

## Concept Analysis of Patients' Advocacy: The Nursing perspective

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**Abstract:** Patient advocacy is one of the concept that is integral to the philosophy of nursing. It's an obligation that is expected to be fulfilled by nurses in the course of discharging their professional duties. Some patients' inability to make suitable choices, defend their rights and lack patients of adequate knowledge to be able to make informed decision about their medical intervention especially in developing countries has increase the need for patient's advocacy. There is evidence of lack of wide implementation of this concept by nurses. This is because of ambiguity associated to the meaning and understanding of this concept. The critical analysis is adopted as approach to clarify concept of patient's advocacy to enhance wider implementation in nursing practice.

### INTRODUCTION

Concept analysis is a method of knowing or enquiry that tries to explore or elicits interpretations, explanations, identifications and meaning of a particular word or group of words (Walker and Avant, 2011). Furthermore, Baldwin (2003) also considered a concept as a mere labels to explain phenomena which provide a short summary of thought. Hence, Brunelli (2005) has pointed out that the purpose of concept analysis is to differentiate between concepts. However, it could also be for the purpose of clarifying the concept for better implementation in the clinical settings. There are many concepts in nursing but Patient's advocacy has been selected for critically exploration and analysis in nursing viewpoint. Walker and Avant (2011) methods of concept analysis was adopted with the goal to analyse and provide some form of clarity from existing literature as well as giving directions for enhancement of patients' advocacy in nursing practice.

The nurses roles of patients' advocacy is however not a new concepts to nurses in different health facilities (Negaranderhet *al.*, 2006). This is due to the fact that nursing profession has adopted the term "patient advocacy" as a professional obligation and considered it as ideal for nursing practice (Baldwin, 2003). Besides, nurses strongly conclude that it is their ethical responsibility to advocate for their patients. This therefore has made majority of nurses consider themselves as "a patient advocate" in their judgements and actions on behalf of their patient during their daily discharge of nursing duties. However, Bu & Jezewski, (2006) argued that in many healthcare facilities, despite the claims by nurses to be patient advocate, there is still a very high tendency that patients' self-determined and quality of life can be ignored by medical professionals especially nurses. The reason to this as argued by Ware *et al.*, (2011) is due to the fact that is still limited empirical evidence to help direct and guide nurses towards implementing and perfecting their responsibilities as a nurse advocate. They also went further to argue that nurses are not

probably living up to expectations in advocating for patients because of the multiple and conflicting views and interpretations of the meaning of patient advocacy (Ware *et al.*, 2011). Despite these, the need for patients' advocacy cannot be overemphasized as Nursing and Midwifery Council (NMC) (2002) code of professional ethics rightly stated that a nurse "must promote the interest of patients and clients under their care. This become necessary because patients are often incapacitated and have inadequate knowledge of their disease conditions and treatment procedures, in developing countries, hence nurses role to act as their advocator becomes paramount.

### PURPOSE OF THIS CONCEPT ANALYSIS

The aim of this concept analysis is geared towards define and refine, clarify the attributes of concept of patient advocacy in order to widen its understanding for effective implementations in nursing practice.

### CONCEPT CLARIFICATION

The concept "advocate" is derived from Latin word "*advocatus*" which means the duty of one who is required to give evidence, defence or argue a cause with evidence (Woodrow, 1997). This concept is argued to emanate from law discipline where an advocate (barrister) usually consults their client prior to case defence in the court of law (Hewitt, 2002). However, the concept of patient advocate is widely used in nursing profession, though it is argued to be a relative modern idea which obviously began since 1970s in the strive to protect patient's interest (Hank, 2008). The early history of Florence Nightingale toward patients' safety is arguably the act of patient advocacy, which implies that the act of patient advocacy was as old as nursing practice itself.

