J. Appl. Environ. Biol. Sci., 3(9)88-93, 2013

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ISSN: 2090-4274
Journal of Applied Environmental and Biological Sciences
www.textroad.com

Nurses' Attitudes towards Nursing Advocacy in the Southeast Part of Iran

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ABSTRACT

Nursing advocacy is a vital part of nursing ethics. Individuals' attitudes are important indicating signs of their forthcoming behaviors. The purpose of this study was measuring nurses' attitudes towards patient advocacy with a descriptive-analytical design. This research was carried out among 374 nurses in Kerman, Iran by using a two-part questionnaire including two parts: Part 1, demographic information form and Part 2, an instrument for measuring attitude toward nursing advocacy. The results showed positive attitudes among the participants,and indicated that nurses who were older, and had more work experience as a nurse were more likely to do advocacy, and the most nurses ethically were obliged to act as patients' advocates when patients were in danger. Participants also agreed that the nurse and the patient could simultaneously advocate. Iranian nurses also stated that their employment was not at risk and that they did not face a career dilemma when they acted as a patient advocate. Nevertheless, more adequacy educational programs and more support from employers seem to be needed for these nurses.

KEYWORDS: Advocacy, nursing, attitude, Kerman, patient, dilemma, Iran.

INTRODUCTION

Nursing advocacy is an essential part of nursing professional commitment, and plays a crucial role in caring for patients. According to the online Merriam-Webster dictionary "Advocacy"is defined as the act of pleading or arguing in favor of something, such as a cause, idea, policy or an active support[1]. It is a moral duty to reinforce a patient's autonomy [2] or it is an action taken to attain goals on behalf of oneself or others[3]. Advocacy is speaking up for somebody who is incapable of speaking for herself/himself [4].Bu and Jezewski developed a mid-range theory in which patient advocacy was considered as a process or a strategy containing a series of particular actions for protecting, representing, and safeguarding patients' rights, best benefits, and values. In this theory, patient advocacy consists of three general characteristics: (a) safeguarding patients' autonomy, (b) acting on behalf of patients, and (c) championing social justice[5]. According to the American Nurses Association (2001), the aim of nursing advocacy in the "Code of Ethics" for nurses explicitly includes: the nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient[6]. It seems nurses' personal attitudes towards nursing advocacy should be consistent with that aim.

Individuals' attitudes are deeply rooted in behavioral beliefs through an evaluative process which explains if doing a behavior will produce predictable results [7]. According to Ajzen and Fishbein, individuals' attitudes toward behaviors are important signs of their behavioral intentions and actual appearance of the behaviors[8]. It seems that nurses 'attitudes towards nursing advocacy are influenced by individuals' beliefs, which in turn are the determinants of behavioral intentions.

Advocacy is a complex concept and a controversial and challenging part of any nursing practice and studying this concept in different workplaces and cultures may show different findings. In Iranian culture, safeguarding vulnerable people from harm is everyone's duty and Iranian nurses believed in this Saadi's[1] poem: "All human beings are in truth akin, all in creation share one origin**,** when fate allots a member pangs and pains**,** no ease for other members then remains". On the other hand, the majority of the Iranian population is Muslims and the prophet Muhammad (peace be upon him) said: "helping the weak is the best and most excellent beneficence". Therefore, it seems that advocating for patients are important in Iranian culture.

LITERATURE REVIEW

Understanding nurses' attitudes towards advocating for patients may provide a direction for nursing practice, education, and research on patient advocacy. There are few rigorously designed quantitative studies of

[1] The Eminent Iranian Poet

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the factors that influence nurses' attitudes towards patient advocacy in the health care system. For instance, there are some studies that dealt with the effect of education on nurses' attitudes towards autonomy to advocate, though no correlation was found between the age and work experience of the nurses and the measured variables in this study[9]. Thacker concluded that advocacy education was central to the application of advocacy behaviors in nursing practice[10]. Research by Black revealed that one-third of nurses had been aware of a patient's care condition that could have caused damage to the patient, yet they had not reported it for fears of workplace retaliation[11]. A study by Barrett-Sheridan described a highly statistically significant association existed between political participation and nurses' attitudes towards advocating for patients[12].

