

Nurses' Advocacy toward Patients and its Relation toward Patients' Satisfaction

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Abstract

Background: Advocacy is the essence of nursing's professional commitment to the preservation of human rights, protection of patients from harm, and the provision of quality patient care. **Aim:** To investigate the nurses' advocacy toward patients and its relation toward patients' satisfaction. **Design:** Descriptive correlational design was used in this study. **Sample:** The study subjects included (33) nurses and (120) patients both male and female. **Setting:** Data was collected from inpatient units at Badr University Hospital affiliated to Helwan University in Egypt. **Tools:** Two tools were used for data collection: Protective Nursing Advocacy Scale and Patients' satisfaction toward advocacy questionnaire. **Results:** The majority of studied nurses had high advocacy toward their patients (91.9%), and the majority of studied patients were highly satisfied with nursing advocacy (98.2%). **Conclusion:** The study concluded that, there was a moderate significant positive correlation between total protective nursing advocacy scale and total patients' satisfaction toward nursing advocacy, which answer the research question **Recommendations:** Incorporate nursing advocacy concepts and patient rights into the nursing curriculum in order to cultivate growth of the nursing student's advocacy abilities needed to work with patients in different clinical settings.

Keywords: Patients' Satisfaction, Nurses' Advocacy.

Introduction

Advocacy is the essence of nursing's professional commitment to the preservation of human rights, protection of patients from harm, and the provision of quality patient care (Bikker, Fitzpatrick, Murphy & Mercer, 2015). Many opportunities arise in nursing for the enforcement of patient advocacy, which has turned the nursing profession into the most reliable profession regarding patient advocacy. Nurses must seek for safe care, and appropriate quality of patient care that leads to high trust and respect of the community toward them

(Laney, 2013; Zamosky, 2015; Nsiah, 2017).

Nursing advocacy toward patients is an ethical idea for professional nurses based on the notion that nurses provide continuity of care and therefore have a greater intimacy with patients. Healthcare organizations provide patients opportunities to utilize one of their advocates to avoid communication problems, and to ensure patients remained visible, received patient-centered care, and maintained a voice in the healthcare dialogue (McNally, 2012; Auerbach, 2013; Zamosky, 2015).

Patient satisfaction, often used as a primary measure of patient care, and was considered to be an integral part of determining health outcomes among organizations that seek to provide high quality patient care. Additionally, patient satisfaction survey instruments became an essential tool used to assess, evaluate, and measure the quality of patient care and service delivery practices. (*Mathews, 2012; hardy, 2014; Peprah & Atarah, 2016*).

Patient satisfaction toward nursing advocacy has been defined as the patients' subjective evaluation of their cognitive and emotional reactions. It resulted from the interaction between their expectations regarding the ideal nursing advocacy actions and their perceptions of the actual nursing care as an important indicator of the quality and effectiveness of healthcare systems (*Peyrovi, et al 2013; Sonali, 2018*). Patient satisfaction and nursing advocacy are identified as a vital factors in establishing service progress strategies. Also, they considered two of the most important factors in improving quality of healthcare and defending the rights of patients. (*Senarath, et al, 2013; Özakar-Akça & Gözen, 2015*)

Significance of the Study

Advocating on behalf of patients in the provision of quality of healthcare was and continues to be an essential component of professional nursing practice. Many patients are subject to preventable injuries and fatalities, ranged from 98,000 to 440,000 deaths per year (*American Association of Colleges of Nursing, 2013; Martínez, Suárez-Alvarez & Yanguas, 2018*). So, professional nursing organizations illuminated the importance of advocacy in nursing practices as protecting patients from harmful situation. They representing them,

preserving their rights, building relationship with them, promotes their safety, ensures less complications. All of the previous will lead to quick recovery of the physical, mental, spiritual health, and increase patient satisfaction that, reflect the nursing's commitment to the physical and mental well-being of those patients (*Feiden, 2015; DiCuccio, 2018*).

