

Patient Advocacy & Safety:

Make the Critical Connection Work!



Purpose: The purpose of this article is to help nurses analyze the critical role of patient advocate, the relationship between advocacy and patient safety, and actions that enhance the nurse's ability to advocate.



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At the completion of this educational activity, the nurse should be able to:

1. Define the role of patient advocate.
2. Explain the historical underpinnings of the advocate role.
3. Recognize the impact of effective patient advocacy on patient safety.

Requirements for Successful Completion:

1. Read the article.
2. Complete the post test questions and program evaluation by circling the selected responses on the post test.
3. Fill out the registration form.
4. Send registration form, post test, and a check for \$12.00 to: Continuing Nursing Education, The University of Texas at Arlington, Box 19197, Arlington, TX 76019-0197
5. A passing score is 80% to receive 1.0 Contact Hour. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.
6. Send before December 15, 2010.

Patient advocacy is an important role for the nursing profession in every realm of nursing practice. Although nursing has practiced advocacy for patients since Florence Nightingale and even before that time, the explicit inclusion of patient advocacy as a role for nursing started in the 1970s. Since that time, the recognition and definition of the advocate role has been the topic of numerous nursing articles; however, the more recent emphasis on patient safety has increased the awareness of the critical role advocacy plays in promoting safe clinical practice. This is a challenging and sometimes frustrating role for nurses, but one in which we really need to show our expertise!

The Critical Connection

The importance of being a patient advocate is clearly reflected in the American Nurses Association (ANA) “Code of Ethics for Nurses” (ANA, 2001): “The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.” Although not directly stated, the International Council of Nurses Code of Ethics for Nurses includes statements that refer to patient advocacy. Additional support of the role of patient advocate is indicated by the inclusion of advocacy as a national graduate nurse competency for nursing programs, such as the American Association of Colleges of Nursing’s *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN) (2008). Certain states also include the advocacy role as a graduate nurse competency, such as the State of Texas (Texas Board of Nursing, 2002).

Recently, there has been a focus on the relationship of communication between healthcare providers and patient safety, specifically a series of Institute of Medicine reports that have brought attention to this serious issue. These reports have highlighted the issue of the failure of communication in the healthcare setting and the resulting patient harm. In a response to the Institute of Medicine reports outlining the concern for patient safety, the nursing profession has developed the Quality and Safety Education for Nurses (QSEN) initiative which is focusing on improving communication between nurses and other healthcare providers. Included in the QSEN initiative are educational components to bring awareness to the need for nurses to be effective advocates for their patients. Through this enhancement of advocacy and communication, there is the expectation that there will be an increase in patient safety and improved patient outcomes.

Foundations of Patient Advocacy

In order to fully examine nursing’s role as patient advocate, a brief review of the historical development is useful. The term “advocate” is derived from the legal term of advocate, meaning “a person who assists, defends, pleads, or prosecutes for another” (Garner, 2000, p. 43). The role of acting as an advocate was formally recognized in the early 1970s along with the clarification of patient’s rights in the US healthcare system. Due to the intimate nature of the nurse-patient relationship and the amount of

time nurses spend in contact with patients, nursing was, and continues to be, seen as the ideal profession to act in the advocate role. However, the actual meaning of advocacy for practicing nurses is less clear and has been the focus of several nursing articles. Even with the importance nursing has placed on advocacy, there are relatively few nursing research studies regarding advocacy, most of which are exploratory studies.

As a result of the identified role for nursing, an examination of the advocacy role emerged in the literature in the late 1970s which included a historical foundation from Curtin, Gadow, Kohnke, and Benner. The most important point of the historical literature is that it provided a sound basis for nurses acting as patient advocates. The main concepts from this foundation include that only the patient can decide what is in the patient’s best interest, and the nurse’s role is to support the decision process. The nurse is not expected to make decisions without the patient’s input, nor is the nurse expected to “take over” for the patient. A key role for the nurse as advocate includes the nurse acting as an informer for the patient’s decision-making process. After the patient has made a decision, the nurse stands by the patient’s decision and enables the patient to achieve the decision.

