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Registered Nurses Perceptions of Patient Advocacy Behaviors in the Clinical Setting

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Registered Nurses Perceptions of Patient Advocacy Behaviors in the Clinical Setting

by

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Abstract

Healthcare is becoming more complex and advanced; there is an increase in patient's awareness and safety, higher educational levels of the public, internet access, improved medical technology, development of the Patient's Bill of Rights, and distrust of experts. Patients are often left vulnerable and helpless in the healthcare setting due to limited knowledge about medicine, healthcare, illnesses, and their rights. The purpose of this thesis was to provide an understanding of the RN's perceptions of patient advocacy behaviors in the clinical settings. King's Interacting Systems Framework and middle range Theory of Goal Attainment provided the framework used to identify the nurses' perceptions of patient advocacy and the situations that encourage advocacy behaviors. The sample consisted of 38 RNs with a current North Carolina nursing license. The quantitative Protective Nursing Advocacy Scale (PNAS) consisting of 43 items was used to measure advocacy from the perspective of protecting patients in an acute care environment. The participants indicated the reasons RNs act as patient advocates were as follows: (a) vulnerability, (b) being ethically obligated to act for patients when threatened by harm, and (c) patient's need for RNs to act on their behalf.

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TABLE OF CONTENTS

CHAPTER I

Introduction....1

Background....2

Problem Statement....4

Justification of the Research....4

Purpose....6

Hypothesis....7

Theoretical Framework....7

Definition of Terms....16

Summary....16

CHAPTER II

Literature Review....18

Literature Related to Statement of Purpose....18

Theoretical Framework....26

Strengths and Limitations of Literature....27

Summary....27

CHAPTER III

Methodology....29

Implementation....29

Setting and Sample....30

Design....30

Protection of Human Subjects....31

Instrument 31

Data Collection 34

Data Analysis 34

Summary 34

CHAPTER IV

Results 36

Sample Characteristics 36

Major Findings 36

Conclusion 42

CHAPTER V

Discussion 43

Implication of Findings 43

Application to Theoretical Framework 44

Limitations 44

Implications for Nursing 44

Recommendations 45

Conclusion 45

REFERENCES 47

APPENDICIES

A: Permission to use The Protective Advocacy Scale 50

B: The Protective Advocacy Scale .....51.

List of Tables

Table 1: King's 18 Propositions 9

Table 2: Theoretical Definitions 12

Table 3: Protective Nursing Advocacy Scale Items 33

Table 4: Questionnaire Summary 38

Table 5: Four Components of the PNAS 39

Table 6: Component I-Acting as Advocate Results.....40

Table 7: Component II-Work Status and Advocacy Actions Results.....40

Table 8: Component III-Environment and Educational Influences 41

Table 9: Component IV-Support and Barriers to Advocacy 41

Table 10: The Five Highest Percentage Questions Answered with Strongly Agree 42

List of Figures

Figure 1: Conceptual-Theoretical-Empirical Diagram: King's Interacting System Framework 13

CHAPTER I

Introduction

Healthcare has seen an increase in patient awareness and safety, higher educational levels of the public, internet access, improved medical technology, development of the Patient's Bill of Rights, and distrust of experts. With the development of the Patient's Bill of Rights, society has taken a more active role in their healthcare and is requesting more information. Healthcare is becoming more complex and advanced. In this type of hospital environment patients' autonomy and values can easily be overlooked. Patients are often left vulnerable and helpless in the healthcare setting due to limited knowledge about medicine, healthcare, illnesses, and their rights.

Successful patient advocacy actions produce positive outcomes. Bu and Jezewski (2007) state that positive consequences mean patients' rights, benefits, and values are preserved or protected through nurses' particular advocacy actions. Providing adequate information to patients regarding their health status allows patients to make knowledgeable decisions regarding their care (Bu & Jezewski, 2007). Patient advocacy produces positive consequences by preserving patients' rights, benefits, and values, therefore preserving patient autonomy and providing empowerment. Patient advocacy actions increase patients' quality of life and safety by ensuring prompt and appropriate treatment is being provided.

Benefits of patient advocacy are not only seen in patient outcomes, but also in the nursing profession and society. Patient advocacy can lead to an enhancement in nursing's public image and improvement in its professional status (Bu & Jezewski, 2007).

According to Bu and Jezewski (2007), ”by successfully advocating for patients, nurses can increase their professional satisfaction, self-confidence and self-esteem, and maintain their personal integrity and moral principles” (p.105). Patient advocacy can lead to changes for the well-being of a group of patients or society. Patient advocacy can improve patient care and safety by identifying poor care and incompetent workers. Registered nurses (RNs) can advocate by identifying changes and areas in need of improvement and provide safe care for patients, co-workers and society. Changing inappropriate rules or policies in the healthcare system may promote social justice in the provision of healthcare and improve the quality of healthcare delivery, thereby enhancing patients' well-being (Bu & Jezewski, 2007, p.105).

Background

Healthcare is continually changing and is contributed to the role that nurses play in advocacy. RNs have more direct patient interaction as opposed to other healthcare professionals. Advocacy and the compassion that RNs display toward patients date back to the founder and pioneer of nursing, Florence Nightingale. Florence Nightingale, a well-known figure in the nursing profession, continues to influence nursing and healthcare today. One may hear Nightingale's pledge recited at nursing school graduations still today. Florence Nightingale wrote this pledge in 1893, and it continues to be an important part of nursing today. The Nightingale Pledge (as cited in Fowler, 2008):

I solemnly pledge myself before God and in the presence of this assembly: To pass my life in purity and to practice my profession faithfully. I will abstain from

whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my profession. With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care (p. xiii).

Nurses today are still entering the profession with the same vision as Nightingale. RNs enter the profession because they want to care for, help others, protect, and make a difference in someone's life. Bu and Jezewski (2007) state, "The American Nurses Association (ANA) (2001) Code of Ethics for Nurses with Interpretive Statements requires that nurses advocate for, and protect the health, well-being, safety, values, and rights of patients in the healthcare system" (p. 102). A code of ethics is a set of guidelines used by most professions and organizations to govern themselves. According to Lachman (2009), these guidelines provide a social contract, as well as ethical and legal guidance to all members of the profession (p. 55). Bramlett et al. (as cited in Bu & Jezewski, 2006 p. 103) stated, "Florence Nightingale emphasized measures by which environmental factors can be manipulated to put patients in the best condition for nature to act upon them; this is considered an early example of advocacy in nursing."

The profession of nursing is viewed as being ideal for patient advocacy, and advocacy is considered to be an important part of nursing. The ANA Code of Ethics with Imperative Statements require nurses to be advocates for the patient, that it is a moral obligation, but no definition is provided for nurses (Fowler, 2008). Therefore, this leads

to confusion among RNs and their role as patient advocates. An understanding of RNs perceptions of patient advocacy behaviors would be beneficial, in gaining knowledge and understanding of why nurses make advocacy choices. King (as cited in Evans, 1991, p. 17) states, "by understanding perceptions, nurses can better understand themselves and their clients." Nursing remains one of the noblest of professions. Few others touch the lives of so many during their most vulnerable moments in life. Nurses have the unique and privileged situation to advocate for their patients, while striving to protect their rights to health and safety (Kline, 2005 p.7).

Patients consistently report that nurses make a difference in their care. Patient advocacy demonstrates actions that preserve, represent, and protect patients' rights, best interests, and values.

Problem Statement

Nurses' perceptions of patient advocacy often differ from policies, administration, patients' preferences, and the nursing professions view of advocacy. Nurses are at the front line of patient care and need to have an understanding of nursing advocacy to be component and knowledgeable; provide safe, efficient, and quality care; ensure dignity; and protect patients. Nursing advocacy is not clearly defined for nurses; advocacy roles are based on judgments and actions on behalf of patients from a sense of moral and ethical obligations. A clear understanding would increase nurses' knowledge on when and in what situations patients need advocating for, creating a better outcome for patients.

