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STUDENT ATTITUDES TOWARD THEIR ROLE AS
PATIENT ADVOCATE

BY

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JGH

ABSTRACT

The Role of the Nurse as Patient Advocate Student Attitudes Toward Their Role as Patient Advocate

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Patient advocacy is a role which has been identified as an important one for nurses. Numerous definitions, models, opinions and philosophical justification of advocacy as a nursing role are described in the literature. The importance of this role is obvious when considering the philosophical dimensions of advocacy. It has been suggested that the concept of advocacy may be the fundamental or theoretical foundation of nursing (Donahue, 1985; Gadow, 1980). Although the role has been discussed for many years there are few established guidelines for implementation and little research exists regarding the advocacy role.

The purpose of this descriptive study is to 1) identify opinions of students who are at different levels in their educational process toward their role as patient advocate, 2) compare these opinions with those of registered nurses previously surveyed (Renner, 1987).

A convenience sample of generic Illinois Wesleyan University baccalaureate nursing students (n=77) who were at the sophomore, junior, and senior levels were surveyed; included in the sample were the 1990 graduates (n=25). Opinions toward advocacy were measured by the Nurse Advocate Opinion Scale (Renner, 1982). This instrument consists of 33 items about the advocacy role and were rated on a 5-point Likert-type scale. Validity of the instrument has been well established with reliability indicated by Cronbach's alpha of .75. Study participants were also asked to identify ways which would help improve their advocacy role development. The instrument was administered in a classroom setting to the sophomores, juniors, and seniors while the graduates were surveyed by mail. The mailed response rate was 81% while the student participation rate was 99%.

Data analysis using descriptive statistics identified opinions which were strongly agreed upon as well as opinions which varied widely in levels of agreement. Analysis of responses to the open ended question identified teaching-learning methods for advocacy role development.

PROBLEM AND PURPOSE

Patient advocacy is a role which has been identified as an important one for nurses. Numerous definitions, models, opinions and philosophical justification of advocacy as a nursing role are described in the literature. The importance of the role is obvious when considering the dimensions of advocacy. It has been suggested that the concept of advocacy may even be the fundamental or theoretical foundation of nursing (Donahue, 1985; Gadow, 1980). Although the role has been discussed for many years there are few established guidelines for implementation and little research exists regarding the advocacy role.

The purpose of this descriptive study is to 1) identify opinions of students who are at different levels in their educational process toward their role as patient advocate, 2) compare these opinions with those of registered nurses previously surveyed (Renner, 1987).

RELATED LITERATURE

Although interest in the patient advocacy role has increased in recent years, there is no universally accepted or supported definition of advocacy. Various definitions warrant examination in order to understand the complexity and ambiguity of the this role. Advocacy has been defined as the act of pleading for or supporting (Webster, 1976). Kohnke (1980), explains advocacy as informing the patient and then supporting him in his decision. This involves not only supporting a client's decision, but maintaining that support even if the nurse believes the decision is not the best one for the patient (Kohnke, 1980). Nowakowski (1977) agrees with this concept when stating that advocacy involves supporting whatever the patient believes is best, even if the nurse does not agree with the patient's

decision. The importance of placing patient values above the nurses is stressed by Curtin (1979). Several authors believe that the advocate role can only be achieved effectively if the nurse becomes involved with political relationships for the purpose of changing the power structure, if necessary (Douglass, 1988; Kosik, 1972). Gadow (1979) indicates that freedom of self-determination is a fundamental human right. Human rights are also the focus of Curtin's (1979) definition of advocacy. Examination of literature related to the philosophical dimensions of patient advocacy reveals the importance of advocacy to nursing. Several philosophical views of patient advocacy suggest that advocacy might very well be the idea on which the construct of nursing is based. (Donahue, 1985; Gadow, 1980; Curtin, 1979). While there appears to be considerable variability among experts as to what the concept of advocacy entails, some commonalities are evident in the various definitions. The major themes that consistently emerge from the varying definitions for advocacy are human rights, support, information providing, moral reasoning, client priority and political involvement in the institution, and values clarification.

