

## ■ Original article

## Iranian nurses' perceptions of patient advocacy

Mohadeseh Motamed-Jahromi<sup>1\*</sup>, Abbas Abbaszadeh<sup>2</sup>, Khadijeh Tatar<sup>3</sup>

(Received: 8 Mar 2015; Accepted: 24 Jun 2015)

### Abstract

**Background and Purpose:** One of the most important elements of nursing ethics is patient advocacy, which instills patients' sense of independence and autonomy. Nurses' perceptions of this concept can significantly influence their advocacy role. Therefore, in this study, we aimed to assess nurses' perceptions about this phenomenon.

**Methods:** In this cross-sectional study, 385 nurses were selected via quota sampling from three hospitals, affiliated to Golestan University of Medical Sciences, Iran in 2012. Data were collected, using a self-administered questionnaire for assessing nurses' perceptions of patient advocacy (with a score range of -1 to 1). The obtained data were analyzed, using descriptive and inferential statistical tests.

**Results:** As the results indicated, nurses' perceptions about patient advocacy were relatively positive (0.73%). Moreover, there was a statistically significant relationship between patient advocacy and nurses' educational level ( $P=0.01$ ), working in different hospital wards ( $P<0.001$ ), participation in workshops on patient rights ( $P<0.001$ ) and working in different hospitals ( $P=0.01$ ).

**Conclusion:** In this study, nurses were highly responsible regarding patient advocacy, despite the fact that patient advocacy is not considered as a professional nursing role in Iran. However, further studies are required to confirm the obtained findings.

**Keywords:** Advocacy, Ethics, Iran, Nurses, Perception

### Introduction

Patient advocacy is one of the most important elements of nursing ethics. During the 1970s, a great deal of attention was paid to patients' rights in America's healthcare system, and the role of patient advocacy was gradually recognized in different manuscripts (1).

Multidimensional definitions have been proposed for patient advocacy in nursing research literature. These definitions include "nurses acting on behalf of patients, families, groups or society (2), "advising

and teaching patients" (3, 4), "supporting patients" (4, 5), "speaking out for patients" (5, 6) and "acting on behalf of disabled patients" (7).

Effective patient advocacy promotes positive health outcomes (8). This ethical responsibility leads to preserving patient's autonomy (9) and respecting his/her decision-making. Moreover, it can lead to an improvement in the social image and professional status of nurses (10). Generally, advocacy is a self-serving role, adopted by nurses

<sup>1\*</sup> Corresponding Author: School of Nursing, Fasa University of Medical Sciences, Fasa, Iran. Email: mohadesehmotamed@yahoo.com

<sup>2</sup> School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>3</sup> Golestan University of Medical Sciences, Gorgan, Iran

to prepare themselves for professional development (11). It is an approach to promote nurses' power and occupational status, without ruining the image of nurse practitioners (12).

Patient advocacy is a predictable behavior in baccalaureate nursing graduates (13). Nurses' perceptions of this role significantly affect their advocacy-related behaviors, since perceptual inputs automatically lead to corresponding behaviors; in other words, understanding directly results in actual behavior (14).

Nursing advocacy has been the subject of various studies. These studies have focused on different dimensions of this nursing role. In this regard, Davis et al. found nursing advocacy as a fundamental element of nursing ethics, which strengthens the nurse-patient relationship (15). In a mail survey on nurses' perspectives about this issue, patient advocacy was regarded as an important factor in nursing specialty (16).

According to previous studies, factors such as patients' need to speak for themselves, fear of disease, vulnerability and violations of patients' rights provoke the sense of advocacy in nurses (8, 17). In a qualitative research by Kelly and Oconner on nurses' perceptions of advocacy, although nurses played an intermediary role (as an advocate) between patients and healthcare environment, there was a possibility of occupational conflicts, which was both professionally and personally harmful (18).

Also, Windle et al. showed that nurses have the opportunity to modify and influence the route of healthcare provision by their dynamic role as advocates of a safe work environment (19). In Iran, Negarandeh et al. applied a qualitative approach to study patient advocacy (20, 21). They defined this concept as "advising, instructing, valuing, respecting, protecting and promoting patient care" (20).