Newly Iranian nurses started to research and develop a number of necessary concepts, for instance patients' rights, ethical decision making, power and advocacy in the Iranian culture[13-16]. Negarandeh's study which was of a qualitative grounded theory-type delves into the meaning of patient advocacy from Iranian nurses' points of view[15]. But no research, which makes use of quantitative method, has been so far carried out in Iran to measure nurses' attitudes. Therefore, the study sought to deal with nurses' views in respect with patient advocacy in Iran's Southeast by means of a quantitative method, which can aid to shed light on the meaning of this concept.

METHOD

Design

There was an approval from the head of the Kerman Razi School of Nursing and Midwifery.The presidents of four teaching hospitals in Kerman allowed for the conduction of this study. This study also made use of a descriptive analysis and was carried out in the same four hospitals. All the participants gave us their informed consent. It is also useful to mention that all the participants were free to refuse to take part or to retract from their consent without putting their organizational position in risk.

Instruments

A comprehensive two-part questionnaire was used to serve the end of describing the population of the research. It was also used to gather data in respect with nurses' views in regard with nursing advocacy. We created the first part which was comprised of one page including 8 demographic variables. These variables included the hospital name, the ward, age, sex, marital status, work experience and the educational background in respect with the rights of the patients. In the second part, a questionnaire, which made use of selective sections of attitude measuring instruments in nursing advocacy, was designed. This questionnaire was previously developed in two studies of Barrett-Sheridan [12] and Robert Gordon Hanks [6]. The population of the research included Iranian nurses so the questionnaires, which were originally written in English, were translated into Persian, and the cross-cultural adaptation was carried out as well. In the first stage, the questionnaire included twenty three questions, though the number of questions was reduced to nineteen after factor analysis. The question score ranged from 1 to 5 using a five-point Likert scale. Nine of items were formulated positively and ten were worded in a negative way.

In order to divide the questions, a factor analysis was carried out in the Iranian setting. The assessment showed that data were factorable using a Kaiser Meyer Olkin (KMO) test of sampling adequacy, 0.85 and Barlett's test ofsphericty, p value=0.00 for factor analysis. Therefore factor analysis was performed by making use of principal component analysis (PCA) with a varimax rotation scheme. By examining the eigenvalues and the using the scree plot, we identified two factors. The factors included factor 1 and factor 2 which labeled for cognitive (believe) aspect of attitudes (9 items) and behavior aspect of the attitudes (10 items) respectively.

Reliability and validity

The validity and reliability of attitude scale were inspected. The scale validity was analyzed by discussing the content validity. A panel consisting of experts of nursing ethical issues has considered the content of the scale from the perspective of ethics and culture of nursing advocacy. They agreed on a reasonable content validity. In order to reexamine the reliability of the scale, Cronbach alpha was estimated to inspect the internal consistency of the items. At first, the attitude scale alpha coefficient was 0.75, and after the factor analysis, the coefficient became 0.77. As for the question in factor 1 of attitude scale, the coefficient was 0.88, as for the second factor, it was 0.77.

The collection and analysis of data

All the participants of the study were handed some letters which provided information about the goals of this research. The questionnaires where manually distributed by the researcher to 385 nurses who worked in four Kerman teaching hospitals and who were chosen by means of Quota sampling. Some important information was

also verbally given to the participants. Furthermore, taking part in the research was both voluntary and anonymous. Three hundred and seventy four sets of questionnaires were handed out with a drop out of eleven. All in all, more than 97% of all questionnaires were responded to. The data analysis was performed by making use of Statistical Package Social Sciences (SPSS) software, version 18. The descriptive statistics comprised of frequency counts, reliability, and means. In order to inspect the relation between the attitude mean level and demographic variables, one-way analysis of variance (ANOVA) was used. In order to illustrate any probable significant correlation between the two nurse attitude factors, Pearson correlation analysis was carried out.