Justification of the Research

Nurses practice under the ANA Code of Ethics with Imperative Statements, which

promote nurses to advocate for, protect the health and safety of patients and are seen as morally obligated to individuals, families and communities, but no clear direction is provided for nurses to follow. Bu and Jezewski (2007) identified three main core attributes of patient advocacy in a concept analysis: (a) safeguarding patients' autonomy, (b) acting on behalf of patients, and (c) championing social justice in the provision of health care. RNs work closely with patients, which allow them to see the vulnerabilities and needs in patients and to listen, support, voice, and give the appropriate care. "The nurse is in the ideal position among health care providers to experience the patient as uniquely human, with individual strengths and beliefs, and to use this position to intervene on the patient's behalf" (Thacker, 2008 p. 176).

Nurses (and other health care professionals), while correctly feeling that they have responsibilities to speak up on behalf of patients whose rights have been interfered with, or endangered in some way, are obliged to take into account the fact that any specific actions that they undertake, in the name of advocacy and regardless of the prevailing definition of this, may disadvantage other persons for whom they also bear a professional responsibility. (Grace, 2001 p. 154)

This entails that nurses advocate for and protect patients by intervening when a colleague is in the wrong. Nurses at times wrongly put their needs in front of what is in the best interest of patients by avoiding conflict with physicians, colleagues, and administration to report poor nursing care, needs and rights of the patients, or policies that are inadequate.

The multiple concepts and responsibilities of patient advocacy causes confusion

among RNs regarding their role as patient advocates. "The goal of the nursing profession is generally agreed to be that of promoting a 'good', which is health," (Grace, 2001 p. 155). Health can be viewed differently and does not mean just the absence of disease. "The person in need of advocacy has been described as vulnerable, powerless, helpless, dependent, and unable to speak, with loss of control for the person's self" (Thacker, 2008 p. 176). The need for advocacy arises from various conditions which include vulnerability, lack of or need for health information, complexity of health care systems, and the risks for loss of basic human rights through informed consent and self-determination, not merely from a state of disease. Advocacy is shown through organizations and committees who have come together to advocate for vulnerable groups, diseases that lack information for the public, and for people who need support and guidance. Nurses who understand their perceptions of advocacy develop and gain a better overall understanding of their patients and their patients' needs (Evans, 1991).

Purpose

The nursing profession views nurses to be morally and ethically obligated to serve as advocates. MacDonald (2007) reviewed the Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses and states the following, "Seven values refer to the need to advocate in one or more of the responsibility statements. Furthermore, in many instances, the term advocate is preceded by 'must,' indicating that advocacy is not an optional activity for nurses" (p. 121). The American Nurses Association (ANA) Code of Ethics also gives guidance of the moral and ethical expectation of the nursing profession. The provisions outline the responsibilities of the nurse to the patient with patient

advocacy being mentioned in the first four provisions. The nursing practice needs to have an understanding of advocacy to provide effective care for patients. The purpose of this thesis was to provide an understanding of the RN's perceptions of patient advocacy behaviors in the clinical settings.

Hypothesis

The research hypothesizes that RNs will have a positive attitude regarding patient advocacy.

Theoretical Framework

In 1971, Imogene King developed the Interacting Systems Framework. From this framework King developed the middle range theory known as Theory of Goal Attainment in 1981. King's Interacting Systems Framework and middle range Theory of Goal Attainment provided the framework used to identify the nurses' perceptions of patient advocacy and the situations that encourage advocacy behaviors.

The interacting systems framework represents three systems: personal, interpersonal, and social systems. Each of these systems is discussed in detail in the subsequent paragraphs.

The personal system is described as being a nurse or a patient; an individual human being. King states, a human being is a complex, open living system that "copes with a wide range of events, persons and things over time (Evans, 1991, p. 7). King states, a human being has the following fundamental health needs: "(a) usable health information at a time when he/she needs it and is able to use it, (b) preventive care, and (c) care when ill" (Evans, 1991 p. 7). The personal system also contains concepts related

to individuals. These concepts include body image, growth and development, perception, self, space, and time.

Tomey and Alligood (2006) describes that the interpersonal systems are formed when two or more individuals interact, forming dyads (two people) or triads (three people) (p. 301). Communication, interaction, role, stress and transaction are the concepts found within the interpersonal system. The nursing process, defined as a "series of acts that connote action, reaction, interaction, and transaction between nurse and health client" (as cited in Evans, 1991 p. 7) is contained within the interpersonal system.

The social system is groups that make up society. The social system includes family, educational, religious, and healthcare systems. Common goals and interest are shared among the individuals within the social system. The concepts of authority, decision making, organization, power, and status are found in the social system. Evans (1991) states, when nursing within a social system, practice focuses on the health needs and wants of the social system.

The 18 Propositions of King's interacting systems framework and middle-range Theory of Goal Attainment (Evans, 1991) is shown in Table 1.

Table 1

King's 18 Propositions

King's 18 Propositions
1) The nursing process is conducted within a social system. The five dimensions of the social system are as follows: a) the nursing process b) the individuals involved in the nursing process c) the individuals involved in the environment within which the nursing process is activated d) the social organization within which the nursing process is activated e) the community within which the social organization functions.
2) The nursing process will differ, dependent upon the individual nurse and each recipient of nursing service.
3) The nursing process will differ relative to all individuals in the environment.
4) The nursing process will differ relative to the social organization in which the nursing process takes place.
5) The relationships among the dimensions have an effect upon the nursing process.
6) Nursing includes the following specific components: a) nursing judgment b) nurse action c) communication d) evaluation e) coordination
7) The nursing judgment will vary relative to each nursing action.
8) The effectiveness of nursing action will vary with the extent to which it is communicated to those responsible for its implementation.
9) Nursing action is more effectively assured if the goals are communicated and standards of nursing performance have been established.
10) Nursing action is based on facts, which may change; thus, nursing judgments and action are evaluated and revised as the situation changes.

11) Nursing is a component of health care; thus, health care is affected by the coordination of nursing with health services.

12) If perceptual accuracy is present in nurse-client interactions, transactions will occur.

13) If nurse and client make transactions, goals will be attained.

14) If goals are attained, satisfactions will occur.

15) If transactions are made in nurse-client interactions, growth and development will be enhanced.

16) If role expectations and role performance as perceived by nurse and client are congruent, transactions will occur.

17) If role conflict is experienced by nurse or client or both, stress in nurse-client interactions will occur.

18) If nurses with special knowledge and skills communicate appropriate information to clients, mutual goal setting and goal attainment will occur.