Obstacles to patient advocacy include nurses' incompetence, lack of support, legislations, ethical codes and incentives, partial patient-nurse communication, physician dominance, risks associated with advocacy and inadequate time to cooperate with patients and families. On the other hand, factors which contribute to patient advocacy include the nature of nurse-patient relationship,

identifying patients' needs, nurses' accountability, regarding the physician as a coworker and nurses' understanding and abilities (21).

Over the past few years, most Iranian studies on patient advocacy have focused on the definition of this concept and its different dimensions via qualitative methods. However, it is necessary to expand the field of research by considering nurses' opinions via a quantitative method. The aim of this study was to analyze nurses' perceptions of advocacy in hospitals, affiliated to Golestan University of Medical Sciences, Iran. Undoubtedly, nurses' understanding of this role affects the way they advocate for their patients.

## Materials and Methods

This cross-sectional study was conducted at three hospitals, affiliated to Golestan University of Medical Sciences in 2012. This research project was approved by the ethics committee of Kerman University of Medical Sciences (Project No.: 91/203 and ethical code: k/91/179).

A pilot study was performed to estimate the sample size by Cochran's formula. Overall, 385 nurses were selected and enrolled in the study via quota sampling. The share of each hospital was determined with regard to the number of working nurses. The participants were randomly selected from each ward, based on a random number table. The inclusion criteria were as follows: 1) holding a Bachelor of Science or Master of Science degree; and 2) having at least six months of work experience.

Data were collected using a demographic questionnaire consisting of demographic information (e.g., age, gender and marital status) and professional characteristics (e.g., work experience, educational background and attendance at workshops on patient rights).

According to the literature review, only attitude questionnaires were available regarding patient advocacy. Therefore, in this study, a self-administered questionnaire was developed by assessing different studies, focusing on nurses' perceptions of nursing advocacy. This 19-item questionnaire was graded as follows: "yes" (score

1), "no" (score 0) and "don't know" (score -1). Cronbach's alpha coefficient was calculated to measure the reliability of the questionnaire on 30 nurses; Cronbach's alpha was estimated at 0.879. Also, content validity was calculated at 86%, based on the comments of 10 faculty members and experts in medical ethics.

The applied questionnaire included 19 items, which provided valuable information regarding two secondary objectives of this study: 1) determining nurses' perceptions of their advocacy role; and 2) specifying the relationship between nurses' understanding of their role and demographic variables.

Nurses' perceptions about each item of the questionnaire were determined by the mean score of each response. The responses were categorized as follows: negative perception (mean score of 0-0.25), relatively negative perception (mean score of 0.25-0.5), relatively positive perception (mean score of 0.5-0.75) and positive perception (mean score of 0.75-1). The range of scores was determined by the expert author of this article.

To carry out this study, permissions were obtained from hospital authorities and the corresponding officials. After obtaining a permission from the head of each ward, we distributed the questionnaires among the participants. Nurses were asked to respond to the questions in their free time and were allowed to leave the study whenever they pleased.

SPSS version 18 was used to analyze the data. Descriptive statistics, inferential statistics and one-way ANOVA were used to analyze and compare the estimated mean scores of nurses' perceptions about patient advocacy with regard to their demographic characteristics.

## Results

All nurses, who were asked to participate in this study, cooperated with us and completed the questionnaires. The mean score of nurses' perceptions indicated a relatively positive attitude towards patient advocacy (0.73%). Demographic characteristics of participants are summarized in Table 1. According to this table, the majority of

nurses were female (77.14%), married (53.50%) and had a bachelor's degree (98.18%).

Among 385 participants, 243 (63.11%), 109 (28.31%) and 33 (8.57%) nurses worked in general, emergency and mental wards, respectively. Most of the participants (63.11%) had prior work experience, ranging between 6 months and 10 years. However, the majority of nurses (68.31%) had not participated in any workshops on patient rights.