Case Study

A clinical case easily demonstrates this linkage of safety and advocacy:

The professional nurse, Beth, is assigned a patient, Amy, an elderly woman who has sustained a fractured humerus and has her right arm in a sling. Beth receives report that the patient has been waiting for surgery for 3 days and keeps asking why the delay in surgery, and that the patient has been moving her arm in the sling. Realizing that the movement could result in greater injury, Beth calls the orthopedic service to notify them of the patient’s concern over the wait for surgery. Beth is informed by an intern that the patient will have to wait until the team rounds the next day. She is not satisfied with the response, and realizes that even more damage may occur with Amy moving her arm in the sling. Beth decides to call the attending physician directly, informs him of the patient’s condition, movement of the arm, and the wait of 3 days. The attending is appreciative of the call stating that his team had failed to notify him of this patient being on his panel, and tells Beth that he will be to see the patient immediately due to the movement of the arm. Amy is seen by the attending, and immediate surgery is scheduled to place hardware to stabilize the fracture.

Outcome of this advocacy: The patients’ recovery went smoothly! A great example of advocacy and the impact on safety and clinical outcomes.

There has been a great deal written on the importance of the patient advocate role since the 1970s. However, there have been relatively few research studies investigating nursing advocacy and even fewer methods to measure advocacy behaviors, perceptions, or skills. The major findings from the research have shown that nursing advocacy involves acting on the behalf of a patient. This can include the nurse speaking for, fighting for, and standing up for patients. Patient advocacy seen as protecting the patient and ensuring safety is another significant finding from the advocacy research. Additional actions of the nurse advocate include acting as a liaison in the healthcare system and bridging the perceived communication gap between patient and other professions and the healthcare system. The acts of educating and informing the patient are also found as parts of the role nurses perform as a patient advocate (Box 1).

Characteristics of the Nurse

Researchers have found that certain characteristics of the nurse are critical factors in the nurse's ability to act as an effective patient advocate. These intrinsic characteristics include the nurse's own positive self-concept and a sense of confidence. The nurse's personal values about ethical treatment of patients and personal traits such as being emphatic, assertive and persistent combine to assist the nurse to better advocate for their patients. Additionally situations that compel the nurse to advocate include observing a patient's emotional and moral distress, a sense of moral obligation to the patient and caring for the vulnerable patient with unmet needs (Box 2).

Workplace Influences on the Practice of Advocacy

The research has found that the work setting is an important influence on the nurse advocate role. Aspects such as positive physician and leadership support for advocacy and collaboration can create an environment in which nurses feel they can advocate freely. Deterrents to effective advocacy include ritualized nurse-doctor relationships in that the nurse does not feel free to speak out for the patient. Even ritualized nursing activities have been found to decrease the nurse's ability to effectively advocate. Even though acting as an advocate has been found to be rewarding for the nurse, there may be negative consequences due to the advocacy actions. Research has demonstrated that these negative consequences of nursing advocacy can result in feelings of frustration and anger when advocacy is thwarted. The research has also identified the frustrating and difficult consequences of being a nurse advocate including punishment and lowering of status, a disruption of collegial relationships, and being labeled as disruptive. Understandably, it is these negative consequences that can cause the nurse to avoid acting as a patient advocate. However, it is critically important that we all realize that the focus of patient advocacy, and the nurse's primary duty, is to support and protect the patient and assure their safety.

Box 1: Advocacy Actions

- Acting on the behalf of a patient-speaking for, fighting for, and standing up for patients.
- Protecting the patient and ensuring safety.
- Acting as a liaison in the healthcare system.
- Bridging communication gap between patient and other professions and the healthcare system.
- Educating and informing the patient.

The acts of educating and informing the patient are also found as parts of the role nurses perform as a patient advocate.