While the concept of advocacy is not new to nursing, it is a topic that has been only recently addressed in the nursing literature. One reason for the increasing interest in patient advocacy may be the current focus on human rights and patient's right to choice and desire for an active role in decisions regarding their care. Although patients have always had rights in the health care arena, they have become more aware of these rights and are demanding participation in decisions as consumers of health care (Donahue, 1985; Becker, 1986). This fact reinforces the need for the someone to assume the patient advocate role, and nursing has laid claim to it.

Another reason that the patient advocate role is becoming increasingly important is related to the growth in two areas of our population: the elderly and

the single parent family. These two groups magnify the need for nurses to assume the supportive role of advocate (Leddy & Pepper, 1989). For example, the elderly population is considered to be very vulnerable and the nurse, as patient advocate, is in a unique position to help them receive the health care which they need as well as to provide them with information related to making appropriate choices. This particular group needs assistance from the nurse in order to gain and maintain respect. The single parent family needs a different kind of help. The mother is most frequently the person functioning as a single parent (Leddy & Pepper, 1989). Society does not always provide women with the avenue for economic advancement. It may be important for the nurse not only to support the mother in seeking assistance but also provide information about low cost health care.

Nursing, as a service profession, is required to act in accordance with a code of conduct. Inherent in this code is the profession's accountability for its actions. Ethical practice is based on an individual's ability to distinguish right from wrong, or moral reasoning (Leddy & Pepper, 1989). Although empirical investigations of patient advocacy are limited, studies have been conducted examining this area. Felton and Parsons (1987) studied moral reasoning among college students and suggest that moral reasoning can be taught. This finding was supported by Mustapha & Seybert (1988) in their study of curriculum and its affect on moral reasoning ability.

An important concept included in many definitions of patient advocacy is client priority. Leddy & Pepper state that "the nurse attempting to act in the role of client advocate accepts the obligation to keep the client first in priority at all times" (p. 378). While this concept is important to the advocacy role, nurses are often placed in positions of conflict with institutional policies (Leddy & Pepper, 1989; Becker, 1986; Jenny, 1979). Research by McElmurry, Swider, & Yarling (1985) suggests that nursing students are not making the patients their first priority at all times.

Students examined in this study made decisions which centered around bureaucratic priority rather than patient priority. McElmurry, et al. concluded that bureaucratic restraints are inevitable, and nurses need to learn strategies for dealing with these restraints.

Values clarification is an important component of the patient advocate role. Gadow (1980) describes advocacy as an effort to become clear about what the patient wants to do by assisting them to determine and clarify their values. Nurses are morally responsible now more than ever for providing patients with accurate and adequate information so that the individual can make choices based on their own moral beliefs (Curtin, 1982). Gadow (1980) suggests, however, that nurses must understand and come to terms with their own values before they can function in this capacity. Research by Schank and Weis (1987), suggests that senior baccalaureate nursing student's values differ from those composing the American Code for Nurses (1985). The authors suggest that full development of values may depend upon experience in practice.

A study by Brooks & Femea (1988) revealed that senior baccalaureate students score higher in autonomy and advocacy than do incoming freshman. It also revealed that RNs scored higher than the generic baccalaureate seniors. The researchers found that students who had a 15 week clinical experience in either leadership and management or community health had the greater increases in subscales measuring autonomy, patient rights, and rejection of traditional nursing role limitations.

There is no existing research that identifies opinions of students toward their role as patient advocate at different levels of their education. Since nursing has determined the role of patient advocate as important to the profession, it would appear that development of this role could be crucial. The exploration of how students view the nurses' role as patient advocate would be valuable. Research

identifying opinions toward the advocacy role at different levels of the professional educational process might be useful in assessing and planning to meet learning needs. The purpose of this descriptive study is, therefore, to identify opinions toward the role of the nurse as patient advocate as they are formed throughout the educational process.