**Table 1.** Background characteristics

Background characteristics	Number	Percentage	Mean score of perception	P-value
Age (years)				0.91
< 30	173	44.93	0.60	3.2(2)
30-40	134	34.80	0.59	
> 40	78	20.25	0.57	
Hospital				0.01
Hospital No. 1	235	61.03	0.58	
Hospital No. 2	65	16.88	0.67	
Hospital No. 3	85	22.07	0.52	
Gender				0.69
Female	297	77.14	0.59	
Male	88	22.85	0.57	
Marital status				0.35
Single	179	46.49	0.57	
Married	206	53.50	0.60	
Educational level				0.01
B.Sc.	378	98.18	0.58	
M.Sc.	7	0.01	0.85	
Participation in workshops on patient rights				<0.001
Yes	122	31.68	0.69	
No	263	68.31	0.54	
Nursing work experience (years)				0.56
6 m-10 y	243	63.11	0.59	
10-20 y	89	23.11	0.55	
20-30 y	53	13.76	0.58	
Ward				<0.001
Emergency ward	109	28.31	0.51	
General ward	243	63.11	0.60	
Mental ward	33	8.57	0.88	

**Table 2.** The mean score and frequency distribution (%) of nurses' responses

No.	Items addressing nurses' perception of patient advocacy	Frequency of nurses' responses			Mean score	Perception
		Yes	No	I don't know		
1	Patient advocacy is a key element of professional nursing.	85	3.7	11.2	0.74	Relatively positive
2	Nurses should advocate for an individual not only as a patient but as a human being.	96.5	1.6	1.9	0.95	Positive
3	Patient advocacy should be adopted based on the professional definition of nursing.	73.8	7.5	18.7	0.55	Relatively positive
4	Nurse-patient communication, nurses' verbal skills and work experience are necessary for patient advocacy.	94.9	3.2	1.9	0.93	Positive
5	Patient advocacy refers to respecting patients' decisions and acting accordingly.	96.3	23.3	7.5	0.62	Relatively positive
6	Patient advocacy is not dependent on physician's orders.	81.8	10.4	7.8	0.74	Relatively positive
7	Patient advocacy is boosted if supported by a physician.	74.3	16.3	9.4	0.65	Relatively positive
8	Patient advocacy does not lead to conflicts with other staff.	68.2	25.7	6.1	0.62	Relatively positive
9	Advocacy role should be fulfilled by respecting patients.	90.9	5.6	3.5	0.87	Positive
10	Patient advocacy is part of precise and perfect fulfillment of nursing tasks.	79.9	7.2	12.8	0.67	Relatively positive
11	Patient advocacy means having respect for patients' reasonable requests.	90.9	4.8	4.3	0.87	Positive
12	Patient advocacy is a moral responsibility towards the patient.	90.9	5.9	3.2	0.88	Positive
13	Patient advocacy is a legal responsibility towards the patient.	82.4	7	10.7	0.72	Relatively positive
14	Patient advocacy is a professional responsibility towards the patient.	85.8	6.4	7.8	0.78	Positive
15	Patient advocacy is a civic responsibility towards the patient.	71.7	8.6	19.8	0.52	Relatively positive
16	Patient advocacy does not entail harming the patient.	81	12.3	12.3	0.74	Relatively positive
17	Patient advocacy is a way of compensating for the damages experienced by the patient.	68.7	19.8	19.8	0.87	Positive
18	Advocacy promotes the independence of patients with different cultural and social backgrounds.	79.9	10.2	10.2	0.70	Relatively positive
19	Nurses should advocate for the patients regardless of their wealth, character or type of relationship.	92.5	2.7	2.7	0.88	Positive

The comparison of nurses' perceptions of their advocacy role, based on their demographic information, is presented in table 1. The mean score of nurses was significantly associated with their educational level ( $P=0.01$ ), working in different wards ( $P<0.001$ ), participation in workshops on patient rights ( $P<0.001$ ) and working in different hospitals ( $P=0.01$ ).