The significance placed on nurses' advocacy toward patients and patients' satisfaction as an essential component of professional nursing practice in all healthcare settings, which has dramatically increased over the years and now receiving considerable attention in the nursing profession. So, it is important to investigate the relationship between nurses' advocacy toward patients and patients' satisfaction, as such a study will help to enhance the importance of nurses' advocacy toward patients, and clarify the nurses' roles as advocates toward patients so, patients will receive higher quality of nursing care services which lead to patients' satisfaction.

Aim of the study

The aim of this study is to investigate the Nurses' Advocacy toward Patients and its Relation toward Patients' Satisfaction through:

1. assess nurses' advocacy toward patients in the selected hospital.
2. determine patients' satisfaction toward nurses' advocacy.
3. investigate the correlation between nurses' advocacy toward patients and patients' satisfaction.

Research questions

What is the relationship between nurses' advocacy toward patients and patients' satisfaction?

Subjects and Methods

Research design:

Descriptive correlational research design was used in this study.

Setting:

This study was conducted at Badr University Hospital affiliated to Helwan University, which lies in Badr city.

Subjects:

Subjects of this study were composed of convenience sample of two groups:

First group:

All available nursing staff, head nurses and nurse residents, having at least one year of nursing experience and working in the in-patient units at the time of the study, were included in the study. The total number was (33) nurses which composed of (16 staff nurses, 4 head nurses, and 13 nurse residents).

Second group:

All available conscious patients who stayed at least two days in the in-patient units in the selected hospital at the time of the study, were included in the study. The total number of those patients who accepted to participate in the study was (112) patients.

Tools of data collection

Two tools were used to collect the necessary data:

Tool 1: Protective Nursing Advocacy Scale (PNAS)

The (PNAS) tool was developed by (Hanks, 2008) and modified by the researcher based on review of literature (Choi, 2015; Edward & Schmer, 2016). This tool used to assess advocacy from the beliefs and actions of nurses for protecting patients in the clinical setting.

It consists of two parts:

Part 1: Demographic data of the participants.

(Name (optional), Age, gender, hospital department, educational qualifications and years of experience).

Part 2: Components of Protective Nursing Advocacy Scale (PNAS)

It consists of (32 items), in order to measure four dimensions of nursing advocacy toward patients: (a) acting as an advocator (12) items that reflects actions taken by nurses when acting as a patient advocator; actions of advocacy include protecting vulnerable patients, acting on patients' behalf, providing patients with information, and ethical and legal requirements, (b) work status and advocacy actions (9) items that are labeled as possible consequences of advocating for patients in the work setting, work status, and advocacy actions, (c) environment and educational influences (7) items that measures the use of personal knowledge, which included nurses' confidence, personal values, and beliefs, and (d) support and barriers to advocacy (4) items that consists of influences which support nurses to advocate.

This tool was measured on a three-point Likert scale ranging from 3 (agree) to 1 (disagree) for each question.



scoring system:

The Protective Nursing Advocacy Scale (PNAS) scoring system ranged from (32-96). It was calculated according to three levels:

- **Low** (32 - < 53)
- **Moderate** (≥ 53 - < 74)
- **High** (≥ 74 - 96)

Tool 2: Patients' satisfaction toward nurses' advocacy questionnaire

Patients' satisfaction toward nursing advocacy questionnaire was developed by the researcher based on review of literature (Kalaitzidis, Jewell, 2015; Mohammad, Abbas, Fazlollah, & Spence, 2016) to assess patients' satisfaction toward nursing advocacy.

It consists of two parts:

Part 1: Demographic data of the participants.

(Name (optional), Age, gender, hospital department, and length of stay in the department).

Part 2: Components of Patients' satisfaction toward nursing advocacy questionnaire.

It consists of (26 items) in order to measure four dimensions of patients' satisfaction toward nursing advocacy: (a) informing and educating (7) items; (b) valuing and respecting (8) items; (c) protecting (4) items; (d) supporting and promoting continuity of care (7) items.

