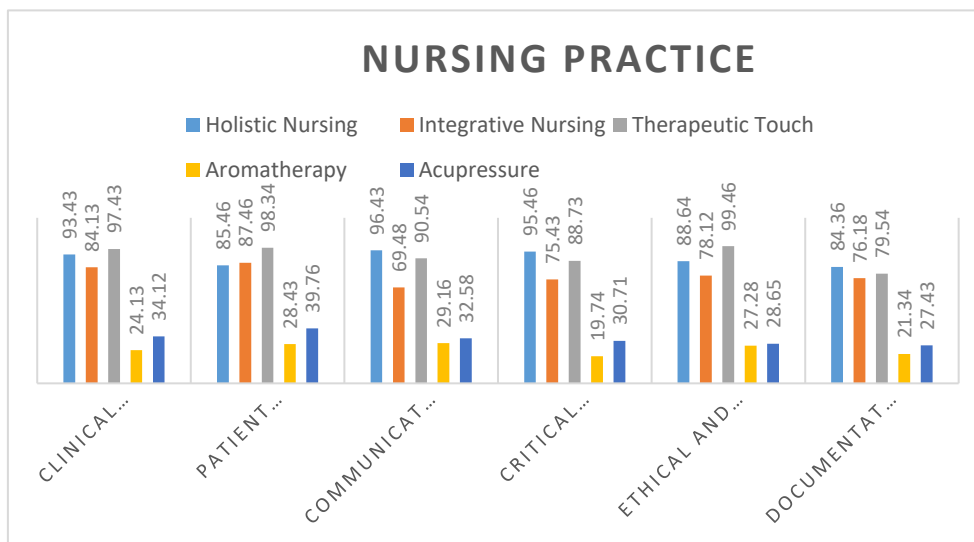


FIGURE 1. Nursing Practice

The Figure 1 presents a comparative overview of competency scores across different nursing approaches: Holistic Nursing, Integrative Nursing, Therapeutic Touch, Aromatherapy, and Acupressure. These scores reflect proficiency in various aspects of nursing practice, including Clinical Competence, Patient Outcomes, Communication Skills, Critical Thinking, Ethical and Legal Practice, and Documentation. Notably, Integrative Nursing and Therapeutic Touch exhibit higher scores in Patient Outcomes and Ethical and Legal Practice, while Holistic Nursing excels in Communication Skills and Critical Thinking. Aromatherapy and Acupressure show lower scores overall across these domains. It's important to interpret these scores within the broader context of nursing practice and individual patient needs.

TABLE 2. Divide &amp; Sum

Holistic Nursing	Integrative Nursing	Therapeutic Touch	Aromatherapy	Acupressure
8729.165	7077.857	9492.605	582.2569	1164.174
7303.412	7649.252	9670.756	808.2649	1580.858
9298.745	4827.47	8197.492	850.3056	1061.456
9112.612	5689.685	7873.013	389.6676	943.1041
7857.05	6102.734	9892.292	744.1984	820.8225
7116.61	5803.392	6326.612	455.3956	752.4049
49417.59	37150.39	51452.77	3830.089	6322.82

The table 2 In this row, "Therapeutic Touch" has the highest value, and "Aromatherapy" has the lowest value. Here, "Therapeutic Touch" again has the highest value, and "Aromatherapy" has the lowest value. In this row, "Holistic Nursing" has the highest value, and "Integrative Nursing" has the lowest value. Once again, "Holistic Nursing" has the highest value, and "Aromatherapy" has the lowest value. In this row, "Therapeutic Touch" has the highest value, and "Aromatherapy" has the lowest value. Here, "Therapeutic Touch" has the highest value, and "Aromatherapy" has the lowest value. In this row, "Therapeutic Touch" has the highest value, and "Integrative Nursing" has the lowest value.

TABLE 3. Normalized Data

Normalized Data				
Holistic Nursing	Integrative Nursing	Therapeutic Touch	Aromatherapy	Acupressure
0.420287	0.436485	0.429525	0.3899	0.429095
0.384434	0.453762	0.433537	0.45938	0.500024
0.433782	0.360477	0.39915	0.471176	0.409728
0.429418	0.391347	0.391171	0.318965	0.386211
0.398739	0.405304	0.438474	0.440798	0.360304
0.379486	0.395239	0.350656	0.344818	0.344961

The table 3 For example, in the "Holistic Nursing" column, the values range from 0.379 to 0.433, indicating that the technique's effectiveness or significance might vary. For example, for "Holistic Nursing," the values range from 0.379 to 0.433. For instance, in the first row, "Integrative Nursing" has a value of 0.436, while "Aromatherapy" has a value of 0.389. This would give you a general sense of the techniques' average effectiveness based on the provided data.