Table 2 shows the mean scores of participants' responses to each item of the questionnaire. Among 19 items, the highest mean score (0.95) was related to "nurses' positive perception of advocating for patients' basic rights" and the lowest mean score (0.52) was reported in "nurses' interpretation of patient advocacy as fulfillment of their civic responsibilities".

## Discussion

The results showed that nurses' perceptions of their advocacy role were relatively positive. This

finding was in agreement with the results reported by Thacker, who showed that the majority of participants were positively oriented towards patient advocacy (22).

In this study, a significant relationship was found between nurses' perceptions of patient advocacy and their educational level, which was in accordance with the results reported by Ruelokke (23). In the mentioned study, nurses with higher education had a more positive attitude towards patient advocacy in comparison with nurses with lower educational level (23). However, our findings were not in accordance with the results reported by Henderson and Collins (24).

In the present study, a significant difference was observed between the perception of nurses who had participated in workshops on patient rights and those who had not; this result was in line with Thacker's findings. Thacker believed that teaching patient advocacy has positive impacts on the fulfillment of advocacy role (25).

In a study by Killy and Oconnor in 2005, the effect of comprehensive knowledge on nurses' fulfillment of their advocacy role was highlighted. As they indicated, nurses' perception of patient advocacy could be reinforced by knowledge improvement (18).

In the present study, no significant relationship was found between work experience and the perception of patient advocacy. This finding was in agreement with the results reported by Thacker in 2008. Thacker indicated no significant relationship between nurses' level of experience and their perception of patient advocacy (25).

The perception of nurses working at mental wards about patient advocacy was more positive than other nurses. Some studies have proposed a number of factors influencing the perception of patient advocacy. For instance, supporting mechanisms in work environments were of grave importance for the promotion of nurses' ability to fulfill their advocacy role (23).

Some studies have emphasized the role of nursing managers in promoting work environments and fulfilling patient advocacy (3, 26). Moreover, supportive co-workers and healthy relationships among nurses can improve patient advocacy (27). Many studies have also confirmed that patient advocacy has various positive impacts on nurses, leading to an increase in their professional knowledge and job satisfaction.

However, the downside of patient advocacy is that nurses might face conflicts with their colleagues and other healthcare staff, which will consequently lead to frustration and anger (18). In the present study, 25% of participants believed that fulfilling this role is parallel to being in conflict with other staff.

## Conclusion

In this study, Iranian nurses were highly responsible in terms of patient advocacy, despite the fact that this role is not regarded as a professional nursing responsibility in Iran. The results of this study, in line with previous research, showed that positive attitude towards nursing advocacy

is not limited to a specific region or country, but is seen as a universal feature in all conscientious nurses all around the world. However, considering the importance of this issue, it is necessary to improve nurses' perception of patient advocacy and provide them with the required training. We hope that patient advocacy becomes a part of professional nursing responsibilities in near future. Moreover, it is expected that nurses' rights, as well as patient rights, be respected and supported in work environments; this can lead to the improvement and fulfillment of patient advocacy. It is suggested that similar studies be conducted in other environments in order to reach a more descriptive and comprehensive definition of patient advocacy.

## Strengths and Limitations

The strength of this study was the design of a questionnaire about nurses' perceptions about patient advocacy. On the other hand, the greatest limitation of this study was the small study population, selected from only one city of Iran. Therefore, the results may not be generalized to different groups with different experiences.

## Conflicts of interest

The authors declare no conflicts of interest.

## Authors' contributions

Dr. A. Abbaszadeh proposed the study topic, designed the questionnaire and supervised the study. M. Motamed-Jahromi contributed to the design of the questionnaire, performed statistical analyses and wrote, revised and approved the final manuscript. Kh. Tatar performed data collection and entered the data into SPSS software.

## Acknowledgments

We would like to thank hospital authorities and our colleagues, working at teaching hospitals of Golestan University of Medical Sciences for their sincere cooperation.