This tool was measured on a three-point Likert scale ranging from 3 (agree) to 1 (disagree) for each question.

❖ Scoring system:

The Patients' satisfaction toward nursing advocacy questionnaire scoring system ranged from (26-78). It was calculated based on three levels:

- **Low** (26 - <43)
- **Moderate** (≥ 43 - < 60)
- **High** (≥ 60 - 78)

Validity of the tools:

Two tools were translated into Arabic and tested by five experts in the field of the study for their face and content validity and translation through an opinionnaire sheet. Accordingly, the necessary modifications were done. It was ascertained by a jury group of experts specialized in nursing administration from three universities, namely: (one professor from MTI University; one professor and one assistant professor from Cairo University; and two professors from Ain Shams University).

C) Reliability of the tools:

Two tools were tested for their reliability. The internal consistency reliability of the items composing the tool was assessed using Cronbach's Alpha coefficient. Test of reliability for two tools yielded (0.81) for the protective nursing advocacy scale (PNAS) and (0.77)

for the patient satisfaction toward nursing advocacy questionnaire, indicating a very good to excellent level of internal consistency or homogeneity among the items under each construct.

D) Pilot study:

The pilot study was carried out after translation of the tools and before starting the actual data collection. It was done to confirm understanding, clarity, and applicability of study tools, and to determine the time needed to complete the first tool which ranged between (15-20) minutes and the second tool was ranged between (20-25) minutes. The pilot study was carried out on 10% of the total sample size, (3 nurses) from total sample size of staff nurses, head nurses, and nurse residents, and (12 patients) from the total sample size of patients. No modifications were done, so those participants were included in the main study sample.

E) Field Work:

The actual fieldwork started at the beginning of November 2017 to the end of April 2018 (six months). The researcher met the manager of Badr University Hospital affiliated to Helwan University to explain the aim of the study to gain her approval for data collection. The researcher went to the selected hospital (2days /week) for (6 hours/day) from (8:30 AM to 2:30 PM) during day shift (12 hours/ day) and collected data by herself through meeting each hospital nursing staff member and patients individually, explaining the aim of the study and method of fulfilling the questionnaire. The researcher was present all the time during fulfilling the study tools to answer any questions. The time needed to complete the first tool was ranged between (15-20) minutes and the second tool was ranged between (20-25) minutes. The researcher checked the completeness of each filled sheet to

ensure that no absence of any missing data.

F) Ethical considerations:

The ethical considerations of the research included that, the research approval was obtained from the ethical committee of faculty of nursing Helwan University before starting the study; the researcher assured anonymity and confidentiality of the collected data, which was used by the researchers for the purpose scientific research. The subjects were informed that they were allowed to choose to participate or not in the study. Also, they have the right to withdraw from the study at any time; ethics, values, culture and beliefs were respected; and study subjects were informed about research purposes.

Administrative Design

An official written letter was addressed to the manager of Badr University Hospital affiliated to Helwan University to obtain her approval to carry out this study. Individual oral consent was also obtained from each nurse and patient in the study.

Statistical Design

Data entry and quantitative data analysis were done by the IBM - SPSS (Statistical Package for the Social Sciences) software (Version 22.0). Data were presented as mean and standard deviation (SD) values and percentages. Reliability of the questionnaire was assessed using Cronbach's alpha reliability coefficient. Pearson correlation coefficient was used to determine significant correlations between the variables. The significance level was set at $P \leq 0.05$.

Results

Table (1): shows the demographic characteristics of nursing study subjects. The highest level of them (72.7%) were females; and only (27.3%) were males. Pertaining to age, (93.3%) had from 20 to less than 30 years old; whereas (6.7%) had equal to and more than 30 years old.

Figure (1): traces Levels of nursing advocacy toward patients among study subjects according to their own opinions. The majority (91.9 %) of the studied subjects were high, whereas only (9.1%) of them were moderate, while none of them were low.