There is no dispute to whether patient needs advocacy from nurses in healthcare organizations; this is because patient welfare is central to nursing and medical practice worldwide. No wonder different nursing licensing body has included patient advocacy as a profession ethical conduct

that all nurses must imbibe. The code for standard of conduct, performance and ethics for nurses and midwives in United Kingdom by NMC (2010) states that a nurse “*must act as an advocator for those in their care, helping them to access relevant health and social care information and support*”. Furthermore, American Nurses Association’s code of ethics (2001) states that nurse’s advocate for, promote and protect health, safety and right of the patients especially if the patient safety is in danger or at risk of jeopardy. More so, Irish nursing code went further to posit that nursing practice involves patient advocacy (Hyland, 2002). All these highlights the importance nursing practice accord to patient advocacy, therefore nurses should live up to this expectations. However, the difference in definition and interpretation of this concept remains a matter of concern and a draw backs toward zenith implementation of this concept by nurses in clinical practice.

Many scholars often resort to the use of dictionary as a first step to define a particular concept. Patient advocacy is defined as a defence on behalf of another person, to speak for or to intercede (concise oxford English Dictionary, 2007). Similarly, nursing dictionary viewed it as a core of a clinicians frequently a nurse, who in the course of discharging her duties protects, promotes, and safeguards the well-being of her patients by ensuring patients fully understand and are aware of their rights, have adequate information they required to give informed consent for any treatment procedure (Oxford Dictionary of Nursing, 1998).

In agreement of the above definitions, patient advocacy as viewed as working with the patient to determine what health, illness, suffering and dying mean to them, but also providing adequate information and supporting patients in their decisions. (Vaartio *et al.*, 2006). However, they went further to states that patient advocacy also involve pleading patient cause, ensuring full patient protection from ill-medical practice, apprising and intervening for patients. By these definitions, it implies that by nurses acting as patient advocates will empower patients (weak and vulnerable), thereby protecting them from hands of incompetent medical practitioners. Besides, Hewitt (2002) argued that it is not only patients that are weak and vulnerable requires advocacy but all the patients in the hospital because patients are at risk of entering into “learned helplessness” probably because of omniscient and uninformative” physicians. Hence nurses need to protect the interest of their patients at all the time.

Davis & Konishi (2007) added that patient advocacy is the act of “whistle blowing” which means raising alarm to unethical practices that could pose potential risks to patients. Nurses are bent on ensuring that they advocate for their patients as demanded by their professional conducts, this sometimes lead to misunderstanding and fight between nurses and doctors in the hospital. The interpretations of what nurses understand as act of patient advocacy differs, to the extent that some take it as different range of activities. Due to complications and several understanding to this concept, there is a need to clarify this concept. Nurses have reported frustration and anger as result of them having to act as advocate for their patients (Hanks, 2008). The differences in the definitions and understanding of the meaning of

patients advocacy ranging from enlightening, counselling, advising patients (Mallik & Rafferty, 2000) to safeguarding, protecting patient autonomy and championing social justice of the patient, having listening ear to a patient, and promoting patient wellbeing (Bu & Jezewski, 2006; Thacker, 2008). Besides, the nursing professional codes of ethics for different countries do have differences as to the meaning of this concept. The conflicting and difference in definition and meaning of this concept could be argued to be reasons why this concept still has poor implementation in nursing practice.

Although nurses should meet up with their responsibilities of advocating for their patient by protecting, promoting enlightening, safeguarding their patient but however emphasises should be placed on “**nurses’ appropriate actions**” directed towards achieving these specified roles. The nurse should act in such a way that is professionally acceptable bearing in mind that management of patient is a team responsibility of different medical professionals. So many definitions of patient advocacy by some scholars seems to have lacked this essential ingredients, this calls for the need to re-visit 1970s definition by International Council for Nurses (ICN) (1973) which defined patient advocacy as “*the nurse’s appropriate action to safeguard the individual where care is endangered*”. By so doing, the current confusion as a result of different definitions of this concept will be minimized; this would result to better implementation of this concept in nursing practice.