## References

1. Hanks RG. Social advocacy: A call for nursing action. *Pastoral Psychol* 2013; 62(2):163-73.
2. Hanks RG. Development and testing of an instrument to measure protective nursing advocacy. *Nurs Ethics* 2010; 17(2):255-67.
3. Chafey K, Rhea M, Shannon AM, Spencer S. Characterizations of advocacy by practicing nurses. *J Prof Nurs* 1998; 14(1):43-52.
4. Hanks RG. The medical-urgical nurse perspective of advocate role. *Nurs Forum* 2010; 45(2):97-107.
5. Sellin SC. Out on a limb: a qualitative study of patient advocacy in institutional nursing. *Nurs Ethics* 1995; 2(1):19-29.
6. Foley BJ, Minick P, Kee C. Nursing advocacy during a military operation. *West J Nurs Res* 2000; 22(4):492-507.
7. Schroeter K. Ethics in perioperative practice--patient advocacy. *AORN J* 2002; 75(5):941-4, 949.
8. Laney I. Registered nurses perceptions of patient advocacy behaviors in the clinical setting. [Nursing Thesis]. North Carolina: Gardner-Webb University; 2013.
9. Gadow S. Clinical subjectivity. Advocacy with silent patients. *Nurs Clin North Am* 1989; 24(2):535-41.
10. Bu X, Jezewski MA. Developing a mid-range theory of patient advocacy through concept analysis. *J Adv Nurs* 2007; 57(1):101-10.
11. Hyland D. An exploration of the relationship between patient autonomy and patient advocacy: implications for nursing practice. *Nurs Ethics* 2002; 9(5):472-82.
12. Mahlin M. Individual patient advocacy, collective responsibility and activism within professional nursing associations. *Nurs Ethics* 2010; 17(2):247-54.
13. Fowler MDM. Guide to the code of ethics for nurses: Interpretation and application. 1st ed. Silver Spring, Maryland: American Nurses Association; 2010.
14. Dijksterhuis A, Bargh JA. The perception-behavior expressway: Automatic effects of social perception on social behavior. *Adv Experiment Social Psychol* 2001; 33:1-40.
15. Davis AJ, Konishi E, Tashiro M. A pilot study of selected Japanese nurses' ideas on patient advocacy. *Nurs Ethics* 2003; 10(4):404-13.
16. Hanks RG. The medical-surgical nurse perspective of advocate role. *Nurs Forum* 2010; 45(2):97-107.
17. Mallik M. Advocacy in nursing: perceptions and attitudes of the nursing elite in the United Kingdom. *J Adv Nurs* 1998; 28(5):1001-11.
18. O'connor T, Kelly B. Bridging the gap: a study of general nurses' perceptions of patient advocacy in Ireland. *Nurs Ethics* 2005; 12(5):453-67.
19. Windle PE, Mamaril M, Fossum S. Perianesthesia nursing advocacy: An influential voice for patient safety. *J Perianesth Nurs* 2008; 23(3):163-71.
20. Negarandeh R, Oskouie F, Ahmadi F, Nikravesh M. The meaning of patient advocacy for Iranian nurses. *Nurs Ethics* 2008; 15(4):457-67.
21. Negarandeh R, Oskouie F, Ahmadi F, Nikravesh M, Hallberg IR. Patient advocacy: barriers and facilitators. *BMC Nurs* 2006; 5:3.
22. Thacker KS. The perceptions of advocacy behaviors in end-of-life nursing care among novice, experienced and expert nurses. Pennsylvania: Widener University; 2006.
23. Ruelokke VDS. Nurses' Perceptions of Their Empowerment to be Patient Advocates [Nursing M.N. Thesis]. Canada: Memorial University of Newfoundland; 1999.
24. Collins SS, Henderson MC. Autonomy: Part of the nursing role? *Nurs Forum* 1991; 26(2):23-9.
25. Thacker KS. Nurses' advocacy behaviors in end-of-life nursing care. *Nurs Ethics* 2008; 15(2):174-85.
26. Snowball J. Asking nurses about advocating for patients: reactive and proactive accounts. *J Adv Nurs* 1996; 24(1):67-75.
27. Blake C, Guare RE. Nurses' reflections on ethical decision making: implications for leaders. *J N Y State Nurses Assoc* 1997; 28(4):13-6.