

Concept analysis

Business



Concept Analysis: Patient Advocacy College of Science and Health Professions Department of Health Professions: Nursing The purpose of this concept analysis is to identify, focus, and refine how patient advocacy is perceived by professional nurses in the nursing community. This paper will follow the Walker and Advant (2011) method of concept analysis to identify the concept of patient advocacy from existing literature with the aim to analyze and provide clarity and direction for enhancement of advocacy in nursing.

Further, steps will include the process of identifying attributes of the concept, describing all model cases selected, identifying antecedents and consequences regarding the concept, and lastly, identifying examples of empirical referents of the concept (Walker & Avant, 2011). Identification of Concept and Aim of Analysis Patients often have an inadequate knowledge of illness and medicine, yet they desire more control over their personal healthcare.

In many healthcare settings, patient care is unpredictable and patient's right to self-determine and quality-of-life has a tendency to be ignored (Bu ; amp; Jezewski, 2006).

Advocacy is understood as the act of pleading for, supporting, or recommending (Webster's Online Dictionary, n. d.). Moreover, the concept most often noted in literature as a component of nursing advocacy involves acting on behalf of patients, including nurses' activities of speaking, fighting, and standing up for their patients (Hanks, 2007).

Nurses are in a unique position to support their patient's interests in the re-establishment of health and well-being through patient advocacy.

However, due to the limited number of quantitative empirical studies of patient advocacy in nursing, the definition of patient advocacy is not consistent, and many nurses have a limited view of what patient advocacy is and how to perform the challenging task of protecting and supporting patient's rights. (Bu ; amp; Jezewski, 2006). The aim of this analysis is to clarify, define, and refine the concept of patient advocacy in order to expand understanding of this concept in nursing practice.

Defining Attributes According to much of the literature, defining attributes of patient advocacy involves a series of specific actions by nurses to protect, represent, and safeguard the patients' rights, best interests, and values within the healthcare system (Bu & Jezewski, 2006).

As well, safeguarding patient's autonomy, acting on behalf of patients, and defending social justice in the delivery of health care are all core attributes of patient-care advocacy (Bu ; amp; Jezewski, 2006).

The title of patient supporter and patient representative is also used frequently in research literature to describe the role of the nurse advocate (Hank, 2007). These attributes place patients at the center of the of the healthcare system, emphasizing patients' legal rights and well-being, and nurses' humanity, kindness, and fairness in the delivery of health care (Bu ; amp; Jezewski, 2006). Cases of Patient Advocacy Cases of patient advocacy can be examples of several main factors that define and challenge the attributes that facilitate or hinder nurses as patient advocates.

A model case is defined as “ an example of the use of the concept that demonstrates all the defining attributes of the concept” (Walker ; amp; Avant, 2011, p.

163). In addition to the model case exemplar, the attributes of patient advocacy will be defined and challenged through case examples of borderline, related, and contrary cases. Model Case An example of a model case for patient advocacy involves a Registered Nurse who has been working as the charge nurse of a busy Emergency Department for 15 years. P. B. has just come on shift, when an air emergency vehicle lands on the helipad with a 22-year-old, male, trauma patient.

The paramedic reports that the patient was involved in a two vehicle head-on collision, the patient was ejected from the vehicle, and that there is a possibility of a spinal cord injury. Immediately, the trauma team attends to any life-threatening injuries, while P. B. quietly and efficiently attends to the patient’s emotional and safety needs. She quickly determines that the patient would like his mother contacted only, that he would like to know the extent of his injuries, and that he suffering a considerable amount of pain.

After the patient’s primary care is complete, P.

B. explains spinal shock to the patient, allows the previously-contacted mother to enter the Emergency Department, and carefully reviews the plan-of-care with both the patient and the mother. She then offers to contact further family as needed, and presents herself available for any further questions. Further, after administering ordered pain medications, P. B.

is very astute with timed, follow-up, assessments regarding effective pain control. The above nurse demonstrates the core attributes necessary when a nurse is successful in the role as patient advocate.