METHOD

Sample

A convenience sample of generic Illinois Wesleyan University baccalaureate nursing students ($n=77$) who were at the sophomore, junior and senior levels were surveyed. Also included in the sample were the 1990 graduates ($N=25$) for a total sample size of 102. Twenty eight percent of the sample (sophomore nursing students) were in their first clinical nursing course, 26% (seniors) were completing their last two clinical rotations and the remaining 20% of the students were juniors. The graduate nurses (26% of the sample) were nine months post-graduation.

Instrument

The Nurse Advocate Opinion Scale was used to measure opinions toward advocacy (Renner, 1982). This instrument consists of 33 items about the advocacy role and were rated on a 5-point, Likert-type scale. Content and construct validity of the instrument has been established. Factor analysis of the instrument's items suggested two factors. Factor 1 was concerned with "responsibilities and functions of advocacy". Factor 2 was related to the "problem areas of advocacy". Reliability was indicated by Cronbach's alpha of .75. For this current study an additional section of socio-demographic questions were included in the survey. The student surveys included nine items. Items were designed to evaluate opinions related to

importance of advocacy, changes in opinions during schooling, definitions of advocacy, estimation of assertiveness, and an open-ended question to ascertain suggestions for ways of improving the role (see Appendix A). Graduate nurses were asked to respond to seventeen items. The increased number of informational items for the graduate nurses were related to professional opportunities which the current nursing students would not have had and also included questions related to academic preparation for functioning, frequency of implementing the role, and occurrence of institutional constraints (see Appendix B).

Procedure

The instrument was administered to the sophomore, junior, and senior nursing students in a classroom setting within a one week period of time. Graduate nurses were surveyed by mail with one follow-up mailing. Cover letters were included with the first and follow-up mailings (see Appendixes C & D). The participants were presented with the purposes of the study and asked to voluntarily participate. The mailed response rate was 81% while the student participation rate was 99%. Participants were assured that their identity and responses would be confidential.

RESULTS

The demographic data revealed that the subjects ranged in age from 18 to 35 years with 73% of the sample between 18 and 24 and only 4% over the age of 35. Ninety two percent of the sample were female. Over 60% of all groups sampled considered themselves moderately religious. Opinions were also obtained for four additional information-type items. The response to these items are included in Table 1. In response to the importance of the nurse functioning as advocate, the

ATTITUDES TOWARD NURSE-ADVOCATE ROLE

Survey Results

(Figure 1)