Box 2: Characteristics of the Nurse Acting as Patient Advocate

- Positive perception of self-concept
- A sense of confidence
- Values the ethical treatment of patients
- Emphatic
- Assertive
- Persistent

The nurse's personal values about ethical treatment of patients and personal traits combine to assist the nurse to better advocate for their patients.

The issue of education regarding the advocate role provided in nursing programs has been examined in only a few studies. Although nursing places a high importance on acting as a patient advocate, studies have shown nurses learned advocacy by observing other practicing nurses advocate on the job after graduation from the initial nursing program. These same nursing studies indicated that nurses felt that advocacy was not effectively taught in nursing programs. Additional research studies have found that a higher level of education in nursing did not relate to better ability to advocate.

Advocacy and Patient Safety

The emergence of the Quality and Safety Education for Nurses (QSEN) initiative has placed a new importance on the role of advocate as a safety issue, which will hopefully increase the attention to the advocate role in nursing education. In addition, the preparation of new nurses in regards to advocacy needs to be examined and improved before graduate nurses begin their new careers. Nursing education programs should incorporate

not only the theoretical underpinnings of advocacy in the classroom, but support the practice of advocacy in the clinical setting by students to more fully prepare the student for the reality of their professional practice. This education of nursing students should be a gradual process as the student progresses in the program, including specific education that might be needed in certain specialty areas. A more complete linkage of patient safety, communication, and advocacy will be an integral step in providing a more rounded approach to advocacy education in nursing programs.

Case Study

The following is a real-life example of advocacy.

Mary is a Registered Nurse working in a large university hospital on a medical-surgical floor. She has received a report about a belligerent, aggressive patient, Joe, that nobody else wants to take as a patient. Mary has found out the staff has labeled Joe as a trouble-maker. Mary is sensitive to this label, and wants to assess the patient more to find out why Joe is being labeled.

Mary decides to dig deeper and find out if there is more to this patient that is causing him to be a trouble-maker.

Mary interviews Joe and finds that the patient is not happy with his care, and is concerned that he is not able to care for his wounds by himself after discharge. Mary speaks to the physician, explaining that Joe will not be able to take care of his wounds by himself, which in fact will not heal without careful and consistent wound care assistance in the home. The physician agrees, and orders a home health consultation for wound care after discharge from the hospital. Joe was discharged and made a full recovery at home.

Mary was able to put aside the negative label and assess the key issue for the patient, which in this case was the lack of ability to perform wound care. Unlike her co-workers, Mary did not readily accept the “trouble-maker” label, at the risk of not going along with her colleagues. She kept the focus of her attention on the patient. Finally, Mary communicated the patient’s needs appropriately to the physician, and worked towards a resolution through her advocacy actions. A safe and positive outcome for the patient was achieved because of the the advocacy of this nurse.

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Box 3: Improving Your Patient Advocate Skills

- Assess patient's needs in a non-paternalistic manner
- Be a risk-taker
- Be ethical
- Seek mentors to improve your advocacy skills
- Communicate effectively

Practical Implications for the Clinical Setting

The role of patient advocate is a complex issue for nursing and this complexity can lead to confusion about the practical implications in the clinical setting. A thoughtful combination of advocacy research findings, the historical foundation of advocacy, and ANA Code of Ethics can assist the practicing nurse to help improve their advocacy skills. The following information can help to increase the nurse's ability to effectively advocate for the patient (Box 3).

Find out what the patient needs. Assess the patient's needs without interfering with the patient's decision making process. If the patient is not able to make a decision, assist the patient and family to make a decision by reviewing the positive and negative parts of the decision. Remind yourself that the patient is the focus in your advocacy, and you do not want to become paternalistic in your advocacy.

Be willing to take risks! Acting as an advocate can put the nurse in a precarious situation with other healthcare providers, management, and peers. There may be negative consequences of the nurse's advocacy actions, however, the patient health and safety is the focus of your duty to the patient.

There is the ethical requirement to act as advocate for patients. The ANA Code of Ethics clearly states the nurse's ethical duty to advocate for their patients and the ICN Code of Ethics implies the importance of advocacy. There are also graduate nurse competencies that expect advocacy behaviors from the graduate nurse.