Table (2): states demographic characteristics of patients, more than half of them (54.5%) were males; compared to (45.5%) were females. Pertaining to age, highest level of them (38.4%) had from 30 to less than 40 years old; whereas only (26.8%) had from 40 to less than 50 years old; (23.2%) had from 20 to less than 30 years old; (6.3 %) had from 50 to 60 years old; and (5.4%) less than 20 years old respectively.

Figure (2): presents the levels of patient satisfaction toward nursing advocacy according to their opinions. The majority of them (98.2%) were high, whereas only (1.8 %) of them were moderate, while none of them were low.

Figure (3): displays the correlation between total protective nursing advocacy scale and total patients' satisfaction toward nursing advocacy. There was a moderate significant positive correlation between total protective nursing advocacy scale and total patients' satisfaction toward nursing advocacy by ($p=0.002^{**}$, " r "= 0.400).

Table (1): Demographic characteristics of nursing staff, head nurses and nurse residents (N=33).

Demographic characteristics		No	%
➤	Gender		
▪	Male	9	27.3
▪	Female	24	72.7
➤	Age (years)		
▪	20 - > 30	29	93.3
▪	≤30 – 40	4	6.7
➤	Educational Qualification		
▪	Diploma nurse	2	6.1
▪	Technical diploma	12	36.4
▪	Bachelor	18	54.5
▪	Master	1	3.0
➤	Hospital departments		
▪	Medical-surgical wards	22	66.7
▪	ICUs	11	33.3
➤	Years of experience		
▪	1- >5 years	26	78.8
▪	≤5 ->10 years	7	21.2
➤	Job title		
▪	Staff nurse	16	48.5
▪	Head nurse	4	12.1
▪	Nurse resident	13	39.4

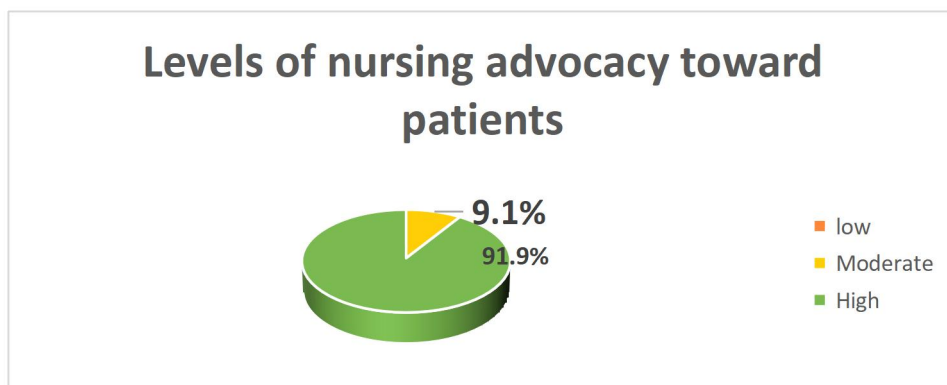
**Figure (1):** Levels of nursing advocacy toward patients among nursing staff, head nurses, and nurse residents. (N=33).

Table (2): Demographic characteristics of studied patients (N=112).

Demographic characteristics		No	%
➤	Gender:		
	▪ Male	61	54.5
	▪ Female	51	45.5
➤	Age (years):		
	▪ >20 years	6	5.4
	▪ 20 - >30 years	26	23.2
	▪ 30 - >40 years	43	38.4
	▪ 40 - > 50 years	30	26.8
	▪ 50 - 60 years	7	6.3
➤	Length of stay :		
	▪ 2days	30	26.8
	▪ 3days	32	28.6
	▪ 4 days	39	34.8
	▪ 5 days and more	11	9.8
➤	Hospital departments		
	▪ medical-surgical words	82	73.2
	▪ ICUs	30	26.8

