REGISTERED NURSE ATTITUDES TOWARD PATIENT ADVOCACY IN LONG-TERM ACUTE CARE

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Disclosure

Learning Objectives

Author’s Name: Carole D. Liske
Conflict of Interest:
This presentation offers no conflict of interest with employer, sponsorship, nor commercial support

Objectives:
- Describe the micro- and macro-attributes of patient advocacy and how attitudes influence development of professional skills and intention to act as advocates
- Identify strategies to influence nurse attitudes toward patient advocacy and promote professional development of behaviors and skills to promote effective advocacy of vulnerable patient populations
Introduction

Patient Advocacy – “the essence of nursing’s professional commitment to patients”

Background

Safeguarding Autonomy

Acting on Behalf

Championing Social Justice
Problem

- Ambiguity of concept & understanding of patient advocacy
- Paucity of quantitative research about patient advocacy
- No previous research on topic in LTACH setting
Purpose

- Measure nurse attitudes toward patient advocacy in LTACH
- Determine whether statistically significant difference in measured attitudes with respect to level of nursing education

- Additional variables analyzed
  - Age
  - Gender
  - Experience
  - Work status (FT/PT)
  - Position
  - Ethnicity
Theoretical Frameworks

Mid-Range Theory of Patient Advocacy
- Dr. Maryann Jezewski
- University of NY at Buffalo

3 Advocacy Attributes
- Micro-social
  - Safeguarding patient autonomy
  - Acting on behalf of patients
- Macro-social
  - Championing social justice in healthcare
Theoretical Frameworks

- Theory of Reasoned Action
  - Expanded to TRA & Planned Behavior
  - Preeminent model
  - Predictive relationship between attitudes & behavior

“Attitudes Inform Actions”
Research Questions

What are the measured attitudes of nurses toward advocacy in three core attributes of patient advocacy
1) safeguarding patients’ autonomy
2) acting on behalf of patients
3) championing social justice in the provision of health care?

Is there a significant difference among the education degrees of nurse respondents with respect to scores in the three core attributes and total measured attitudes toward advocacy?
There would be a significant difference among the education degrees of nurses’ education with respect to measured attitudes toward advocacy in three core attributes and total advocacy scores:

- Safeguarding autonomy
- Acting on behalf of patients
- Championing social justice
- Total measured attitudes toward advocacy
Method & Design

- Quantitative, Descriptive, Cross Sectional Survey Method
- Participant Information – 8 variables
  - Independent Variable = Highest Degree of Nursing Education
- Attitude toward Patient Advocacy Scale
  - Dependent Variable = Measured Attitudes toward Pt Advocacy
  - 64 questions in 3 core attributes
    - Likert scale (6 point, forced-choice)
    - Sub Scores and Total Scores
Research Parameters

- **Power Analysis**
  - Level of significance ($\alpha$) $p = 0.05$
  - Target population
    - 125 LTACH RNs
  - Calculated sample size
    - $n=104$
  - Confidence interval CI = 95%

- **Valid & Reliable Survey Instrument**
  - Dr. Bu (Dr. Wu)
  - Robust multi-phased factor analysis
Ethical Considerations
Human Subject Research

- Completion of CITI Training
- Approval for Existing Tool
- IRB Approval
- Corporate Legal Department Approval
- Participant Informed Consent
- Preservation of Human Subject Anonymity
- Preservation of Data
  - Integrity & Confidentiality
Population & Sample

Target Population
- RNs working in LTACH setting
- Five metropolitan hospitals in Midwest

Sample Population
- Convenience sample
- RNs working at time of data collection
- Voluntary participation

Sample Size
- Calculated Sample size = 104 participants
- Achieved $n=108$
Participant Demographics

- 91% Female
- 70% Ethnic Diversity (AA, Hispanic, Asian, Other)
- 85% Undergraduate Education (Diploma, ADN, BSN)
- 57% Staff Position
- 95% Full-time Status
- 62% 15 or more Years of Experience
- 60% 40-59 years of age
Data Inspection

- Inclusion & Exclusion
  - Required documents (IC, PIF, APAS)
  - Missing data
    - No pattern
    - Raw data – no correction of missing data

- Assess of Threats to Validity & Bias
  - Researcher bias
  - Coverage error
  - Self-selection effect
  - Attrition bias
  - Non-response bias
Data Analysis

Northern Illinois University Statistical Consultants
- Department of Mathematics & Statistics
- Chief Researcher - International pharmaceutical company
- Doctoral students in Statistics
- SAS 9.4® Statistical Software