Seek out mentors to help increase advocacy skills; studies have indicated nurses learn advocacy skills from other nurses rather than in nursing programs. Find nurses that are known to be effective advocates and learn how they act as advocates for their patients. Emulate those behaviors that are seen as a positive reflection of the patient advocate role.

Communicate appropriately. Being able to effectively communicate with patients, families, and others will increase the nurse's ability to advocate. Communicate in a professional manner with appropriate tone, body language, and keep emotionally charged responses to a minimum. Additionally, being respectful of the patient, family, and other healthcare workers will facilitate the process.

Take On the Challenge!

Nurses have an ethical duty to advocate for their patients, and it is an expected competency for practicing nurses. The research regarding advocacy has shown that advocacy includes actions to help protect patients in the healthcare setting by speaking for and acting for the patient. Studies have also indicated the workplace can be both a positive and negative influence on the nurse's ability to advocate. This is not always an easy or simple role for a nurse. Acting as an advocate can result in negative consequences. However, with the use of effective communication skills and working to improve advocacy skills, we can provide effective advocacy and remain focused on the patient's best interest. The use of effective advocacy skills will ultimately improve patient safety in all of our healthcare settings. Make the critical connection between advocacy and safety work for your practice and for your patients! Be the best advocate possible, and help patients to achieve their optimal outcomes.

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Post Test Questions for Continuing Education Credit Article : “Patient Advocacy and Safety: Make the Critical Connection Work!”

Please circle your response for each question

1. The role of advocate means the nurse will:

- a. Speak up for the patient when needed
- b. Take over all decisions for the patient
- c. Exclude the family in decision making
- d. Not discuss the patient concerns with other healthcare workers.

2. The American Nurses Association Code of Ethics addresses advocacy for patients:

- a. Only by implying the nurse should advocate
- b. Specifically stating that nurses should be advocates
- c. By not mentioning advocacy at all
- d. None of the above

3. Advocacy became a more recognized role for nurses in the:

- a. 1860s
- b. 1910s
- c. 1940s
- d. 1970s

4. Advocacy has been linked to safety in which of the following recent initiatives?

- a. ADA
- b. ERA
- c. Advanced Directives
- d. QSEN

5. Nursing school preparation regarding advocacy has been cited in research as:

- a. Not being effectively taught
- b. The best preparation that is possible
- c. Totally absent from nursing education
- d. A stellar preparation for nurses

6. Consequences of advocacy can include which of the following?

- a. Frustration
- b. Punishment
- c. Lowering of status
- d. All of the above

7. One of the important historical writers on advocacy includes:

- a. Curtin
- b. Nightingale
- c. Orem
- d. King

8. The QSEN initiative is meant to help improve:

- a. Patient safety
- b. Nurse’s salaries
- c. Nurse’s workload
- d. Unit budgets

9. Strategies that will help the nurse to effectively advocate include:

- a. Effective communication
- b. Be willing to take risk
- c. Focus on the patient
- d. All of the above

10. Nursing has been identified as the ideal profession to advocate due to:

- a. The amount of time spent with the patient
- b. Nurses prefer to be disruptive
- c. Nurses are not as busy as other professionals
- d. Nurses are highly respected by the public

Program Evaluation

Strongly Disagree Strongly Agree

Objective 1 was met.

1 2 3 4 5

Objective 2 was met.

1 2 3 4 5

Objective 3 was met.

1 2 3 4 5

The article was effective as a learning resource/tool

1 2 3 4 5

The objectives were relevant to the overall purpose.

1 2 3 4 5

The activity met your expectations.

1 2 3 4 5

List two ways that you will integrate what you learned in this activity into your practice and/or work environment:

The following were disclosed:

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Conflicts of interest

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Yes No

Non-Endorsement of Products

Yes No

Off-label use

Yes No

Did you perceive any bias that was not disclosed in this activity?

Yes No

If Yes, please describe

State the number of minutes it took you to read the article, complete the test and evaluation

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