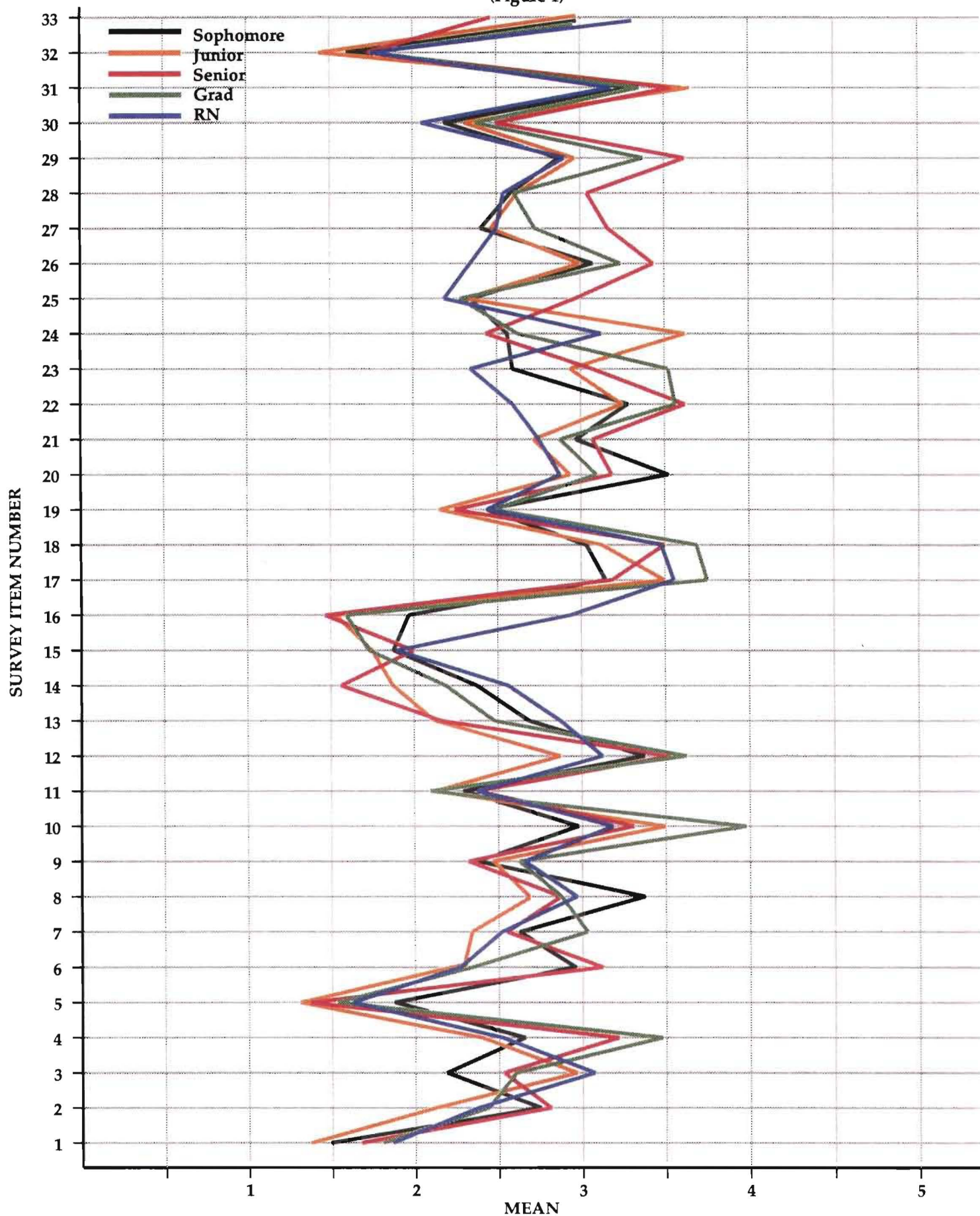


TABLE 1

OPINIONS ON SELECTED ITEMS

ITEM	RESPONSE CHOICE	SOPH %	IR %	SR %	GRAD %
How important do you believe it is for the nurse to function as a patient advocate?	1. very important	48	75	78	76
	2. somewhat important	45	20	20	22
	3. undecided	7	5	2	2
	4. not important	-	-	-	-
Has your opinion on patient advocacy changed throughout the educational process?	1. yes	38	50	60	-
	2. no	59	45	28	-
	no response	3	5	12	
How assertive do you consider yourself?	1. extremely	15	18	26	42
	2. moderately	63	63	61	54
	3. somewhat	22	11	44	2
	4. slightly	-	11	9	2
	5. not at all	-	-	-	-
Definition which most closely reflects own feelings toward the role of nurse as advocate?	1. "An advocate supports or defends someone or something and recommends or pleads in another's behalf...and works to change the power structure so that a situation will be improved." (Douglass, 1988, p. 259)	18	16	13	8
	2. "Advocacy involves the aspects of promoting what is best for the client ensuring that the client gets what he or she needs, and protecting the client's rights." (Disparti, 1988, p.140)	46	21	39	9
	3. "An advocate is one who pleads the cause of another...one that argues for, defends, maintains, or recommends a cause or proposal." (Webster, 1976 p.32)	4	-	-	-
	4. "The act of informing and supporting a person so that he can make the best decisions possible for himself." (Kohnke, 1982, p. 145)	32	63	48	83

juniors, seniors, and graduates considered this function to be "very important" (75-78%). Sophomore students agreed that the role was "somewhat important", but not in the "very important" category. Although sophomores indicated that their opinions on advocacy had not changed during the educational process, the juniors (50%) and seniors (60%) stated that their opinions had changed. In response to assertiveness, over 60% of sophomores, juniors, and seniors considered themselves "moderately assertive", while 54% of graduates felt "moderately assertive" and 42% felt "extremely assertive". In response to the item of choosing a definition which most closely reflected feelings toward advocacy, the respondents selected from four choices representing differences in parameter in the role of advocate. The most commonly chosen definition by juniors, seniors and graduates is that of Kohnke, while 46% of sophomores selected the Disparti definition.