King's Interacting Systems Framework and Theory of Goal Attainment are "based on an overall assumption that the focus of nursing is human beings interacting with their environment leading to a state of health for individuals, which is an ability to function in social roles." (Tomey & Alligood, 2006, p. 303)

The Theory of Goal Attainment relies on the interaction between the nurse and patient/family member to obtain a mutual goal. The theory focuses on the concepts in the interpersonal system of King's conceptual framework. The concepts are communication, growth and development, interaction, perception, role, self, space, stress, time, and transaction. King stated the following (Tomey & Alligood, 2006):

> Mutual goal setting [between a nurse and a client] is based on (a) nurses' assessment of a client's concerns, problems, and disturbances in health; (b)

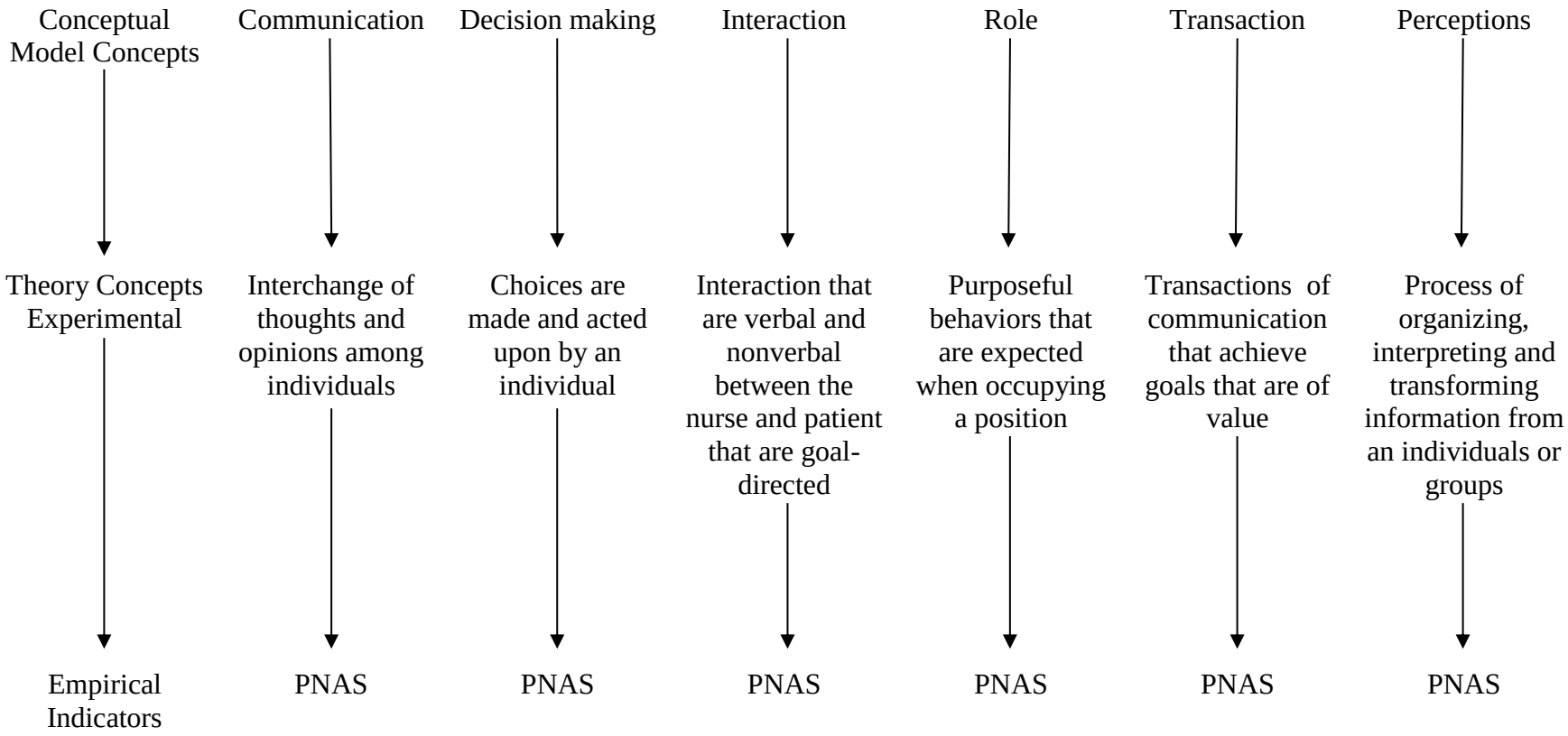
> nurse's and client's perceptions of the interference; and (c) their sharing of information whereby each functions to help the client attain the goals identified. In addition, nurses interact with family members when clients cannot verbally participate in the goal setting. (p. 302)

As previously stated, Imogene King's Interacting Systems Framework and middle range Theory of Goal Attainment provided the framework used to identify the nurses' perceptions of patient advocacy and the situations that encouraged advocacy behaviors. This study utilized the following six concepts from King's conceptual framework: (a) communication, (b) decision making, (c) interaction, (d) role, (e) transaction, and (f) perception. The theoretical definitions of the conceptual model are displayed in Table 2. Figure 1 represents the conceptual-theoretical-empirical diagram based on King's interacting systems theory.

Table 2

Theoretical Definitions

Conceptual Model Concepts	Theoretical Definitions	Mid-Range Theory Concept
Communication	An interchange of thoughts and opinions among individuals	King's Interacting Systems Framework
Decision Making	Choices are made and acted upon by an individual	King's Interacting Systems Framework
Interaction	Interaction that are verbal and nonverbal between the nurse and patient that are goal-directed	King's Interacting Systems Framework
Role	A set of purposeful behaviors that are expected when occupying a position	King's Interacting Systems Framework
Transaction	Transactions of communication that achieve goals that are of value	King's Interacting Systems Framework
Perception	Process of organizing, interpreting and transforming information from an individuals or groups education, experiences, goals, needs, physiology, self-concepts, socioeconomic status, relationships and values	King's Interacting Systems Framework



* PNAS= Protective Nursing Advocacy Scale

Figure 1: Conceptual-Theoretical-Empirical Diagram: King's Interacting System Framework

King describes the concept of communication as information processing, a change of information from one state to another (Evans, 1991, p. 40). Communication can occur through verbal and nonverbal interactions. King states information is crucial in the care, cure, and recovery of clients (Evans, 1991, p. 12). RNs interactions between other nurses, physicians, providers, and family members involve communication. As stated by King, communication involves an interchange of thoughts and opinions among individuals and is a means whereby social interaction and learning take place (Evans, 1991, p. 11). The healthcare system and technology is continuously changing, thus leaving patients and society with limited knowledge. Communication is a vital part of relaying the information needed for patients and RNs to take an active role in providing the appropriate healthcare needs.

According to the interacting systems framework "decision making" is a process where choices are made and acted upon by an individual or group. King states, "decision making affects the quality of care delivered throughout a health-care setting" (Evans, 1991, p. 13). Decisions are not only for the patients to make but also for the RN. RNs make decision that affect patient's care. The RN decides when information in needed, given, and appropriate for patients. They also decide when to intervene in patient care.

Interaction occurs when individual and groups react to each other. To achieve interaction the nurse and client must share information. King describes interaction as "acts of two or more persons in mutual presence" (Evans, 1991, p. 41). King defined interaction as "a process of perception and communication between person and environment and between person and person, represented by verbal and nonverbal behaviors that are goal-directed" (Evans, 1991, p. 41). King stated, "interaction are

accomplished by the complicated process of communication and are not only the exchange of information but also the processing of this information as well" (Goodwin, Kiehl, & Peterson, 2002, p. 239).

In order for RNs to perform effectively, they must define their role. King states, that the concept of roles requires individuals to communicate and to "interact in purposeful ways to achieve goals" (Evans, 1991, p. 18). The RN assumes the role of an advocator and protector to advocate for and protect the health, well-being, safety, values, and rights of patients. The patient acts as a partner to obtain these goals, through participation. King defines "role" as a set of behaviors expected when occupying position in a social system (Evans, 1991, p. 42).

King defines transaction as the "process of interaction in which human beings communicate with the environment to achieve goals that are of value" (Evans, 1991, p. 43). King states a transaction is affected by the actions, judgments, perceptions, and reactions of human beings (Evans, 1991, p. 22). When the need or actions are identified to provide patient advocacy and the RN and patient work together to achieve the goal, transaction occurs.

Every human being perceives, however, each person's perception is different. Perception is related to an individual's or group's education, experiences, goals, needs, physiology, self-concept, socioeconomic status, temporal-spatial relationships, and values (Evan's 1991, p.17). The RN can recognize when the patient's perception of what had been explained was incorrect from the information that was provided. King defines perception as a "process of organizing, interpreting, and transforming information from

sense data and memory" (Evans, 1991, p. 42).