TABLE 4. Weight

Weight				
Holistic Nursing	Integrative Nursing	Therapeutic Touch	Aromatherapy	Acupressure
0.2	0.2	0.2	0.2	0.2
0.2	0.2	0.2	0.2	0.2
0.2	0.2	0.2	0.2	0.2
0.2	0.2	0.2	0.2	0.2
0.2	0.2	0.2	0.2	0.2
0.2	0.2	0.2	0.2	0.2

The table 4 It seems like you've provided a data table, but you haven't specified how you would like me to compare the two tables. Could you please provide more context or specific instructions on what kind of comparison you're looking for? Are you looking for a comparison between "blower table" and "table 4 Weight" in terms of their content, structure, or some specific aspect The more details you provide, the better I can assist you with your request?

TABLE 5. Weighted normalized decision matrix

Weighted normalized decision matrix				
Holistic Nursing	Integrative Nursing	Therapeutic Touch	Aromatherapy	Acupressure
0.084	0.087	0.086	0.078	0.086
0.077	0.091	0.087	0.092	0.1
0.087	0.072	0.08	0.094	0.082
0.086	0.078	0.078	0.064	0.077
0.08	0.081	0.088	0.088	0.072
0.076	0.079	0.07	0.069	0.069

The table 5 It seems like you've provided a table showing a weighted normalized decision matrix with various holistic and integrative nursing approaches, each associated with different weightings. However, you haven't specified what exactly you'd like to compare or analyze. Could you please provide more context or specific

questions about this table so that I can assist you better? Are you looking to compare the effectiveness or suitability of these nursing approaches based on the given weights and normalized values?

TABLE 6. Assessment value & Rank

	Assesment value	Rank
<b>Clinical Competence</b>	0.09346	2
<b>Patient Outcomes</b>	0.062466	6
<b>Communication Skills</b>	0.062501	5
<b>Critical Thinking</b>	0.101352	1
<b>Ethical and Legal Practic</b>	0.088283	3
<b>Documentation</b>	0.08712	4

The table 5 The "Baleen Table" outlines six distinct assessment criteria and their corresponding assessment values and ranks, likely employed to evaluate performance within a medical or healthcare context. Notably, Critical Thinking stands out with the highest assessment value (0.101352) and the top rank (Rank 1), signifying its paramount importance. Clinical Competence, despite a relatively high assessment value (0.09346), holds Rank 2, while Ethical and Legal Practice follows closely with an assessment value of 0.088283 and Rank 3. Documentation holds Rank 4 with an assessment value of 0.08712, while Communication Skills and Patient Outcomes are assessed lower, each with values of 0.062501 and 0.062466, respectively, resulting in Ranks 5 and 6. This suggests that the evaluation places significant emphasis on critical thinking, clinical competence, and ethical/legal considerations, while communication skills and patient outcomes hold comparatively lesser weight in this context.

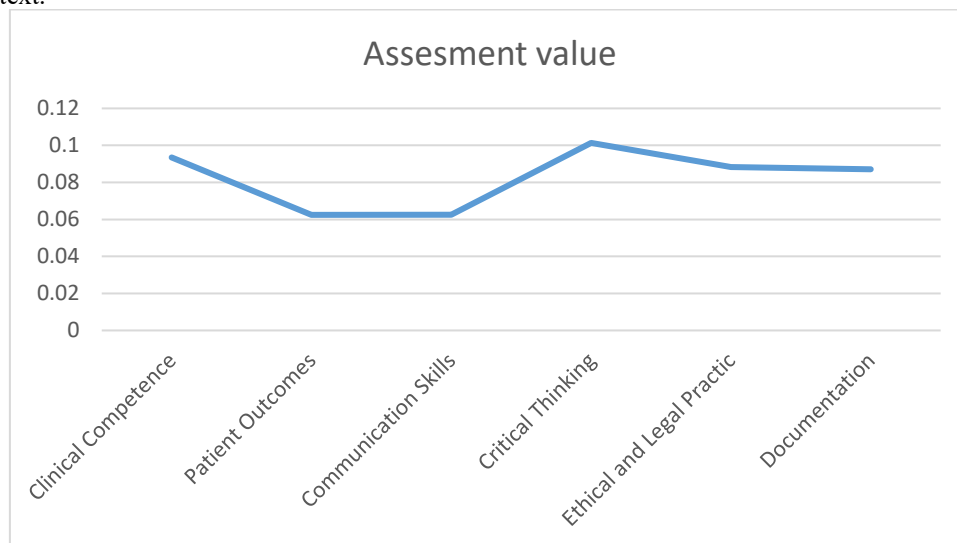
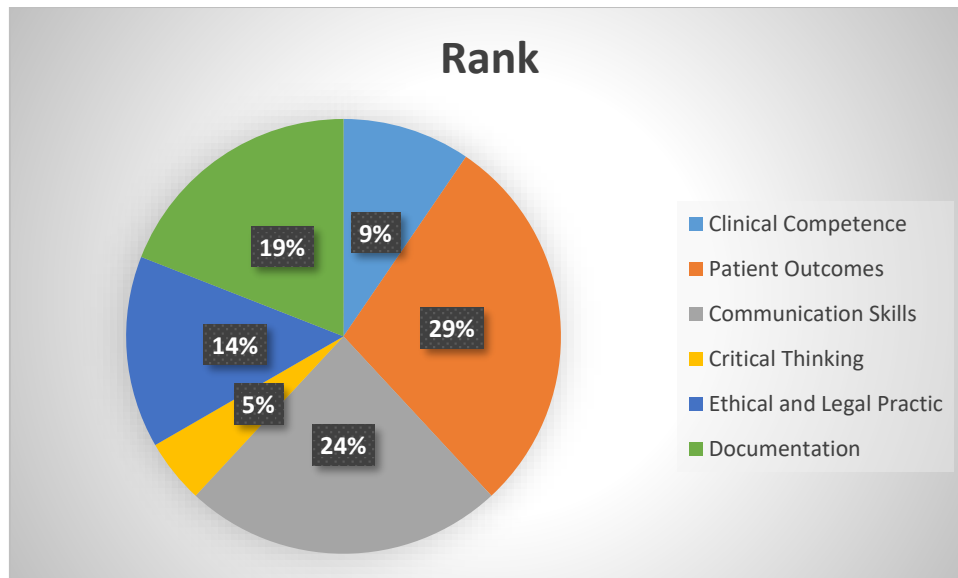


