

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



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# Disclosure

## Learning Objectives

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- ❧ **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**

# Topic Overview



## 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

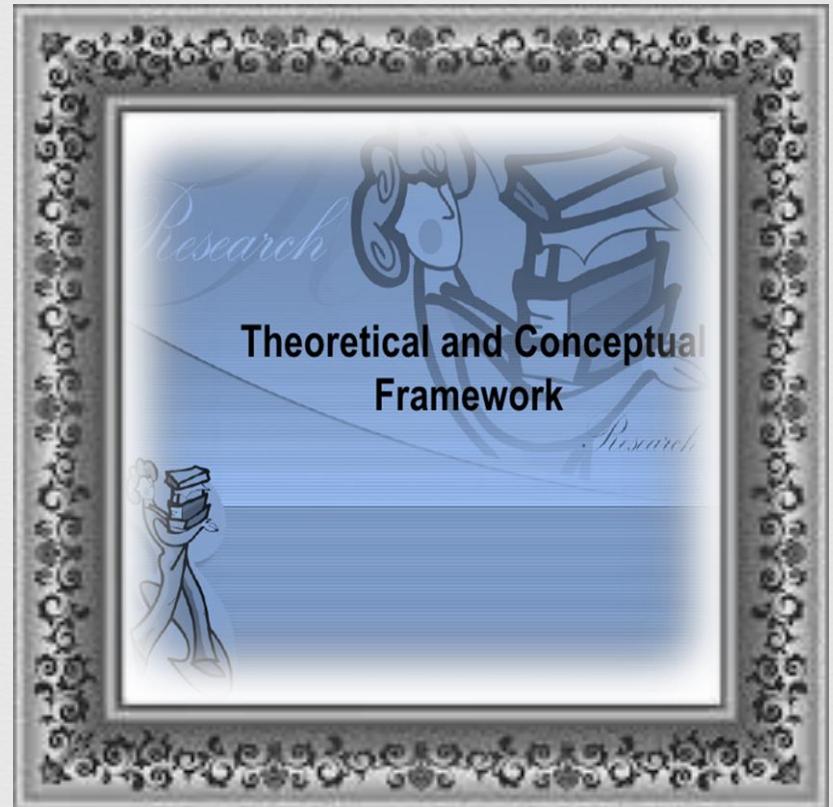


- ❧ Measure nurse attitudes toward patient advocacy in LTACH
- ❧ Determine whether statistically significant difference in measured attitudes with respect to level of nursing education
  - ❧ Additional variables analyzed
    - ❧ Age
    - ❧ Gender
    - ❧ Experience
    - ❧ Work status (FT/PT)
    - ❧ 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