Definition of Terms

Advocacy is derived from the Latin word advocare 'call (to one's aid)' ("Advocate," n.d.). The Compact Oxford English dictionary (n.d.) describes advocate as a person who publicly supports or recommends a particular cause or policy, a person who pleads a case on some ones behalf. Merriam-Webster Dictionary (2009) defines advocacy as "the act or process of advocating or supporting a cause or proposal". Nursing advocacy is defined for this study as protecting patients, speaking out for patients, preserving patients' rights, acting for patients, and communicating and informing patients. Nursing advocacy is a representation of acting for and on behalf of patients and not for the nursing profession.

These definitions display actions or representation of another's interest through persuasion, as in the role of a lawyer or counselor. Advocacy in the nursing profession is viewed differently in the literature. Advocacy is not seen as a contract between the nurse and client. "It tends not to reflect directly a 'calling to' by the client, but a 'giving of' one's aid by the professional" (Mallik, 1997 p. 131).

Summary

Several studies recommended further research in recognizing the situations and behaviors in which nurses engage in advocating roles. Research is needed to identify the factors that influence nurses' patient advocacy behaviors. Patients consistently report that nurses make a difference in their care. Patient advocacy can improve patient care and safety by identifying poor care and incompetent workers. Patient advocacy demonstrates

actions that preserve, represent /protect patients' rights, best interests, and values. Further research is needed to assist in the future development of educating nurses on what situation requires nurses to advocate. Advocacy is viewed as an important part of the nursing profession and warrants further discussion of the nurses' perception and their role of patient advocacy to ensure effective patient outcomes.

CHAPTER II

Literature Review

Throughout the nursing literature, advocacy for patients is seen as an essential component of nursing. Registered Nurses (RNs) are faced with many situations which challenge them every day. Each situation requires a decision to be made on how to avoid harm, provide care, and protect the patient they are caring for. Patient advocacy is viewed as a process or strategy of actions that promote the welfare, safe guarding, advocating and protecting patients. "Nurses do not act in the place of the patient; they assist the autonomous patient and family to make decisions with representation and communication" (Thacker, 2008 p.176). Over the last 20 years changes have occurred in the healthcare system, making the nurse advocacy role more significant. Nurses are in the ideal position to intervene on patient's behalf because of the experiences of constant interactions with patients, being able view patients as uniquely human and with individual strengths and beliefs (Thacker, 2008).

Literature Related to Statement of Purpose

Advocacy

The aim of Snowball's (1996) qualitative study was to look at the understanding of advocacy in a group of adult nurses from the medical and surgical wards. The participants consisted of 15 Registered Nurses from two medical and surgical floors who had practiced for at least one year. During the first phase, an exploratory study was performed to explore the perceptions, understanding, and experience of acting as a nurse-patient advocate in a small group of registered nurses. Participants were instructed to

give narrative accounts of their perceptions, beliefs, and values related to acting as an advocate through audio taped semi-structured interviews. Personal background data were collected because prior studies showed the data to have some influence on the willingness and ability of nurses to act as patient advocates.

Snowball's (1996) study descriptions revealed: (a) Ten participants talked about "respecting the rights of patients" and "representing" or "speaking up" and 12 participants discussed for the patient's point of view in the decision-making process if the patient was unable or unwilling to speak up for him or herself, and (b) six talked about ensuring that any decision was approached from the perspective of "informing the patient" of the care options and acting as a "protector" and nine of the dignity and privacy of the patient and "defending" them from interventions that might cause them distress (p. 70).

The findings also revealed nurses had developed a view of the concept of advocacy based on their philosophy of nursing; which appeared in the study as a therapeutic endeavor. Snowball (1996) chose this concept to present in this article. The article outlines: the therapeutic relationship, sharing a common humanity, and the cultural environment of care. Reactive and proactive advocacy were linked with the realities of caring and with enacting a human relationship role. The participants commented, "that acting in a reactive way to the immediate needs of patients who were their direct responsibility, or responding to a risk type clinical situation, was the predominant mode of advocating because of the immediacy of clinical situations" (Snowball, 1996 p. 73). Limitations of this study were that a teaching hospital was used for data collection and

most of the participants had or were pursuing academic studies.

A qualitative grounded theory-type study performed by Negarandeh, Oskouie, Ahmadi, and Nikravesh (2008) conducted a qualitative grounded theory-type study aimed to inquire into the meaning of patient advocacy from Iranian nurses' perspective in a large university hospital (p. 458). The participants consisted of 24 nurses ranging in ages 23-50 years working in different clinical settings. The participants were scheduled for semi-structured interviews at a date and time of their preference.

Negarandeh et al. (2008) study revealed categories and subcategories explaining the meaning of patient advocacy and the role of advocacy for Iranian nurses. The categories are as follows: (a) informing and educating, (b) valuing and respecting, (c) supporting physically, emotionally, and financially, (d) protecting and representing, and (e) promoting continuity of care.

Negarandeh et al. (2008) states, "how nurses view life, the world, and their roles may determine much of what they do in the name of patient advocacy" (p. 465). It is suggested that if nurses know these ways, it would be easy for them to judge when patients need them to act as advocates and what actions should be performed. Negarandeh et al. (2008) suggests that, to advocate optimally for patients, nurses need to know which kinds of situations in which patients will require an advocate, what patients' best interests are in particular situations, and what kind of actions need to be taken to preserve, represent and/or safeguard patients (p. 465).

Boyle (2005) conducted a qualitative study to research the perceptions of lived experiences in the preoperative setting. The study consisted of two objectives: (a) to

define the patient advocacy role of the preoperative nurse, and (b) to investigate the perioperative nurses' perceptions of advocacy behaviors. The study had 33 participants who were asked three individual open-ended questions through an interview process that consisted of audiotaping and handwritten notes for data collection.

The results revealed several common themes and perceptions of the concept of patient advocacy. The responses of the first research question were categorized into three common themes: (a) protection, (b) communication/giving voice, and (c) doing. The three common themes of the second question were: (a) protection, (b) communication/giving voice, and (c) comfort and caring. The last question had overlapping themes with the first two questions. The themes included (a) protection, (b) communication/giving voice, (c) doing, and (d) comfort and caring.

Limitations in the study were the small sample size, the nurses represented one area, which suggest the research findings may not be generalized and the researcher worked with some of the participants. According to Boyle (2005) the research findings suggest that data from this study could be used to support development of the patient advocate role by promoting recognition of situations in which perioperatvie nurses engage in advocating practices with patients.

O'Connor and Kelly (2005) performed a qualitative study to investigate nurses' perceptions of being patient advocates and how they enact this role. The interview study consisted of 20 participant, seven staff nurses, seven clinical nurse managers and six administration nurses and clinical nurse specialists from a general hospital in Dublin, who were audio taped and then later the taping was transcribed verbatim.

O'Connor and Kelly's (2005) findings indicate that "the principal role of the nurse advocate is to act as an intermediary between the patient and the health care environment" (p. 453). The study revealed that nurses advocate when there is vulnerability and a need to intervene between patients, other disciplines, and the system in order to make a beneficial change. The limitation of the study was the number of participants. The researchers made recommendations to research the patients' perspectives on the role of nurses as advocates, educating nurses on their role as advocates and potential for conflict and confrontation of advocacy.

Concept

Bu and Jezewski (2007) aim of their study was to explore, clarify, refine, and develop a middle-range theory for future studies on patient advocacy. Bu and Jezewksi (2007) middle-range theory developed from the review of literature proposed, "patient advocacy is viewed as a process or strategy consisting of a series of specific actions for preserving, representing and/or safeguarding patients' rights, best interests, and values in the healthcare system" (p. 104). The researchers suggested that nurses need to know the situation that calls for them to advocate; what kind of actions are needed to preserve, represent, and/or safeguard patients and; the patients' best interests and that there is a need for an instrument related to the role of patient advocacy.