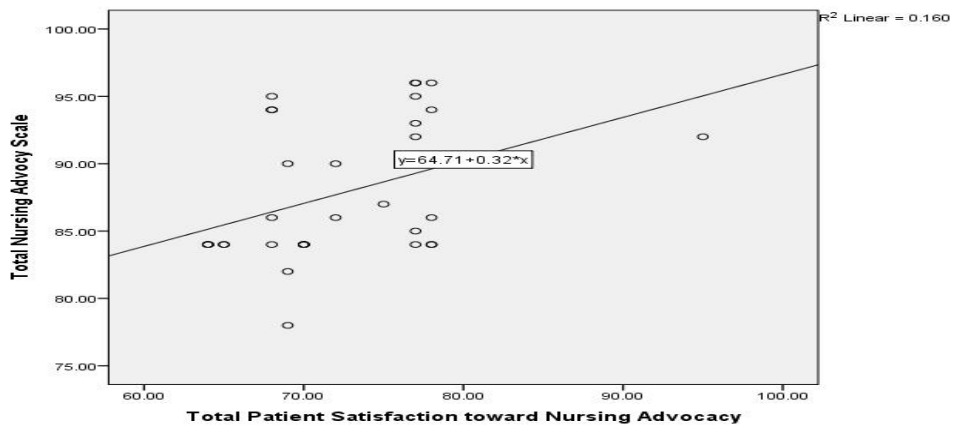


Figure (3): The correlation between total protective nursing advocacy scale and total patients’ satisfaction toward nursing advocacy among study subjects.

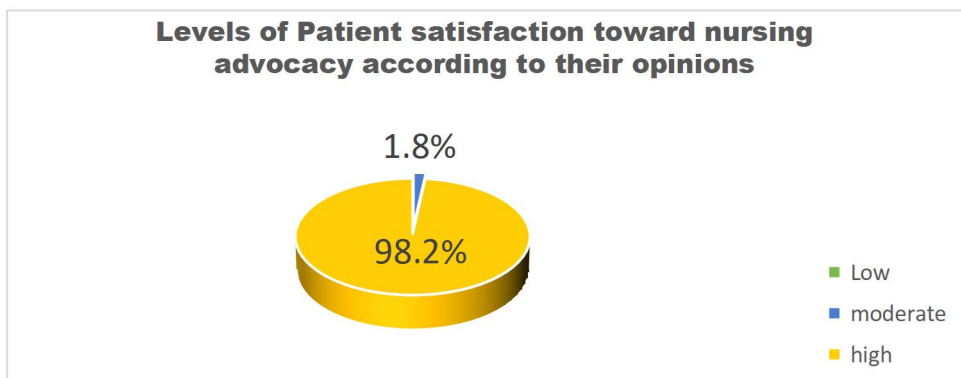


Figure (4): Levels of Patient satisfaction toward nursing advocacy according to their opinions (N=112).

Discussion

Study results revealed that the majority of nurses were females, and most of them were aged less than 30 years old. On the same line (Laney, 2013 & Barlem et al, 2015). reported that the majority of nurses were females, and added that characteristics of nurses can directly and positively influence the exercise of patient advocacy, similarly (Borhani, Abbaszadeh, Nakaee & Roshanzadeh, 2014) who stated that most of studied nurses were under the age of 30 years.

Nursing education have an important role in changing attitudes towards the role of advocacy (Gastmyer & Pruitt, 2013; Saleh, 2016). As noticed in the current results, that the majority of studied nurses were had a bachelor degree with high levels of nursing advocacy than other nurses, these results was agreed by (Hosseine, Borhani & Abbaszadeh, 2014) who found that the majority of nurses were had a bachelor's degree, and added that they had a higher advocacy levels compared to diploma nurses. From the researcher's point of view, regarding levels of nursing advocacy, the nurses in Badr hospital who aged more and have high educational qualifications, are able to advocate more than other nurses because

they had the experience and knowledge about how to deal with advocacy situations.