The following information was obtained in the survey, but only from the graduate nurses. In response to the question of whether or not they felt a stronger need for advocacy now than when a student, 83% indicated that they did. Fifty percent felt that they were adequately prepared for the advocate role, while 5% felt they were superbly prepared, and 17% felt poorly or totally unprepared. In the open-ended question requesting suggestions for improving student preparation for the role, an impressive 47% identified assertiveness training as a needed method. The only other method suggested included roleplaying (8%) and physician lecture on nurse/physician communication (8%). Eighty percent felt that they functioned daily as an advocate with 72% identifying informed consent as the major reason for this response. Thirty four percent identified frequent or occasional conflict with patient interest and institutional policy. In the area of fear of loss of job 22% indicated that this was a concern while 36% felt no danger.

Opinions of students toward their role as patient advocate were analyzed using means and percentages. Means were determined for each of the 33 items for

sophomore, junior, senior and graduate participants. Also included is information from the study by Renner (1987) which identifies the means for a random sample of Illinois registered nurses. The means are displayed in Figure 1. Generally there was very little discernable variation between the means. Percentages were also determined for all items and are portrayed in Table 2. These resulting percentages consisted of five different samples with five possible opinions for all 33 separate items. In an attempt to condense the data to a more manageable format the information was analyzed for patterns of commonality. The following method for grouping the information was identified: 1) items reflecting uniform group opinions; 2) items reflecting divergent group opinions; and 3) items reflecting different opinions at different educational levels.

Five items which reflected uniform group opinions were identified. The criteria established for inclusion in this group was a minimum of 80% agreement in all five groups sampled. Results are displayed in Table 3. For item number one, an overwhelming 90% of all groups strongly agreed (SA) or agreed (A). Ninety-six to one hundred percent of the juniors, seniors, and graduates were in either strong agreement or agreement with item number five. For items 15 and 16, 80% was the minimum level of agreement. The last item (#32) included in this group reflected at least 92% in the SA/A categories.

The items reflecting divergent group opinions included a total of six items and are identified in Table 4. These items appeared to lack consistency or uniformity of response. Generally the answers for all five groups were well distributed among the five choice options. The percentages of opinions falling into the combined SA/A categories and the SD/D categories are very similar. The undecided (U) category was frequently chosen.

Items reflecting different opinions at different educational levels included a third of the 33 total items and are listed in Table 5. The opinions for these 11 items,