Thacker (2008) performed a comparative descriptive study to reveal acute care nurses' perceptions of advocacy behaviors in end-of-life nursing care. Thacker (2008) states, "there is little description in the literature of how nurses learn the advocacy role" (p. 175). The study consisted of Benner's novice to expert framework and used the

Ethics Advocacy Instrument (EAI) to gather data for the study from three hospitals in an urban setting. The purpose of the EAI instrument is to explore the perceptions and behaviors of nurses, identify advocacy behaviors and how the educational systems and health care infrastructures support or do not support those behaviors (Thacker, 2008, p. 177).

The instrument revealed that participants who received education of end-of-life caring scored significantly higher than those who did not. The advocacy behaviors displayed are consistent with nursing's professional practice acts, ethical practice statements, social policy recommendations, and definitions of professional practice. Experienced and expert nurses relay that communication, relationship with patients, nurse beliefs and compassion, and the family support advocacy. The literature supports that advocacy is an essential component of the nurses' role; however, one quarter of the participants did not acknowledge advocacy education (Thacker, 2008).

The study was found to have limitation in the instrument reliability measure which was below generally acceptable levels. Thacker (2008) decision to use the data from the instrument was based on the changing nature of advocacy. Thacker (2008) recommended using a larger sample and an instrument demonstrating acceptable reliability measures.

Hanks (2008) performed a phenomenological qualitative pilot study to explore the meaning and essence of nursing advocacy through registered nurses' lived experiences of advocacy. The pilot study consisted of three medical-surgical nurses who were employed at a large university medical center in southwest United States. Data was collected using

90-minute semi-structured audiotaped interviews that were transcribed by a trained transcriptionist and a one-paged bio-demographic profile was completed. Included in the data was a description of the researchers experience with nursing advocacy. The description of the researcher and the participants were examined for all the possible meaning and essence of patient advocacy.

The study showed similar findings in the literature which are as follows: (a) nurses felt compelled to act on the unmet needs of patients, (b) speaking out and speaking for patients, and (c) education enhanced their ability to advocate for patients. The study revealed that advocacy behaviors are learned on the job; therefore, suggests that education in advocacy can be improved in the nursing programs and benefit patients. The sample sizes were small and differing cultures, therefore, the study cannot be concluded as having strong similarities.

Hanks (2010) conducted a study in the medical-surgical unit to explore actions and workplace support for nursing advocacy. Narrative responses from medical-surgical nurses were explored through a content analysis as a part of a larger instrument development study. The researcher received 325 fully or partially completed narrative questions, which were transcribed into a word-processing program and the demographic forms were entered into a statistical program. The participants met the study criteria of one year fulltime experience in an acute-care setting, recognized to practice nursing as a registered nurse in Texas, and work in the medical-surgical area. Included in the packets were other advocacy instruments and a bio-demographic form that was part of a larger study. The respondents were instructed to complete and return the surveys within two

weeks. The written responses were transcribed into a word-processing program and the demographic forms were entered into a statistical program.

The majority of the participants was female and had a BSN level of education. The study revealed the following results regarding nursing advocacy; advocacy actions were educating patients and families and communicating with other healthcare workers and with patients, poor support for advocacy was shown from the institution, and nurses are compelled to advocate by moral obligation and following patient wishes.

The limitations noted in the study were the length and time the survey took to complete, which could have affected nurses from completing and returning the forms. The article provided useful information to help build the knowledge regarding nursing advocacy and be helpful in including the findings into educational programs.

Protective Nursing Advocacy Scale

Hanks (2010) conducted a study to support the validity of the newly developed Protective nursing Advocacy Scale (PNAS) and to determine psychometric properties. The purpose of developing the PNAS was to give nursing an instrument to measure advocacy from the actions and beliefs of nurses. To measure the validity and psychometric properties Hanks mailed 5000 packets that included the PNAS, the Nursing Professional Values Scale Revised (NPVSR) and the Attitude toward Patient Advocacy Scale (APAS). Of the 5000 packets, 419 completed packets were returned with a 9% return rate. The analysis of data found four components of the PNAS, which are as follows; (a) acting as advocate,(b) work status and advocacy actions, (c) environment and educational influences, and (d) support and barriers to advocacy. The study showed

a positive correlation between the NPVSR supporting convergent validity. The APAS is a broad instrument used to measure attitudes of nursing advocacy, not specifically protective advocacy like the PNAS and the correlation of fair reflects the differences.

Several limitations were found in the study which are: the study consisted of only medical-surgical nurses in geographic region; the scale is limited to the nursing profession; and the length and content of the three instruments. The study revealed that the PNAS is a new tool that can be used to measure protective nursing advocacy. The measurements of the tool can be used to help determine the progress in nursing educational and improve the quality of nursing advocacy (Hanks, 2010).

Theoretical Framework

Khowaja used King's Interacting Systems Framework and Theory of Goal Attainment in a study to investigate clinical pathways for patients who underwent a transurethral resection of prostate (TURP). The purpose of the study was to see if a TURP clinical pathway was beneficial in clinical quality, cost, and patient and staff satisfaction. Data was collected from 200 patients who received a TURP and had a clinical pathway.

The results showed that TURP clinical pathways serve the purpose of using the nurses' ability for critical thinking, decision making, and observation of behaviors to meet the individual needs which are qualities of King's framework. Nurses are able to think and take actions by monitoring patient outcomes to prevent variances in the pathway. Goal attainment is obtained through nurse-patient interactions and ongoing evaluation; the pathways serve as the tool. Khowaja, (2006) stated, according to King,

goal attainment can improve or maintain health, control illness, or lead to a peaceful death (p. 47). King's interaction process, which involves bargaining and negotiating, is evident in the clinical pathway by the nurse and patient collaborating to obtain goals. When King's personal, interpersonal, and social system operate as a whole, communicate, interact, and use critical thinking a clinical pathway is formed to improve patient outcomes reaching the maximum benefits as shown in the study.

Strengths and Limitations of Literature

The studies support how important advocacy is to the nursing profession. Nurses were consistently found to have a desire to protect and speak out on behalf of patients. Nurses' behaviors were found to be consistent to professional acts and ethical practice statements.

Several studies recommended further research in recognizing the situations and behaviors in which nurses engage in advocating roles. Research is needed to identify the factors that influence nurses' patient advocacy behaviors. Also, the literature review revealed qualitative studies, but there were no quantitative studies identified. The literature proposes the need for quantitative research related to patient advocacy roles.

Summary

The literature supports the vital role which nursing advocacy has in healthcare. Nurses have sense of duty and moral obligations to protect, act, and speak out for patients. Nurses are willing, able, and do perform advocacy act throughout their day. More studies need to be conducted to give nurses a better understanding on what triggers advocacy actions. New research and knowledge can better educate nurses, which will

lead to improved patient care and better outcomes for patients, which is the ultimate goal of nursing.

CHAPTER III

Methodology

The profession of nursing is viewed as being ideal for patient advocacy and advocacy is considered to be an important part of nursing. Advocacy for patients is found in the ANA Code of Ethics; these imperative statements require nurses to be advocates and state that advocacy is a moral obligation with many definitions. Therefore, this leads to confusion among Registered Nurses (RNs) and their role as patient advocates.

The purpose of this research study was to examine the RN's perceptions of patient advocacy behaviors in the clinical setting. The need for advocacy arises from various conditions which include vulnerability, lack of or need for health information, complexity of the health care systems, and the risks for loss of basic human rights through informed consent and self-determination. Another way nurses show advocacy is by protecting patients by intervening when a colleague is in the wrong or there is a system problem. This research study was beneficial by gaining knowledge and a thorough understanding of why nurses make advocacy choices.