There are theoretical and empirical evidences that show nurses' work experiences can significantly affect actual performance of nursing advocacy (Dalmolin, Lunardi, Barlem & Silveira, 2014; Haylock, 2015). Present study revealed that the majority of nurses were staff nurses, had years of experience less than five years and worked in intensive care units (ICUs). On the same line, (Beigzadeh, Borhani, Ahmadi & Abbaszadeh, 2016) who mentioned that the majority of nurses were less than seven years job experience but worked in general wards. Additionally, the current results were contradicted with (Jahromi, Abbaszadeh & Tatar, 2015) who found that most of studied nurses were staff nurses worked in medical wards. From the researcher's point of view, in Badr hospital the majority of studied nurses were nurse residents and nurses graduated from technical institute of Helwan University who newly hired so, all of them had years of experience less than five years.

Current results found that, the majority of the studied subjects had high

advocacy level, these results were consistent with (Eskander, Morsy & Elfeky, 2013) who clarified that most of nurses had high advocacy levels toward vulnerable patients.

Patient satisfaction with nursing care is as an important indicator of the quality and effectiveness of healthcare systems. One of the most important factors in improving quality of care and patient satisfaction defend the rights of patients, and representing them (Peyrovi, Bahadori, Ashghali & Haghani, 2013; Daniel, 2016). The study results revealed that the majority of patients were males, and within the age group (30 – 40) years old. On the same line, Elwin (2012) discussed that the majority of patients were males and their ages ranged from 30 to 40 years old. In this respect, current results showed that the majority of patients stayed at hospital four days and most of them admitted to medical ward. These results were in agreement with (Abdel Maqsood, Oweis & Hasna, 2012) who showed that the largest portion of patients was hospitalized for four days and more than half of them were admitted to the medical department.

The present findings discussed that, the majority of patients were high satisfied with nursing advocacy toward them. On the same line, (Musbah, 2015) concluded that the majority of the patients were satisfied with the services provided by the inpatient department. The patients and their attendants are satisfied with patient ward services, nursing advocates, and healthcare services provided by the nurses to the inpatient departments, therefore, it has a significant impact on overall patients' satisfaction.

Patient satisfaction is important, valuable, and crucial element of patient-centered care. Nurses' advocates that are responsive to patients' needs can improve

patient satisfaction; in turn, satisfied patients may have better treatment adherence and outcomes (Edward & Schmer, 2016). Findings of the present study discussed that there was a positive correlation between total protective nursing advocacy scale and total patients' satisfaction toward nursing advocacy. These results were consistent with (Eskander, Morsy & Elfeky, 2013) who clarified that the nursing advocacy had a positive influence on patient satisfaction.

On the same line, Grondahl (2012) carried out a study and revealed that the quality of nursing care and being a patient representative has a certain influence on predicting patient satisfaction. These results were in harmony with results of (Cole, Wellard & Mummery, 2014) who clarified that under framing and justification of nursing advocacy, the ethical obligation existing between nurses and patients is based on patient advocacy, patient rights. Nurses supporting patients through their healthcare decision-making and illness trajectory towards their achieving best outcomes that is lead to patient satisfaction. On the other hand, Daniel (2016) reported that the nurse advocate did not affect patient satisfaction.

Conclusion:

Based upon the study findings about nurses' advocacy toward patients and its relation toward patients' satisfaction. It was concluded that there was a moderate significant positive correlation between total protective nursing advocacy scale and total patients' satisfaction toward nursing advocacy.

Based on the study findings, the following recommendations are suggested:

- Empower patients through involving them in all of the health care decisions.

- Incorporate nursing advocacy concepts and patient rights into nursing curriculum.
- Conduct awareness sessions about nursing advocacy which is important for nurses and other categories in hospital to improve their performance.
- Involve the nursing advocacy role to be an aspect in nursing performance appraisal in hospital.

Further studies were recommended to be done in the future to:

- Investigate nurses' attribution to the role of patient advocacy as advocating for safe practice in health care settings.
- Explore the relationship between perceptions of patient safety culture, nursing advocacy, and patient outcomes.
- Study the effect of nursing advocacy on the quality of healthcare.

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