#### ATTRIBUTES OF PATIENTS’ ADVOCACY

To clarify and refine this concept and arrive at its defining characteristics, several attempts by nursing scholars, in 2007, Bu & Jezewski (2006) conducted in-depth literature review because they believed that this concept lacked a consistent definition. They claimed that three core attributes of this concept emerged after synthesis of about 217 articles. They are, acting on behalf of the patient, safeguarding patients and championing social justice in the provision of health care (Bu & Jezewski, 2006). Acting on behalf of the patient implies that a nurse represent patient who are unable like unconscious and debilitated patient, and all other patients who feel they are unable to represent themselves. Safeguarding patients entails actions which promote and respect determination of patients and the third attributes which is championing the social justice of patient in the delivery of health care is all about nurses trying to ensure that they address inequalities in delivery of health services.

These attributes is consistence with identified attribute of patients’ advocacy in the work of Baldwin (2003). The attributes of patient’s advocacy is summarised as valuing, apprising and interceding (Baldwin, 2003). Valuing could be seen as a nurse valuing patients and herself, it is however, securing patients autonomy and self- determination through therapeutic relationship. Valuing is core in philosophical foundation of nursing; hence it is important attributes of this concept. Apprising is all about encouraging and guarding patient’s rights to participate and to be involved in decision making and giving informed consent (Baldwin, 2003).

Patient’s advocacy is more than assisting patients in making decision as it involves helping patient to critically reason

and ponder over alternatives before making a decision, knowing fully the consequences of proposed treatment plans and consequences of forgoing the alternatives. On the other hand, interceding mean a nurse intermediating between patients and other members of health team, families (Baldwin, 2003). A nurse interceding for a patient is very important because of the bureaucratic system in the hospital. The unnecessary ergo displayed by some health professional rendering services to population of vulnerable, powerless patients require someone (a nurse) to speak for them and intercede on their behalf.

### ANTECEDENTS AND CONSEQUENCES

Walker and Avant (2011) states that antecedents are the events prior to the occurrence of the something. The nature of situations prior to patient advocacy from analysis is in two folds. They are patients' vulnerability and the need for a nurse who is to act as the patients' advocate to discharge her/his responsibility. Advocacy for patients arose from the necessity to protect a powerless and vulnerable patient population that lack power to defend or represent themselves (Hanks, 2007). The population of vulnerable patients are those who are incapacitated, unable to make suitable choices and defend their rights (Bu and Jezewski, 2006). However, nurses' willingness to take this responsibility is argued to be another antecedent of this concept (Baldwin, 2003). It would be suggested that education would promote role of advocacy, achieved by assigning nursing students during clinical experience to take responsibilities of becoming patient advocates.

Consequences are the outcomes of the concept. Walker and Avant (2011) states that consequences are those events that occur as a result of concept. The consequences of patient advocacy could be positive and negative for patients and nurses (Bu & Jezewski, 2006; Baldwin, 2003). For patients, the positive consequence is that his/her autonomy is secured. This could result to positive health outcome such as increased patient survival in care, empowering the patient, protecting patient rights, values. However, negative consequence is patient discomfort (Baldwin, 2003), though this appear to be more unnoticeable especially when health professionals compete to take role of patient advocacy. The positive consequences for nurses are job satisfaction, professional autonomy and proficiency (Baldwin, 2003; Vaartioet *al.*, 2004). Besides, it also includes enhancement and improvement of public image of nursing and status of nurses. However, the negative consequence is described as a "risk business" for nurses (Baldwin, 2003). It also include a nurse losing their job, professional position, roles or even have direct conflicts with other members of health team like doctors or even the employer (Vaartioet *al.*, 2004). This could be seen as why implementation of this concept has not gain it full potential in nursing practice as there is little practical support and protections to nurses by their professional association leaving nurses potentially exposed to conflict and risks.