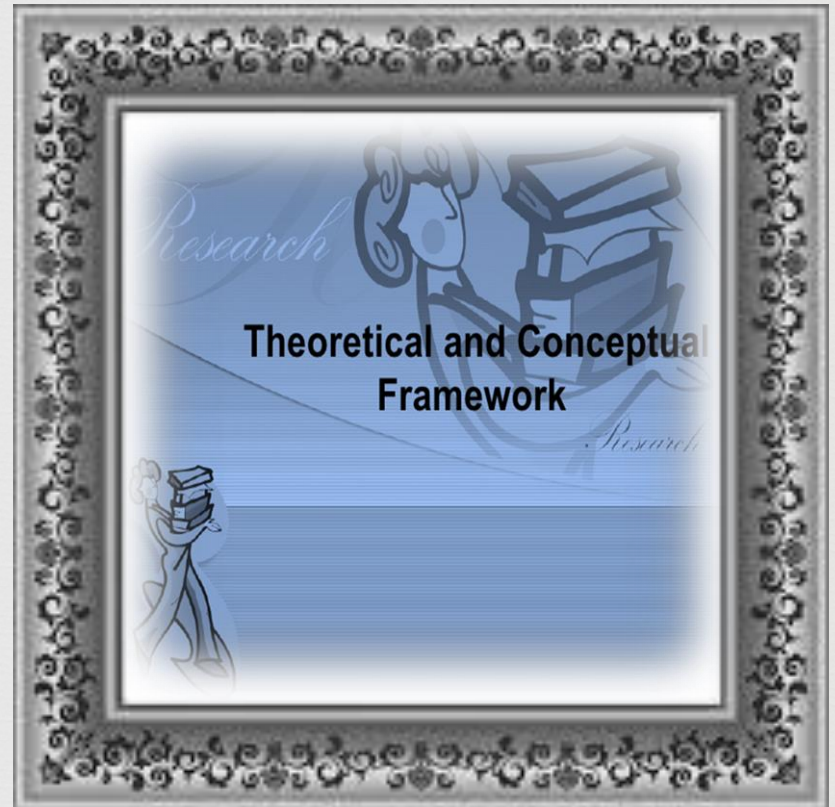
## ∞ Theory of Reasoned Action

- ∞ 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?**





# Alternate Hypotheses

- 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

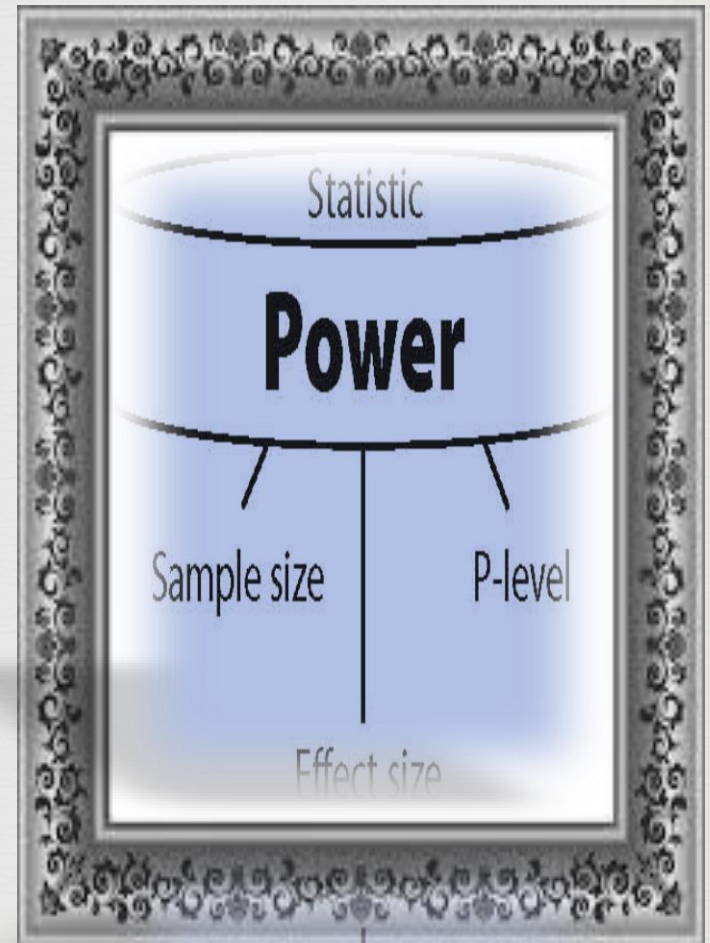
$n=104$

Confidence interval  $CI = 95\%$

## Valid & Reliable Survey Instrument


Dr. Bu (Dr. Wu)

Robust multi-phased factor analysis



# Ethical Considerations Human Subject Research

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- ❧ 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  $n=108$

Population

Sample

# 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



Attribute	Source	DF	Type III SS	Mean Square	F Value	Pr > F
Safeguarding Autonomy	<i>NSGED</i>	4	<i>0.3215</i>	<i>0.0804</i>	<i>0.44</i>	<i>0.781</i>
Acting on Behalf of Patients	<i>NSGED</i>	4	<i>1.132</i>	<i>0.28</i>	<i>1.32</i>	<i>0.269</i>
Championing Social Justice	<i>NSGED</i>	4	<i>4.591</i>	<i>1.148</i>	<i>1.70</i>	<i>0.158</i>
Attitude toward Advocacy	<i>NSGED</i>	4	<i>1.0075</i>	<i>0.2519</i>	<i>1.24</i>	<i>0.302</i>