RESULTS

By describing and analyzing the demographic information (table 1), it was shown that the age of the participants of the study ranged from 22 to 55 years with a mean age of 30 years. The age frequency statistics showed that 93% of the participants were female; 63% were married, and 98% of them had a BSc in nursing. It is also useful to mention that 70% of the participants had six months to ten years of work experience in hospitals. Although 54% of the participants were general ward nurses, only 37.2% stated that they had been trained about the rights of patients.Comparing the mean scores of the nurses' attitudes towards nursing advocacy and background characteristics of nurses shows that, statistically, there is an outstanding difference between the mean scores of attitudes of male and female (p=0.04), the participants at different ages (p=0.00), nursing work experience of participants (p=0.03), nurses on different wards (p=0.00), different hospitals (p=0.00) and participating and non-participating nurses in Patient Right's Workshop (p=0.00).

Descriptive findings

Descriptive analysis (table 2) revealed a rather positive attitude towards nursing advocacy amongst the participants (mean = 3.79). Most of the nurses stated that they were good patient advocates because they were committed to their job (mean=4.40). Furthermore, most of the participants completely agreed with acting as a patient advocate when the patients requested them (mean=4.30). Nurses' attitudes in preserving the patient's dignity during nursing advocacy was a worthwhile perspective of this study (mean=4.33). The participants also demonstrated a fairly negative attitude toward protecting patients from a harmful situation (mean=2.95), but most of them positively viewed the nurses act as representatives for the patients (mean=4.15).

Correlation analysis

A significant and positive correlation is found between the cognitive (believe) aspects of attitude(r=0.685) and the behavioral (efficacy) aspects of it (r=0.741) by making a Pearson correlation analysis (Table 3). Among demographic characteristics, the experience of nursing work (r = 0.165) and age of nurses (r =0.209) positively correlated with nurses' attitudes towards nursing advocacy.

Table 1: Demographic data.

Background characteristics	*n*	*%*	*Attitude mean*	*p-value*
Age(year)				*0.00*
<30	*184*	*49.2*	*3.68*	
30-40y	*151*	*40.4*	*3.89*	
>40	*27*	*7.2*	*3.93*	
hospital				*0.00*
Hospital No.1	*130*	*34.8*	*3.72*	
Hospital No.2	*111*	*29.7*	*3.69*	
Hospital No.3(psychiatric)	*28*	*7.5*	*4.17*	
Hospital No.4	*105*	*28.1*	*3.86*	
Gender				*0.04*
female	*350*	*93.6*	*3.77*	
male	*24*	*6.4*	*3.99*	
Marriage				*0.14*
single	*138*	*36.9*	*3.74*	
Married	*235*	*62.8*	*3.81*	
Education				*0.65*
Bs	*369*	*98.7*	*3.78*	
Ms	*5*	*1.3*	*3.88*	
Patient Right's Workshop				*0.00*
Yes	*139*	*37.2*	*3.99*	
No	*235*	*62.8*	*3.66*	
Nursing work experience (year)				*0.03*
6m-10y	*262*	*70.1*	*3.72*	
10-20y	*89*	*23.8*	*3.94*	
20-30y	*18*	*4.8*	*3.89*	
Ward				*0.00*
Critical wards	*142*	*38*	*3.79*	
General wards	*204*	*54.4*	*3.73*	
Mental wards	*28*	*7.5*	*4.17*	

Table 2: Meanof attitude in questionnaire items (The item rang =1-5).		
Scale item	Mean	SD
Factor 1= cognitive(believe) aspect of attitude		
I am a good patient advocate because I'm committed to my job	4.40	0.79
I am ethically obligated to act as the patient advocates when patients are perceived to be in danger	4.71	0.58
I protect the patient's decision-making right with nursing advocacy	4.17	1.04
I believe that nursing advocacy is not a part of nurses' professional duties*	4.22	1.09
I certainly act as a patient advocate when the patient asks me	4.30	1.01
I act on patient's behalf and patient's speaker	3.83	1.33
The nurse and patient can simultaneously act as an advocate for the patient	4.24	0.92
Nurses act as representatives ofthe patient	4.15	1.04
Nurses protect patients' rights in the health care environment	4.44	0.75
I act as a nurse advocate to preserve the patient's dignity	4.33	0.86
Factor2= behavior(efficacy) aspect of attitude		
I doubt my own ability to provide advocacy for patients.*	4.10	1.11
My employment is at risk when I act as a patient advocate *	3.22	1.38
I face retribution from employers when acting as a patient advocate*	3.33	1.38
My employer is notsatisfied with me when I inform my patients of their own rights*	3.32	1.38
Patient advocacy is why I get labeled as disruptive*	3.84	1.26
I think nursing advocacy is not unconditional protection of patient*	2.24	1.16
I did not play an effective role in nursing advocacy so far*	3.25	1.39
I cannot protect patients from harmful situations*	2.95	1.44
I do not have enough time for patient advocacy*	2.95	1.28
*reverse code (negative wording)		