Implementation

Prior to distributing the questionnaire, the researcher obtained permission from the Internal Review Board (IRB) from a small, private college in the Southeastern United States. The participants provided informed consent by submission of their completed questionnaire to the researcher. The questionnaires were confidential and the ethical rights of the participants were protected. Participants had the right to withdrawal from

the research study at any time. To ensure anonymity there were no identifying data collected on the measuring instruments.

Setting and Sample

The sample consisted of 38 RNs with a current North Carolina nursing license that were currently working in a hospital setting. Criteria for the study included: (a) one year of nursing experience, (b) working part-time or full-time, and (c) nurses who work in ancillary departments or in manager positions. The non-probability sampling technique of snowballing was used to recruit participants. There were no exclusions used in the research study.

Design

Prior to administering the questionnaire to participating RNs, informed consent will be shown by the participants returning the questionnaire. At any time during the research study the participant may decline to further participate in the study. The form will provide the participant with contact numbers of the primary investigator (PI) and the associated Internal Review Board (IRB). The detailed consent will provide information concerning the potential risks and benefits of the study. The participants will be able to fill out the questionnaire at a time convenient for them and in a familiar environment. The questionnaire was created through ©Survey Monkey. The participants received an invitation to participate in the questionnaire via personal email, facebook messaging or through a posting on the social networking site, Facebook. After the questionnaire was completed, the participants submitted the questionnaire electronically through survey monkey. A method of identifying and organizing will be developed before the data

collected. After the data is collected it will be entered into excel.

Protection of Human Subjects

Prior to administering the questionnaire, the researcher obtained permission from the Internal Review Board (IRB) for the researcher's University affiliation. Permission was also obtained to use the Protective Nursing Advocacy Scale (PNAS). (Appendix A) After obtaining IRB approval the researcher started the data collection procedures. The questionnaire was given to RNs working in a hospital setting, through the snowball sampling technique. The participants anonymously completed and returned the questionnaire; therefore, it was not known who decided to participate and who did not wish to participate. At any time prior to submitting their questionnaire, the participants had the opportunity to decline to participate further in the study. There were no penalties or consequences of any kind if the participant does not wish to participate. The survey questionnaires will be confidential and the ethical rights of the participants will be protected. To ensure anonymity there was no identifying data collected on the measuring instruments.

Instrument

The quantitative Protective Nursing Advocacy Scale (PNAS) (Appendix B) was used to measure advocacy from the perspective of protecting patients in an acute care environment. The PNAS tool was developed to measure advocacy from the beliefs and actions of nurses protecting patients in the clinical setting. The tool consisted of 43-items (Table 3) scored on a five-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree) for each question. The PNAS questionnaire consisted of the

following four nurse advocacy components: (a) acting as advocate, (b) work status and advocacy actions, (c) environment and educational influences, and (d) support and barriers to advocacy each component is reliable.

There were 16 items in the first component of the questionnaire that reflected actions nurses took when acting as a patient advocate; actions of advocacy include protecting vulnerable patients, acting on patients' behalf, providing patients with information, and ethical and legal requirements. The second component contains five items that are labeled as possible consequences of advocating for patients in the work setting, work status, and advocacy actions. Eight items make up the third component of environment and educational influences; these items measure the use of personal knowledge, which included nurses' confidence, personal values, and beliefs. Support and barriers to advocacy is the fourth component and consists of influences that support nurses to advocate; influence of physician support and work environment are examples of external support for nurses.

Table 3

Protective Nursing Advocacy Scale Items

Protective Nursing Advocacy Scale items	
Item no.	Item
1	Patients need nurses to act on the patients' behalf
2	Nurses are legally required to act as patient advocates when patients are perceived to be in danger
3	As the nurse, I keep my patient's best interest as the main focus of nursing advocacy
4	Nurses who understand the benefits of patient advocacy are better patient advocates
5	I am acting on my patient's behalf when I am acting as my patient's advocate
6	I speak out on my patient's behalf when I am acting as my patient's advocate
7	I am acting as my patient's voice when I am advocating for my patient
8	I am acting as the patient's representative when I am acting as the patient's advocate
9	I am advocating for my patient when I protect my patient's rights in the health care environment
10	I am acting as a patient advocate when I am protecting vulnerable patients from harm
11	I provide patient advocacy to protect my patients only when necessary in the health care environment
12	Nurses that act on a patient's behalf are preserving the patient's dignity
13	I scrutinize circumstances that cause me to act as a patient advocate
14	I utilize organizational channels to act as a patient advocate
15	I would benefit from the advice of ethics committees to be a more effective patient advocate
16	Lack of time inhibits my ability to act as a patient advocate
17	Nurses practice patient advocacy more when they are working in a tolerant work environment
18	Nurses who are supported by physicians are better patient advocates
19	I am able to be a better patient advocate because I have more self-confidence
20	Nurses that are committed to providing good patient care are better patient advocates
21	Increased dedication to nursing increases the nurse's ability to act as a patient advocate
22	Increased nursing education enhances the nurse's effectiveness in patient advocacy
23	I doubt my own abilities to provide advocacy for my patients
24	Nurses do not provide advocacy for their patients in the clinical setting
25	I am ethically obligated to speak out for my patients when they are threatened by harm
26	Nurses that provide information to patients about patient care are acting as patient advocates
27	Patients have varying degrees of ability to advocate for themselves
28	Vulnerable patients need my protection in harmful situations
29	Increased nursing experience does not increase the nurse's ability to act as a patient advocate
30	I may suffer risks to my employment when acting as a patient advocate
31	Nurses that speak out on behalf of patients may face retribution from employers
32	I may be punished for my actions by my employer when I inform my patients of their own rights
33	Nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers
34	When nurses inform and educate patients about patients' rights in the clinical setting, the nurses may place their employment at risk
35	When nurses act as patient advocates, they are not supporting patients
36	Nurses can protect patients from harmful situations by physically barring a procedure from occurring
37	Nurses are acting as advocates when nurses protect the right of patients to make their own decisions
38	Nurses should not advocate for patients when treatments cause suffering without patient benefit
39	The more years that I work in nursing, the less effective I am at advocating for my patients
40	I am less effective at speaking out for my patients when I am tired
41	I am not an effective advocate because I am suffering burnout
42	Because I don't like working as a nurse, I am less willing to act as a patient advocate
43	I lack the dedication to the nursing profession to act as a patient advocate

Data Collection

The researcher organized the data collected from the submitted questionnaire. Once the variables were coded, the process of collecting the data began. The participants were able to fill out the questionnaire at a time convenient for them and in a familiar environment. After the participants completed the questionnaire, the questionnaires were collected and stored anonymously and electronically on survey monkey. The process of completing the questionnaire took the participants approximately eight minutes.

Data Analysis

All data collected was entered into the computer using Excel. The data was reviewed and checked for accuracy. After the entry of data was completed, the researchers backed up the data by storing the information on a flash drive. The information for the study will be stored for 10 years after the completion of the study. The analysis yielded the results of standard deviations, mean, and error of the study.

Summary

In order to understand the RN's perception of patient advocacy there must be an understanding behind the actions that are performed from nurses' attitude toward advocacy. Nurses' attitude is a reflection of their perceptions. Bu and Wu (2007) states:

> Integrating Ajzen and Fishbein's definition of attitude and Bu and Jezewski's definition of patient advocacy, attitude toward patient advocacy refers to a nurse's personal judgment that he or she is in favor of or against performing a series of specific actions r preserving, representing, and safeguarding patients' rights best interests, and values when they are involved in the health care system. (p. 65)

The healthcare system is constantly changing therefore making patient advocacy more important. Patient advocacy is a vital role in healthcare. If there are perceptions of advocacy, the appropriate help and care will be given by the RN and received by the patients. The RN's attitude toward advocacy and perceptions will determine the ability of the RN to be an effective patient advocate. The goal of patient advocacy is for the end result to be positive. An understanding of the process of interactions can better prepare the RN to address the issues that arise.