Variables
- IV > Highest Level of Nursing Education
- DV > Total APAS Score and Attribute Category Scores

Participant Size $n = 108$ (67% Response Rate)
Data Analysis

- Normality Determined & Assumptions Valid
  - Histogram of Error & Q-Q plot

- Internal Consistency Determined using Cronbach’s Alpha
  - SA = 0.882, AB = 0.853, SJ = 0.96, Total APAS = 0.95

- Descriptive Analysis
  - Participant Demographics

- Inferential Analysis
  - Response Variable & Summary Statistic
  - ANOVA (IV > Nursing education & DV > Measured attitudes)
  - General Linear Model of Least Squares
    - Effect of NSGED Variable
    - Analysis of difference between group variance rather than mean to minimize Type I Error
## Data

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<tr>
<th>Attribute</th>
<th>Source</th>
<th>DF</th>
<th>Type III SS</th>
<th>Mean Square</th>
<th>F Value</th>
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Answers to Research Questions

Measured Attitudes in 3 Attributes and Total Score

- **SAmean** = 5.523
- **ABmean** = 5.589
- **SJmean** = 5.196

Data Analysis

- No significant difference among educational degrees with respect to
  - Safeguarding patient autonomy: $NSGED = 0.78 > 0.05$
  - Acting on behalf of patients: $NSGED = 0.27 > 0.05$
  - Championing social justice: $NSGED = 0.15 > 0.05$
  - Total measured attitudes toward advocacy: $NSGED = 0.37 > 0.05$
Strengthen of Study

- Relevant to Contemporary Health Care
- Alignment of Theories and Instrument
- Existing Instrument
  - Valid & reliable
  - High internal consistency
  - 0.94% for this study
  - Employed four previous studies
- Achieved Sample Size
Limitations and Generalizability

- **Instrument**
  - First application in LTACH setting

- **Timeframe**
  - Specific point in time
  - Nurses working at time of data collection

- **Location – Limited Scope**
  - One LTACH Corporation
  - One metropolitan area

- **Sampling**
  - Not random – purposive, convenience sample
  - Not generalizable
Recommendations for Nurse Theorists

- Define Conceptual Definition of Patient Advocacy
- Explicate Advocacy Actions
- Develop & Refine Advocacy Theories
  - Tested and relevant to clinical practice
  - Enhance professional beliefs to promote intention to act in patient advocate role
Recommendations for Nurse Educators

Curriculum Design
- Revise course objectives to include patient advocacy
- Integrate evidence-based, creative, experiential learning strategies to develop advocacy competencies
- Incorporate self-reflective learning
  - Micro- and macro social advocacy attributes
- Collaborate in projects requiring stakeholder engagement
- Integrate organizational & healthcare policy development

Promote Social Engagement & Policy Action

Develop Assessments of Advocacy Skills & Competencies
- Formative and summative
- Clinical and simulation
Recommendations for Nurse Leaders

- **Micro-social Actions > Strongly Positive Attitudes**
  - Develop clinical practice guidelines
  - Promote professional development in advocacy role
  - Implement organizational peer review of ethical cases
  - Mentor advocacy competency & skills

- **Advocating on Behalf of Patient vs Family vs PCP > Less Positive**
  - Mitigate conflict of interest
  - Protection for nurses in controversial situations
  - Ombudsman

- **Macro-social Actions > Higher Negative Attitudes**
  - Support organizational & healthcare policy development
  - Collaborate with community stakeholders
Recommendations for Nursing Practice

- **Micro-social Actions > Strongly Positive Attitudes**
  - Clarify advocacy competencies and skills > Preceptor
  - Promote development in advocacy actions
  - Encourage self-reflection/case reviews to enhance advocacy awareness

- **Micro-social Advocacy > Negative Attitudes**
  - Clarify nursing role as arbiter between patient/family/physician
  - Anticipate & mitigate controversial clinical situations
  - Identify barriers to advocacy actions (liability, security, etc.)

- **Macro-social Actions > Higher Negative Attitudes**
  - Engage in organizational policy development
  - Promote community engagement
  - Collaborate with community stakeholders
Recommendations for Future Research

Expand on Existing Research
- Multiple LTACH corporations
- Larger target population – RNs Nationwide
- Random sampling technique
- MANOVA of multiple/coexisting variables & advocacy attitudes

Investigate Barriers to Advocacy
- Lack of Understanding/Time/Power
Conclusion

Questions and Answers

Thank you!
References


References


References


(For additional references contact the presenter)