The nurse acted as a patient protector from pain and fear, representing and safeguarding the patient's rights and autonomy through contacting the appropriate family members, and addressing the patient's pain with medication and personal reassessment of patient's pain control. As well, the nurse showed kindness, fairness, and humility with congruity of care by personally providing the patient and the patient's family with compassion and education regarding the patient's injury and treatment. Borderline Case

An example of a borderline case regarding the role of a nurse as a patient-advocator would involve the same scenario, but slightly different reactions from the above charge nurse. As the helicopter lands and the patient's life-threatening injuries are attended to by the trauma team, P.

B. offers to contact the family members of the patient. The patient asks that only his mother be notified, that he is afraid, and that he is in tremendous pain. P. B.

quickly reassures the patient that she will contact his mother, that being afraid is natural, and that as soon as she is given the order, she will provide the patient pain medicine.

When the patient's mother arrives in the Emergency Department, P. B. explains the nature of the patient's injuries, assures the mother that her son is going to be fine, and then leaves the two alone to discuss their options for care. The above example represents a borderline case due to the mid-range
<https://assignbuster.com/concept-analysis-analysis-paper-samples-2/>

of appropriate reactions by the nurse attending the needs of a patient. The patient's autonomy, privacy, and rights were safeguarded when the nurse contacted the appropriate family members.

However, the nurse did not demonstrate effective fairness when assuring the patient and the patient's other that everything would be fine with regard to the patient's injuries. Further, the nurse did not display kindness and compassion when leaving the patient and his mother alone without first determining that their educational and emotional needs were met. Related Case An example of a related case using the previous scenario involves a variance in the actions of the charge nurse. P. B has just begun her role as charge nurse on the night shift in the Emergency Department.

One of the trauma nurses has called in sick, and she is now required to provide care as a nurse on the trauma team as well as fulfill the role as charge nurse.

Shortly after her shift begins, a 24-year-old, male, trauma victim arrives via air transport, and P. B. realizes that she will have to be the primary nurse on this patient's case. The patient is quickly stabilized, but a spinal cord injury with possible paralysis is soon diagnosed by the trauma physician.

The patient is very frightened, in pain, and requests that P. B. phone his mother. P. B. calmly assures the patient that she will contact his mother, administers ordered pain medication, and then assures the patient that she will return to check on him shortly.

However, due to P. B. s charge nurse status, she is needed in another trauma case and the 24-year-old trauma victim is replaced by another trauma nurse.

<https://assignbuster.com/concept-analysis-analysis-paper-samples-2/>

This case appears to demonstrate the concept of patient advocacy. However, when examined closely, the trauma patient may have felt that P. B.

did not provide kindness, compassion, and congruity of care when failing to return to his bedside after stating that she would. Unknown to the patient, P. B. ' s responsibilities as a charge nurse kept her busy for the rest of the shift, and in fact, P. B. explained the transfer of nursing care to the patient's mother.

However, the patient's mother left the department while the patient was asleep, and no explanation was ever made to effectively relieve the patient's feeling of desertion. This exemplar may simply be a demonstration of a nurse who is very busy with patient care rather than the absence of patient advocacy. Contrary Case Using the scenario provided above, the contrary case example involves P. B. as she has just arrived to work as the Emergency Department charge nurse for the evening shift.

A trauma victim has been transported into the emergency bay, and he is suffering paralysis due to a spinal cord injury.

The victim is 24-year-old male, appears extremely frightened, and is in pain. As the charge nurse, P. B. does not typically have individual patients assigned to her, and this is no exception. However, the nurse assigned to the patient asks P.

B. to contact the patient's mother and to stay with the patient until his anxiety and pain have lessened. P. B. calls the number provided on the patient's chart, and asks the patient's father to immediately come to the

Emergency Department, relaying that he should contact the victim's mother as well. Following the phone call, P.