# Answers to Research Questions



## Measured Attitudes in 3 Attributes and Total Score

$S\text{Amean} = 5.523$     $AB\text{mean} = 5.589$     $SJ\text{mean} = 5.196$

## 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  $NSGED = 0.37 > 0.05$

# Strengths 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

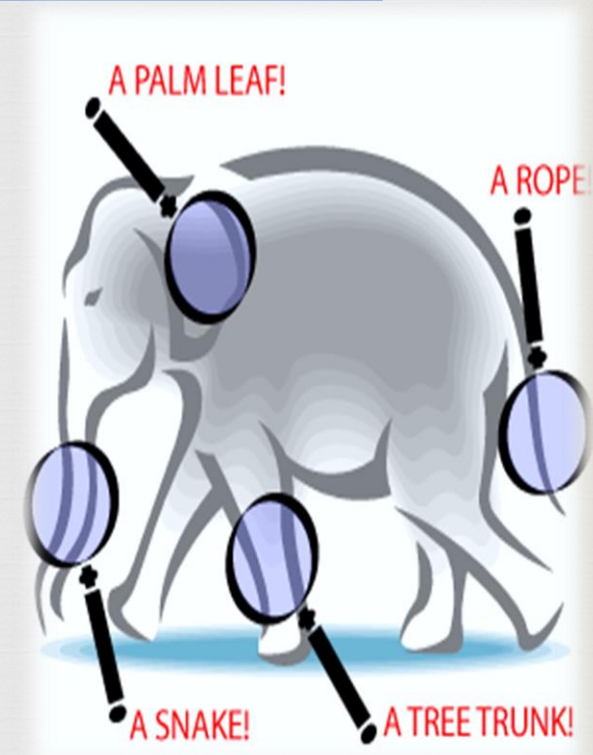
- Specific point in time
- Nurses working at time of data collection

## Location - Limited Scope

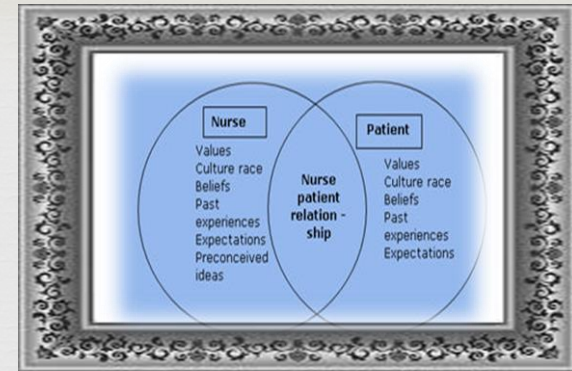
- One LTACH Corporation
- One metropolitan area

## 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



- Ⓐ Ajzen, I. (2012). Martin Fishbein's legacy: The reasoned action approach. *The Annals of the American Academy of Political and Social Science*, 640(1), 11-27. doi:10.1177/0002716211423363
- Ⓐ Ajzen, I. & Fishbein, M. (1969). The prediction of behavioral intentions in a choice situation. *Journal of Experimental Social Psychology*, 5, 400-416. Retrieved from [www.sciencedirect.com/science/article/pii/0022103170900570](http://www.sciencedirect.com/science/article/pii/0022103170900570)
- Ⓐ American Hospital Association. (2011). *Advocacy issues papers*. Chicago, IL: American Hospital Association. Retrieved from <http://www.aha.org/advocacy-issues/annual-meeting/11-issue-papers.shtml>
- Ⓐ Bu, X. (2005). *Development and psychometric evaluation of an instrument: Attitude toward patient advocacy* (Doctoral dissertation). UMI 3185252. Retrieved from <http://catalog.Lib.buffalo.edu/vufind/Record/002406901>
- Ⓐ Bu, X., & Jezewski, M. (2007). Developing a mid-range theory of patient advocacy through concept analysis. *Journal of Advanced Nursing*, 57(1), 101-110. doi:10.1111/j.1365-2648.2006.04096.x
- Ⓐ Churchman, J. & Doherty, C. (2010). Nurses views on challenging doctors practice in an acute hospital. *Nursing Standard*, 24(40), 42-47. Retrieved from <http://searchproquest.com.ezproxy.apollolibrary.com/docview/503144624>
- Ⓐ Cropley, S. (2013). The Affordable Care Act and the role of nursing. *Texas Nursing*, 87(4), 10-11. [http://av4kc7fg4g.search.serialssolutions.com.ezproxy.apollolibrary.com/?ctx\\_](http://av4kc7fg4g.search.serialssolutions.com.ezproxy.apollolibrary.com/?ctx_)
- Ⓐ Forbes, M. & Hickey, M. (2009). Curriculum reform in baccalaureate nursing education: Review of literature. *International Journal of Nursing Education Scholarship*, 6(1), 1-16. doi:10.2202/1548-923X.197