TABLE 2

ATTITUDES TOWARD NURSE - ADVOCATE ROLE
SURVEY RESULTS

	Year	Mean	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Patient autonomy and self-determination are increased through advocacy by the nurse.	Sophomore	1.52	48%	52%	—	—	—
	Junior	1.35	65	35	—	—	—
	Senior	1.60	40	60	—	—	—
	Grad	1.64	40	55	4	1	—
	RN	1.72	39	51	9	1	—
2. A new and separate position of patient advocate, representative, or ombudsperson is a necessary addition to the health care delivery system.	Sophomore	2.76	3	38	38	21	—
	Junior	2.15	10	70	15	5	—
	Senior	2.80	8	29	26	29	8
	Grad	2.44	24	24	40	8	4
	RN	2.34	26	35	24	11	4
3. If the physician does not inform the patient about his condition, the nurse is justified in doing so.	Sophomore	2.16	10	31	35	21	3
	Junior	2.95	10	20	40	25	5
	Senior	2.56	20	28	36	8	8
	Grad	2.60	12	40	24	24	—
	RN	3.09	11	18	29	35	7
4. The patient advocate must be independent from institutional constraints.	Sophomore	2.66	11	28	35	26	—
	Junior	2.40	15	45	25	15	—
	Senior	3.20	12	16	16	52	4
	Grad	3.48	—	20	12	68	—
	RN	2.54	22	31	21	21	5
5. The role of the nurse includes assisting the patient to frame and ask relevant questions concerning necessary medical information.	Sophomore	1.86	41	41	4	14	—
	Junior	1.30	70	30	—	—	—
	Senior	1.32	68	32	—	—	—
	Grad	1.52	64	24	8	4	—
	RN	1.59	47	49	2	1	1
6. Advocacy requires more time than the majority of nurses have to expend.	Sophomore	2.90	7	28	34	31	—
	Junior	2.35	25	40	15	15	5
	Senior	3.12	12	20	16	48	4
	Grad	2.36	24	44	8	20	4
	RN	2.28	29	40	6	22	3
7. Access to medical records is a right which nurses should encourage patients to assert.	Sophomore	2.66	14	18	54	11	3
	Junior	2.45	15	30	50	5	—
	Senior	2.64	8	36	40	16	—
	Grad	3.04	4	36	36	16	8
	RN	2.53	18	34	26	21	1
8. Nurses should be prepared to answer patient's probing questions even if they may lead to malpractice suits.	Sophomore	3.35	—	34	15	31	20
	Junior	2.70	10	40	30	10	10
	Senior	2.88	4	28	28	40	—
	Grad	2.88	4	40	28	20	8
	RN	2.90	8	28	35	24	5
9. If the physician fails to provide the patient with information concerning medical care options, the nurse should assume this as part of her role.	Sophomore	2.31	21	52	10	10	7
	Junior	2.45	20	35	30	10	5
	Senior	2.40	12	64	4	12	8
	Grad	2.60	4	52	24	20	—
	RN	2.62	11	40	27	20	2

		Year	Mean	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
10.	The nurse advocate may find it difficult to give up her authority and control over the patient.	Sophomore	2.97	7	21	40	21	11
		Junior	3.50	—	13	42	40	5
		Senior	3.36	—	24	20	48	8
		Grad	3.92	—	12	4	64	20
		RN	3.33	2	26	20	41	11
11.	Patient questions about alternative courses of medical treatment can be answered by the nurse if she tells the patient that the information comes from her own knowledge and experience as a nurse.	Sophomore	2.28	14	62	7	17	—
		Junior	2.10	20	55	20	5	—
		Senior	2.36	8	64	12	16	—
		Grad	1.96	32	44	20	4	—
		RN	2.32	18	51	17	11	3
12.	The majority of nurses have little or no concept of what is important to advocate	Sophomore	3.35	4	7	41	24	24
		Junior	2.80	5	45	25	15	10
		Senior	3.56	4	12	24	44	16
		Grad	3.60	—	20	8	64	8
		RN	3.00	4	39	18	30	9
13.	Nurses should tell patients and families that they will serve as their advocates.	Sophomore	2.67	7	40	38	12	3
		Junior	2.10	10	70	20	—	—
		Senior	2.16	8	76	8	8	—
		Grad	2.48	16	40	28	12	4
		RN	2.82	7	34	32	24	3
14.	Advocacy is an avenue for establishing nursing on a secure professional foundation.	Sophomore	2.21	14	52	34	—	—
		Junior	1.85	30	55	15	—	—
		Senior	1.60	20	60	20	—	—
		Grad	2.20	20	48	24	8	—
		RN	2.59	10	40	33	16	1
15.	The role of the nurse advocate is to assist the patient to serve as his own advocate.	Sophomore	1.86	17	80	3	—	—
		Junior	1.70	50	35	10	5	—
		Senior	2.04	20	60	20	—	—
		Grad	1.68	40	52	8	—	—
		RN	1.88	23	66	9	1	1
16.	Advocacy will increase patient satisfaction	Sophomore	1.90	21	69	10	—	—
		Junior	1.55	50	45	5	—	—
		Senior	1.48	48	44	8	—	—
		Grad	1.56	52	44	—	4	—
		RN	1.93	27	57	14	1	1
17.	Nurses are willing to report incompetent physicians.	Sophomore	3.14	7	21	28	41	3
		Junior	3.55	5	10	25	45	15
		Senior	3.20	4	28	12	56	—
		Grad	3.84	—	20	12	56	12
		RN	3.58	5	16	11	53	15
18.	If a nurse believes that a patient may not receive adequate nursing care due to understaffing, she should discuss this with the patient or family.	Sophomore	3.03	7	28	28	30	7
		Junior	3.10	5	10	60	20	5
		Senior	3.50	—	12	28	52	8
		Grad	3.72	8	8	24	24	36
		RN	3.49	3	14	28	41	14
19.	If the physician fails to give the patient straight answers, the nurse must report this fact through proper administrative channels.	Sophomore	2.31	21	45	17	17	—
		Junior	2.15	25	40	30	5	—
		Senior	2.24	12	60	20	8	—
		Grad	2.44	4	64	16	16	—
		RN	2.31	16	48	24	11	1
20.	Nurses themselves create and/or enforce hospital rules that deprive patients of their rights.	Sophomore	3.52	7	10	31	28	24
		Junior	2.90	5	30	35	30	—
		Senior	3.16	4	32	12	48	4
		Grad	3.12	—	40	16	36	8
		RN	2.84	7	41	19	27	6