FIGURE 2. Assessment value

The Figure 2 The assessment values provided for various categories highlight the varying levels of importance attributed to different aspects. Critical Thinking holds the highest value (0.101), signifying its central role in the evaluation process, closely followed by Clinical Competence (0.093), which also carries substantial weight. Ethical and Legal Practice (0.088) and Documentation (0.087) share comparable values, emphasizing their significance. Communication Skills (0.062) and Patient Outcomes (0.062) exhibit lower values, suggesting relatively lesser weight in this assessment framework. This distribution underscores the prioritization of critical thinking and clinical competence, while acknowledging the relevance of ethical considerations and documentation practices in the overall evaluation.



**FIGURE 2.** Rank

The Figure 2 In this ranking, critical thinking takes the lead as the foremost attribute, underlining its paramount importance in enabling healthcare professionals to adeptly analyze, evaluate, and solve intricate clinical challenges. Following closely, clinical competence assumes the second position, underscoring the vital necessity of possessing proficient skills and comprehensive knowledge to ensure patient well-being and care quality. Ethical and legal practice secures the third rank, highlighting the imperative of upholding ethical standards and legal responsibilities as a cornerstone for morally grounded decision-making and patient trust. Documentation, ranked fourth, underscores the essential role of accurate record-keeping in facilitating effective communication among healthcare teams, maintaining care consistency, and meeting legal obligations. Communication skills are positioned fifth, emphasizing the pivotal role they play in fostering transparent exchanges among healthcare stakeholders and enhancing patient satisfaction, while patient outcomes, though ranked sixth, retain their significance as a measurable reflection of healthcare efficacy and intervention success.

#### 4. CONCLUSION

These challenges to implementing evidence-based nursing practice have consistently appeared across multiple studies. One barrier is the nursing profession's historical hesitance to embrace innovative methods in generating and progressing new medical and nursing insights. Previous literature suggests that a substantial portion of current protocols heavily depend on individual know-how, well-established customs, and intuition, as opposed to being firmly grounded in empirical validation. Furthermore, despite the growing presence of nurse researchers and initiatives focused on improving frontline nursing, a significant portion of nurses still lacks the required research skills, capabilities, and understanding. The text suggests that the limited integration of research findings into nursing practice could be linked to nurses' lack of confidence in their research skills. This implies that nurses might be hesitant to apply research-based knowledge due to their own perceived inadequacies in research skills. The passage mentions that 93% of the respondents felt that their research skills needed improvement. This could indicate that a significant portion of nurses themselves recognize the need to enhance their skills in understanding and applying research. The passage notes that there are several factors contributing to nurses' lack of confidence in their research skills, although these factors are not explicitly mentioned. It suggests that this survey may identify one factor, namely the lack of emphasis on research skills during their pre-registration training. The survey results indicate that only a portion of nurses' pre-registration training covered research skills. Additionally, of those who received such training, a relatively low percentage (29%) considered it sufficient for their current positions. This suggests that the quality or extent of research skill training during pre-registration might not meet nurses' needs.

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