# References



- ❧ Galer-Unti, R. (2013). The Patient Protection and Affordable Care Act: Opportunities for prevention and advocacy, *Health Promotion Practice*, 13(3) 308-312, doi: 10.1177/1524839912438750
- ❧ Gastmyer, C. & Pruitt, B.E. (2013). The Impact of the Affordable Care Act on health education: Perceptions of leading health educators. *Health Promotion Practice* 15(3), 349-355. doi:10.1177/1524839913499348
- ❧ Hanks, R. G. (2010b). The medical-surgical nurse perspective of advocate role. *Nursing Forum*, 45(2), 97-107. Retrieved from <http://search.proquest.com.ezproxy.apollolibrary.com/docview/577673025?accountid=458>
- ❧ Hanks, R. (2013). Social advocacy: A call for nursing action. *Pastoral Psychology* 62, 163-171. doi: 10.1007/s11089-011-0404-1
- ❧ Kristjándóttir, G. (2013). Editorial: Advocacy - a core element of nursing. *Vard i Norden*, 33(2), 3. Retrieved from <http://search.proquest.com/docview/1444940952?accountid=458>
- ❧ Lagerwey, M. D. (2010). Ethical vulnerabilities in nursing history: Conflicting loyalties and the patient as 'other'. *Nursing Ethics*, 17(5), 590-602. doi:10.1177/0969733010368746
- ❧ Liske, C. (2014). Attitudes of Nurses toward Patient Advocacy in Long-Term Acute Care. Unpublished dissertation manuscript Dissertation in partial fulfillment of the requirements for the degree Doctorate of Philosophy in Nursing, University of Phoenix, Phoenix, AZ.
- ❧ Mansbach, A., Ziedenberg, H., & Yaacov, B. (2013). Nursing students' willingness to blow the whistle. *Nursing Education*, 33(1), 69-72. Retrieved from <http://www.sciencedirect.com.ezproxy.apollolibrary.com/science/article/pii/S0260691712000172>

# References



- 🌀 Motamed-Jahromi, M., Abbaszadeh, A., Borhani, F., & Zaher, H. (2012). Iranian nurses' attitudes and perception towards patient advocacy. *ISRN Nursing*. Retrieved from <http://dx.doi.org/10.5402/2012/645828>
- 🌀 Nantsupawat, A. et al. (2011). Impact of nurse work environment and staffing on hospital nurse and quality of care in Thailand. *Journal of Nursing Scholarship*, 43(4), 426-32. Retrieved from <http://search.proquest.com/docview/913593682?accountid=458>
- 🌀 O'Mahony Paquin, S. (2011). Social justice advocacy in nursing: What is it? How do we get there? *Creative Nursing*, 17(2), 63-67. doi:10.1891/1078-4535.17.2.63
- 🌀 Pavlish, C., Brown-Saltzman, K., Hersh, M., Shirk, M., & Rounkle, A. M. (2011). Nursing priorities, actions, and regrets for ethical situations in clinical practice, *Journal of Nursing Scholarship*, 43(4), 385-395. Retrieved from <http://search.proquest.com.ezproxy.pollolibrary.com/docview/913593692?accountid=458>
- 🌀 Quallich, S. (2010). When worlds collide: Advocacy. *Urologic Nursing*, 30(4), 216-254. Retrieved from <http://search.proquest.com.ezproxy.apollolibrary.com/docview/744043582?accountid=458>
- 🌀 Zomorodi, M., & Foley, B. J. (2009). The nature of advocacy vs. paternalism in nursing: clarifying the 'thin line'. *Journal of Advanced Nursing* 65(8), 1746-1752. doi: 10.1111/j.1365-2648.2009.05023.x

(For additional references contact the presenter)