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CHAPTER IV

Results

The purpose of the study was to examine the perceptions of Registered Nurses (RNs) toward patient advocacy. The PNAS tool was used to help understand the RN's perception of patient advocacy by measuring advocacy from the beliefs and actions of RNs. An invitation to participate in the research study with a link to complete the PNAS questionnaire was posted on an internet social networking website requesting participants to complete the survey.

Sample Characteristics

The PNAS questionnaire link was sent though a personal message through the social networking website to 79 people, six of which were not nurses and 28 questionnaires was sent to RNs through personal email. All recipients' of the questionnaire were asked to share and invite nursing friends and colleagues to participate in the questionnaire. A total of 37 questionnaires were returned, 24 participants from Facebook and 13 participants through personal email invitations. Out of the 37 returned questionnaires, 26 were completed. The questionnaire link was available for the participant to complete for 1 month. Table 4 displays the percentage that each question was answered.

The study participants included 94.59% female (n=35) and 5.51% male (n=2). Eighty percent worked full-time (n=35) with an age range from 22 to 61 years.

Major Findings

The PNAS questionnaire used in the study consisted of 43 questions that

measuring advocacy from the beliefs and actions of nurses that protect patients in healthcare settings. The 43 (Table 4) questions were scored on a five point Likert scare ranging from 5 (strongly agree) to 1 (strongly disagree).

Table 4

Questionnaire Summary

Item	Response Percent	Answered	Skipped
Gender	100%	36	0
Age	97.2%	35	1
Work status	94.4%	34	2
1	77.8%	28	8
2	77.8%	28	8
3	77.8%	28	8
4	77.8%	28	8
5	75%	27	9
6	77.8%	28	8
7	77.8%	28	8
8	75%	27	9
9	77.8%	28	8
10	77.8%	28	8
11	75%	27	9
12	77.8%	28	8
13	77.8%	28	8
14	77.8%	28	8
15	77.8%	28	8
16	77.8%	28	8
17	75%	27	9
18	77.8%	28	8
19	77.8%	28	8
20	75%	27	9
21	75%	27	9
22	75%	27	9
23	75%	27	9
24	75%	27	9
25	75%	27	9
26	75%	27	9
27	72.2%	26	10
28	75%	27	9
29	75%	27	9
30	75%	27	9
31	75%	27	9
32	75%	27	9
33	75%	27	9
34	75%	27	9
35	75%	27	9
36	75%	27	9
37	75%	27	9
38	75%	27	9
39	75%	27	9
40	75%	27	9
41	75%	27	9
42	75%	27	9
43	75%	27	9

The PNAS has four components (Table 5). Table 6, 7, 8 and 9 contains the results of the items in each of the four components of the PNAS.

Table 5

Four Components of the PNAS

Four components of the PNAS	
Component	Item number
I Acting as advocate	1,2,3,4,5,6,7,8,9,10,12,25,26,27,28 and 37
II Work status and advocacy actions	30, 31, 32, 33 and 34
III Environment and educational influences	11,13,14,15,19,20,21 and 22
IV Support and barriers to advocacy	16,17,18,23,40,41,42 and 43

Table 6

Component I: Acting as Advocate Results

Component I: Acting as Advocate Results				
Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
7.14%	0%	3.51%	0%	89.29%
0%	0%	3.57%	3.57%	89.29%
0%	0%	0%	14.29%	82.14%
0%	0%	0%	21.43%	78.57%
0%	0%	0%	14.29%	82.14%
0%	3.57%	0%	17.86%	78.57%
3.57%	3.57%	0%	25%	67.86%
3.70%	3.70%	11.11%	22.22%	59.26%
0%	0%	0%	14.29%	85.71%
0%	0%	0%	3.57%	96.43%
0%	7.14%	14.29%	25%	53.57%
0%	0%	0%	3.70%	96.30%
0%	0%	0%	22.22%	77.78%
0%	7.69%	0%	26.92%	65.38%
3.70%	0%	3.70%	11.11%	81.48%
0%	3.70%	7.41%	18.52%	70.37%

Table 7

Component II: Work Status and Advocacy Actions Results

Component II: Work Status and Advocacy actions					
Item	Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
30	29.63%	33.33%	7.41%	25.93%	3.70%
31	25.93%	25.93%	11.11%	25.93%	11.11%
32	59.26%	11.11%	11.11%	18.52%	0%
33	25.93%	14.81%	18.52%	33.33%	7.41%
34	48.15%	18.52%	18.52%	14.81%	0%

Table 8

Component III: Environment and Educational Influences

Component III: Environment and Educational Influences					
Item	Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
11	22.22%	22.22%	3.70%	29.63%	22.22%
13	7.14%	14.29%	7.14%	39.29%	32.14%
14	0%	3.57%	0%	21.43%	75%
15	0%	0%	14.29%	28.51%	57.14%
19	0%	0%	3.57%	39.29%	57.14%
20	0%	0%	7.41%	7.41%	85.19%
21	0%	0%	14.81%	14.81%	70.37%
22	0%	3.70%	18.52%	29.63%	48.15%

Table 9

Component IV: Support and Barriers to Advocacy

Component IV: Support and Barriers to Advocacy					
Item	Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
16	7.14%	32.14%	3.57%	50%	7.14%
17	0%	0%	18.52%	25.93%	55.56%
18	0%	0%	0%	7.14%	92.86%
23	37.04%	48.15%	3.70%	7.41%	3.70%
40	14.81%	18.52%	11.11%	44.44%	11.11%
41	37.04%	29.63%	11.11%	14.81%	7.41%
42	81.48%	0%	14.81%	0%	3.70%
43	74.07%	0%	11.11%	7.41%	7.41%

The highest percentage of questions that were answered with strongly agrees are in Table 10. Four out of the five were from component I, acting as advocate.

Table 10

The Five Highest Percentage Questions Answered with Strongly Agree

Question	Percentage answered with strongly agree
10. I am acting as a patient advocate when I am protecting vulnerable patients from harm	96.43%
25. I am ethically obligated to speak out for my patients when my patients are threatened by harm	96.30%
18. Nurses who are supported by physicians are better patient advocates	92.86%
1. Patients need nurses to act on the patient's behalf	89.29%
2. Nurses are legally required to act as patient advocates when patients are perceived to be in danger	89.29%

The study found three main perceptions for RNs to act as a patient advocate. The participants indicated the reasons RNs act as patient advocates were as follows: (a) vulnerability, (b) being ethically obligated to act for patients when threatened by harm, and (c) patient's need for RNs to act on their behalf.

Conclusion

Patient advocacy is an important part of healthcare. RNs are at the forefront of healthcare to insure quality, safe, and appropriate care is given. The results of the perceptions of RNs displays that they are ethically obligated to protect patients threatened by harm and to act on their behalf in order to ensure a positive healthcare outcome for patients.

CHAPTER V

Discussion

The RNs who participated in the research study did so voluntarily, thus not all RNs who received the questionnaire, completed or returned the questionnaire. The participant sample consisted of RNs currently licensed in North Carolina and may not be generalized to other regions. The PNAS instrument used for the research measured nursing advocacy beliefs and actions from the perspective of RNs. The 43 item questionnaire included four components: (a) acting as advocate, (b) work status and advocacy actions, (c) environment and educational influences, and (d) support and barriers to advocacy each component is reliable.