### CASE

Using case as suggested by Walker and Avant (2011) format for concept analysis, the model case is example of case that demonstrate all defining attributes of the concept.

The borderline case is the case that contain some of the attributes but however not all of them while related case is however, the instance of the case that are similar to the concept under study but do not contain the critical attribute of that particular concept whereas the contrary case demonstrate clear picture of what the concept is not (Walker and Avant, 2011).

### CASE SCENARIO

Mrs. XYZ, a 45year old female with a confirmatory medical diagnosis of inoperable bowel obstruction with ovarian cancer was offered opportunity to be involved in a clinical trial for drug that could probably prolong her life. Mrs. XYZ confided to a nurse that was involved in her care that she was confused in making decision on whether or not to participate in this trial. She requested the nurse to help her with more information about the drug.

- a. **Model case:** The nurse however obtained clear written information about the nature of her cancer and the drug to be tried after contacting a helpline of national organization. The oncologist conveyed to the patient that the trial could be able to offer her some quality of life however, due to the nature of the trial, the outcome and what are involved cannot be specified. The nurse devoted enough time to discuss with Mrs. XYZ and made sure that the information was quite clear to her and that she has no other questions. The patient decided to enter the trial because of the adequate information received form the nurse. This shows that the nurse has safeguarded, intercede, apprise (promote and protect patients' right to be involved in decision making and informed consent) all these are basic attributes to patient advocacy.
- b. **Borderline case:** The nurse having contacted the national helpline organization and obtained clear written information about the nature of the cancer and the new drug. She gave Mrs. XYZ all the information and to her to consider it. The nurse states "I hope this information could help you to make decision". Besides, no form of explanation of the information, hence the patient could not understood all the written information from the nurse. This made the patient to look for another health care provider to explain it better.
- c. **Contrary case:** The nurse told Mrs. XYZ that she will get information for her whenever she is less engaged but however, that if she was in her shoe, she would participate in the trial if it could help prolong life. The nurse continue to care for other patient, forgot to get information for Mrs. XYZ. Hence, the patient did not participate because of lack of information.
- d. **Related case:** The phone numbers and the possible websites of where to get information of the new drug was obtained by the nurse and handed it over to the patient. She showed the patient where the research library was and encouraged her to search for the information. She also told Mrs. XYZ to consider all the information and make a decision. She went further to tell the patient that she would assist to support her decision in any way she could.

## IMPLICATIONS FOR NURSING PRACTICE

Patient advocacy is paramount to nursing practice as nurses have been obliged by their professional body to take this responsibility. Nurses need to be effective advocate for their patients by strategizing and overcoming the all barriers that could impede patient advocacy however, putting the consequences into consideration by weighing the benefits against the costs to both nurses and patients (Brunelli, 2005). Nurses in their quest to advocate for patient should consider all the attributes of this concept and should be able to determine situations where advocacy could be realistic. Besides, nurse should also put vulnerability of patients in mind in the course of discharging their duties as this would help them to develop more desire to act as patient advocate. Nursing education and continuous in-service training for nurses has an important role in educating nursing students and professional nurses on the need for client advocacy in nursing practice. The nursing licensing body, head of nursing services and chief nursing officers should also work toward supporting all nurses for effective patient advocacy in nursing practice.

## CONCLUSION

Patient knowledge of their illness and treatment procedures is often limited, true patient autonomy to healthcare services demands that patients possess adequate information to make informed decisions (MacDonald, 2007), therefore it becomes very vivacious for nurse to advocate for these patients. The analysis of this concept has revealed that attributes of this concept is paramount and should always be at memory of nurses in advocating for their patients. Also the nurses “appropriate action” during patient advocacy is an important ingredient that should not be ignored as this will help to enhance the implementation of this concept with less conflict between nurses and other health care providers in the clinical settings. Finally, if the need for effective patient advocacy is not recognized and applied, the effective healthcare would not be achieved.

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