Table 3: Correlation between mean of nurses 'attitudes with aspects of attitude and two demographic characteristics.		
Scales	subscales	
Attitude subscales	Factor1= cognitive(believe) aspect of attitude	*r* =.685*
	Factor2= behavior(efficacy) aspect of attitude	*r* =.741*
Demographic factor	Nursing work experience	*r* =.165*
	age	*r* = .209*
*Correlation is significant at the level of p < .05		

DISCUSSION

There was a positive correlation between the behavior and cognitive aspects of attitudes and the nurses' attitudes in respect with nursing advocacy which revealed that nurses, who showed more positive behavior and cognitive aspects of attitudes, were more likely to act as a nursing advocate than those who did not have such views. This conclusion approves other research by Pankratz and Pankratz, which indicated that those nurses with more positive attitudes toward the autonomy to advocate were more eager to advocate indefinite rights of the patients when they are required to do so[9].

Furthermore, other findings have indicated that nurses who were older and possessed more work experience as a nurse were more likely to advocate patients than those who had less experience and were younger. In other words, the nurses' experiences inspired them to take on some types of an advocacy responsibility with the aim of influencing a change in policies, laws, or regulations that manage the health care system. In contrast, Thacker reported no significant differences between levels of nurses' experiences and their view of patient advocacy[10]. According to Pankratz and Pankratz, no correlation was detected between the age and work experience and nursing advocacy[9].

The majority of nurses in this study agreed that the nurse and the patient could simultaneously act as an advocate for the patients. The literature stated that the nurse was in an exceptional situation to advocate for the patient because the nurse-patient relationship was noteworthy in the framework of advocacy[17]. According to Schwartz, patients confirmed that they prefer to have an improved autonomy and informed consent, but patients were in different states of vulnerability and may be powerless to represent themselves sufficiently. Consequently external support may be advantageous, if not necessary[18].

The majority of nurses in this study reported that they assured their own ability to provide advocacy for patients and were ethically obliged to act as patient advocates when patients were perceived to be in danger. The research literature shows that nurses were obliged to advocate because of a moral commitment[19].

The results also illustrated that there were statistically significant differences between the attitudes of those nurses' who acknowledged participating in patient right's workshop and the attitudes of those who did not. This finding can be supported by Barrett-Sheridan's study, which found that advocacy education program was positively effective in regard with nurses' attitudes[12].Thacker also concluded that formal advocacy education was fundamental to the implementation of advocacy behaviors in nursing practice[10].

One of the main issues characterized by the literature on advocacy is "risk taking" [17]. However, the majority of the respondents in this study had an optimistic view about risk taking and recognized that their employment was not at risk and did not face career dilemma when they acted as a patient advocate. In contrast, some studies acknowledged that potential differences would unavoidably happen for the nurses taking on this role [17], and being a nurse advocate can result in retribution, lowering of status, and being labeled as disruptive [20]. It was concluded that those nurses who were in psychiatric hospital had more positive attitudes in comparison with other nurses; it seems that these nurses possess high levels of competence and autonomy to advocate for their patients. In addition, it seems that their work environment was a supportive setting for nursing advocacy actions. According to Hanks, the work setting is a significant and determining factor in nurse advocacy [21].

Limitations of the Study

This research was conducted only in one city of Kerman province in the southeast part of Iran. Therefore, it seems convenient to carry out more research in larger areas, and also to enlarge the population of the research to make more general conclusions. Other studies can also be carried out in different provinces of Iran.