Implication of Findings

The study found that the perceptions of nursing advocacy were consistent with the literature. Vulnerability is the most common condition cited and supported in literature for patient advocacy. Patients' medical conditions can cause vulnerability, limited knowledge of healthcare, resources, and increasing costs (Negarandeh et al., 2008). The feeling of being obligated to advocate for patients is supported in literature. At times during a patients' healthcare families are not available, patients are unable to speak for themselves, and the only person available to advocate for them are registered Nurses (RNs). RNs believe that they are obligated to advocate for patients when the qualities of care and services declines, patients do not receive adequate or quality care, and to ensure patients receive proper and safe care (Negarandeh et al., 2008). These findings may help develop a more defined common definition of advocacy for the nurse to use a guideline

to advocate.

Application to Theoretical Framework

King's framework is associated with the holistic care provided to patients. The RN's perception forms their attitude toward advocacy and helps develop their ability to react to issues encountered while providing nursing care. When King's framework of personal systems, interpersonal, and social systems is used in nursing practice settings, it leads to goal attainment (King, 1999). The goal-directed actions perceived by RNs are protecting and preventing harm from occurring to vulnerable patients and fulfilling their ethical obligations. King (1999) states "an act of perceiving is a function of the human organism in which a transaction occurs between the perceiver and the event, person or object being perceived" (p. 293). RNs interact with patients, the environment, and families. These interactions create an environment in which needs, values, and wants are observed by RNs, creating a situation where an advocacy action is needed.

Limitations

The study consisted of a small sample size of 36 participants. It would be beneficial to have a larger participant sample size to allow for more generalization of the results. The PNAS questionnaire was only available for a limited timeframe. This limited timeframe restricted the amount of participants that could be reached by the researcher and partake in the study.

Implications to Nursing

RNs have a strong sense of ethical obligations to advocate and protect patients from harm. Patient advocacy is a vital role in healthcare. RNs view advocacy as

protecting vulnerable patients from harm. The RN's perceptions will determine their ability to be an effective patient advocate. Perceptions can be formed from learning, memory, and expectations. If nurses can recognize and categorize the advocacy behaviors, then advocacy become easier for nurses to judge situations in which patients need a nurse to advocate for them. Understanding RNs perceptions can help improve patient advocacy in healthcare. The goal of patient advocacy is for the end result to be positive and provide the needed quality care for patients. An understanding of the process of interactions can better prepare the RN to address the issues that arise, and the appropriate help and care will be given by the RN and received by the patients.

Recommendations

Further research and areas that could be explored are the barriers that prevent nurses to advocate for a patient, which has not been addressed a lot in the literature. By identifying the potential for conflicts and confrontation will lead to an increase in the quality of care provided to patients. Another area that needs to be explored further is the effect nursing education curriculums have on patient advocacy in relation to the extent the content is taught to nursing students.

Conclusion

Patient advocacy is an important part of nursing and the role is becoming increasingly more imperative for RNs. The results of the study revealed the RN's perceptions of patient advocacy is the result of vulnerable patients, feelings of being ethically obligated when patients are in danger of harm, and the need to act on their behalf. By understanding the RN's perception of advocacy, RNs can be better prepared

to give the appropriate help and care that is needed for patients to have a positive end result.

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Appendix A

Permission to Use the Protective Advocacy Scale

From: "Bernard, Valerie" <valerie.bernard@sagepub.co.uk>
To: IRMA LANEY <laney_i@bellsouth.net>
Sent: Fri, September 28, 2012 9:57:54 AM
Subject: RE: permission..Protective nursing advocacy scale

Dear Irma,
Thank you for your request.
You are most welcome to reuse the Protective Nursing Advocacy Scale (PNAS) in Development and testing of an instrument to measure protective nursing advocacy, Robert G Hanks, doi: 10.1177/0969733009352070 , Nursing Ethics March 2010 vol. 17 no. 2 255-267 in your Phd thesis.
Please make sure to include full academic referencing to the original.
I hope this helps,
Kind regards,
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Appendix B

The Protective Advocacy Scale

Protective Nursing Advocacy Scale-Part I

Please indicate your rating using strongly disagree, moderately disagree, moderately agree, and strongly agree for each of the following statements. Please indicate your rating using a √ in the box to the right of each statement. Completion and return of the Protective Nursing Advocacy Scale form Part I implies consent to participate in this study.

Item #	Statement	Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
1.	Patients need nurses to act on the patient's behalf					
2.	Nurses are legally required to act as patient advocates when patients are perceived to be in danger					
3.	As the nurse, I keep my patient's best interest as the main focus of nursing advocacy					
4.	Nurses who understand the benefits of patient advocacy are better patient advocates					
5.	I am acting on my patient's behalf when I am acting as my patient's advocate					
6.	I speak out on my patient's behalf when I am acting as my patient's advocate					

7.	I am acting as my patient's voice when I am advocating for my patient					
8.	I am acting as the patient's representative when I am acting as the patient's advocate					
9.	I am advocating for my patient when I protect my patient's rights in the healthcare environment					
10.	I am acting as a patient advocate when I am protecting vulnerable patients from harm					
11.	I provide patient advocacy to protect my patients only when necessary in the healthcare environment					
12.	Nurses that act on a patient's behalf are preserving the patient's dignity					
13.	I scrutinize circumstances that cause me to act as a patient advocate					
14.	I utilize organizational channels to act as a patient advocate					
15.	I would benefit from the advice of ethics committees to be a more effective patient advocate					
16.	Lack of time inhibits my ability to act as a patient advocate					
17.	Nurses practice patient advocacy more when the					

	nurse is working in a tolerant work environment					
18.	Nurses who are supported by physicians are better patient advocates					

Item #	Statement	Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
19.	I am able to be a better patient advocate because I have more self confidence					
20.	Nurses that are committed to providing good patient care are better patient advocates					
21.	Increased dedication to nursing increases the nurse's ability to act as a patient advocate					
22.	Increased nursing education enhances the nurse's effectiveness in patient advocacy					
23.	I doubt my own abilities to provide advocacy for my patients					
24.	Nurses do not provide advocacy for their patients in the clinical setting					
25.	I am ethically obligated to speak out for my patients when my patients are threatened by harm					
26.	Nurses that provide information to patients about patient care are					

	acting as patient advocates					
27.	Patients have varying degrees of ability to advocate for themselves					
28.	Vulnerable patients need my protection in harmful situations					
Item #	**Statement**	**Strongly Disagree**	**Moderately Disagree**	**Neither Agree or Disagree**	**Moderately Agree**	**Strongly Agree**
29.	Increased nursing experience does not increase the nurse's ability to act as a patient advocate					
30.	I may suffer risks to my employment when acting as a patient advocate					
31.	Nurses that speak out on behalf of patients may face retribution from employers					
32.	I may be punished for my actions by my employer when I inform my patients of their own rights					
33.	Nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers					
34.	When nurses inform and educate patients about the patients' rights in the clinical setting, the nurse may place her/his employment at risk					
35.	When nurses act as patient advocates, they are not supporting patients					

36.	Nurses can protect patients from harmful situations by physically barring a procedure to occur					
37.	Nurses are acting as advocates when nurses protect the right of the patient to make his/her own decisions					
Item #	**Statement**	**Strongly Disagree**	**Moderately Disagree**	**Neither Agree or Disagree**	**Moderately Agree**	**Strongly Agree**
38.	Nurses should not advocate for patients when treatments cause suffering without patient benefit					
39.	The more years that I work in nursing, the less effective I am at advocating for my patients					
40.	I am less effective at speaking out for my patients when I am tired					
41.	I am not an effective advocate because I am suffering burnout					
42.	Because I don't like working as a nurse, I am less willing to act as a patient advocate					
43.	I lack the dedication to the nursing profession to act as a patient advocate					