B. stays with the patient for a short time, but does not provide any comfort measures; instead, P. B. frequently leaves the patient's bedside, avoids speaking with patient, and denies any knowledge of his condition when asked for updates by the patient. The above nurse does not demonstrate the core attributes identified when a nurse is successful in the role of patient advocate. The nurse fails to act as a patient protector from fear or to represent and safeguard the patient's rights and autonomy through contacting the inappropriate family member.

Further, the nurse does not attempt to exude kindness, humanity, or supporter-of-patient's needs by frequently leaving his bedside and failing to offer reassurance or education regarding the patient's injuries. This is clearly not the concept of a patient advocate role. Identification of Antecedents
Antecedents are those incidents or events in place prior to the occurrence of the concept being researched (Walker ; amp; Avant, 2011). Antecedents of patient advocacy occur at all levels of the healthcare system, and appeal for nurses to advocate for patients.

Advocacy for patients stems from a need to protect a vulnerable population that loses power to represent or defend itself (Hank, 2007).

Vulnerable patients are the most frequently mentioned situation demanding nurses' advocacy actions (Bu & Jezewski, 2006). Populations of vulnerable people include groups or individuals who cannot fully embody and defend their own rights, needs, welfares and wishes, are unable to make suitable

choices, or unable to carry out their choices (Bu & Jezewski, 2006).

Identification of Consequences

The consequences of patient advocacy are a result of nurses' patient advocacy and can be either positive or negative (Bu ; amp; Jezewski, 2006). Successful patient advocacy actions produce positive consequences through the protection of patients' rights, needs, welfares, and wishes (Bu & Jezewski, 2006). The nursing profession may also have positive consequences as a result of patient advocacy through increases in professional fulfillment, self-confidence and self-respect through the preservation of personal integrity and moral principles (Bu & Jezewski, 2006).

Negative consequences can occur when nurses advocate for patients and risks are reported as the advocator being insubordinate; many patient advocators suffer loss of reputation, support system, and self-esteem (Bu & Jezewski, 2006). Identification of Examples of Empirical Referent Empirical referents are classes or categories of actual phenomena demonstrating the occurrence of the concept, and in many cases the defining attributes and empirical referents will be the same (Walker & Avant, 2011).

The concept of patient advocacy, or specific patient advocacy action, is classified under the core attributes listed above, and the empirical referents of this concept analysis are the same. The defining attributes include safeguarding, protecting, representing patients' rights, best interests, and values within the healthcare system (Bu ; amp; Jezewski, 2006). Safeguarding patient's autonomy, acting on behalf of patients, and defending social justice in the delivery of health care are also listed as defining attributes of patient advocacy (Bu & Jezewski, 2006).

Patient supporter and patient representative are also included in this analysis to be attributes in the role of nurse patient-advocate (Hank, 2007). In conclusion, patient advocacy is an essential part of the professional nursing practice. If the need for advocacy is not appropriately acknowledged and applied, effective healthcare will not be received. The concept analysis of this paper provided clarity, definition, and refinement of the concept of patient advocacy and promotes advocating of patients as a necessary step in the advancement intended for nurses' professional practice.

References Bu, X. ; amp; Jezewski, M.

A. (2006). Developing a mid-range theory of patient advocacy through concept analysis. *Journal of Advanced Nursing*, 57(1), 101-110. doi: 10.

111/j. 1365-2648. 2006. 04096. x Hanks, R.

G. (2007). Barriers to nursing advocacy: a concept analysis. *Nursing Forum*, 42(4), 171-177. doi: 10.

1111/j. 1744-6198. 2007. 00084. x Merriam-Webster Online.

(2012). Advocacy. Retrieved from <http://www.merriam-webster.com/dictionary/advocacy>

Walker, L. O.

, ; amp; Avant, K. C. (2011). *Strategies for theory construction in nursing*. (5th ed.

). Upper Saddle River, NJ: Pearson.