Conclusion

This article's point of concern was over the attitudes of Iranian nurses in respect with the patient advocacy responsibilities, and it pictures how nurses' positive views can have an impact on how they act as a patient advocate. Without a shadow of doubt, the nurses in this research not only needed more advocacy education program, but they are also need of more support from their employers for playing this role. Furthermore, education in this field may need to be added to the curriculum of the nursing trainees, and should also be maintained for nurses to better the quality of nursing advocacy. Being more optimistic, further studies can develop the identification of advocate role and instigate changes which are necessary in the workplace setting to enhance the advocacy action for patients.

Acknowledgment

Words of acknowledgment go to Professor Nouzar Nakhaee for his insightful comments and intelligent remarks which help us through the way building this project.

Conflict of interest statement

The authors declare that is no conflict of interest.

REFERENCES

1. Gibson, C.H, 1991. A concept analysis of empowerment. Journal of advanced nursing.,16(3): 354-361.
2. Gadow, S, 1989.Clinical subjectivity. Advocacy with silent patients. The Nursing clinics of North America., 24(2): 535.
3. Schroeter, K, 2000.Advocacy in perioperative nursing practice. AORN ., 71(6): 1205-1222.
4. Segesten, K, 1993.Patient Advocacy - An Important Part of the Daily Work of the Expert Nurse. Research and Theory for Nursing Practice.,**7**(2): 129-135.
5. Bu, X. and M.A. Jezewski, 2007. Developing a mid-range theory of patient advocacy through concept analysis. Journal of Advanced Nursing. , 57(1): 101-110.
6. Hanks, R.G,2008.Protective Nursing Advocacy Scale.
7. Fishbein, M. and I. Ajzen, 1975. Belief, attitude, intention and behaviour: An introduction to theory and research. Addison-Wesley.
8. Ajzen, I. and M. Fishbein, 1980. Understanding attitudes and predicting social behavior. Vol. 278. Prentice-Hall.
9. Pankratz, L. and D. Pankratz, 1974. Nursing Automony and Patients' Rights: Development of a Nursing Attitude Scale. Journal of health and social behavior., 211-216.
10. Thacker, K.S, 2008 .Nurses' advocacy behaviors in end-of-life nursing care. Nursing Ethics ., 15(2): 174-185.
11. Black, L.M,2011.Original Research: Tragedy into Policy: A Quantitative Study of Nurses' Attitudes Toward Patient Advocacy Activities. AJN The American Journal of Nursing.,111(6): 26.

12. Barrett-Sheridan, S.E,2009. A quantitative correlational study of political behavior and attitudes of nurses toward macrosocial patient advocacy, in ProQuest Dissertations and thesis. University of Phoenix: United States, Arizona. p. 293.

13. Hajbaghery, M.A. and M. Salsali,2005. A model for empowerment of nursing in Iran. BMC health services research .,5(1): p. 24.

14. Joolaee, S., et al, 2006.An Iranian perspective on patients' rights. Nursing ethics 13(5): 488-502.

15. Negarandeh, R., et al, 2008.The meaning of patient advocacy for Iranian nurses. Nursing ethics .,15(4): 457-467.

16. Negarandeh, R., et al, 2006. Patient advocacy: barriers and facilitators. BMC nursing., 5(1): 3.

17. Mallik, M, 1998.Advocacy in nursing: perceptions and attitudes of the nursing elite in the United Kingdom. Journal of Advanced Nursing.,28(5): 1001-1011.

18. Schwartz, L, 2002. Is there an advocate in the house? The role of health care professionals in patient advocacy. Journal of medical ethics. , 28(1): p. 37-40.

19. McGrath, A. and A. Walker, Nurses' perception and experiences of advocacy. Contemporary Nurse, 1999. 8(3): 72-78.

20. Sellin, S.C, 1995. Out on a limb: a qualitative study of patient advocacy in institutional nursing. Nursing Ethics .,2(1): 19-29.

21. Hanks, R.G, 2010 .Development and testing of an instrument to measure protective nursing advocacy. Nursing Ethics. 17(2): 255-267.