	Year	Mean	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
21. The nurse-advocate needs to defend the patient from the health care system itself.	Sophomore	2.97	3	24	49	21	3
	Junior	2.70	5	45	25	25	—
	Senior	3.08	8	28	16	44	4
	Grad	2.88	8	36	16	40	—
	RN	2.78	8	37	27	25	3
22. The nurse who functions as an advocate risks losing her job.	Sophomore	3.28	4	14	38	37	7
	Junior	3.25	5	15	40	30	10
	Senior	3.68	4	4	20	48	24
	Grad	3.64	8	8	16	48	20
	RN	2.65	14	37	23	23	3
23. The majority of physicians will react negatively to the nurse's role as a patient advocate.	Sophomore	2.59	14	35	31	20	—
	Junior	2.90	—	50	10	40	—
	Senior	3.08	4	28	24	44	—
	Grad	3.52	—	24	—	76	—
	RN	2.30	23	44	14	18	1
24. When the patient asks the nurse her opinion of his doctor, the nurse should reassure the patient, even if she has negative opinions.	Sophomore	2.55	21	21	31	24	3
	Junior	3.65	—	35	45	15	5
	Senior	2.44	12	40	24	24	—
	Grad	2.68	12	32	32	24	—
	RN	3.13	1	28	34	31	6
25. Most nurses will not risk the open disagreement with the physician that patient advocacy may require.	Sophomore	2.35	3	52	31	14	—
	Junior	2.30	10	60	20	10	—
	Senior	2.96	4	44	8	40	4
	Grad	2.28	20	48	16	16	—
	RN	2.17	12	69	8	10	1
26. Schools of nursing are not preparing nurses to function effectively as patient advocates.	Sophomore	3.07	3	19	44	24	10
	Junior	3.00	5	35	20	35	5
	Senior	3.44	4	16	20	52	8
	Grad	3.24	8	20	12	60	—
	RN	2.30	20	46	19	14	1
27. Advocacy involves more personal involvement with patients than the majority of nurses are willing to assume.	Sophomore	2.41	9	56	21	14	—
	Junior	2.45	15	50	10	25	—
	Senior	3.32	—	36	20	44	—
	Grad	2.72	8	48	8	24	12
	RN	2.46	9	59	11	20	1
28. An advocate may be necessary between the nurse and the patient.	Sophomore	2.59	14	50	17	12	7
	Junior	2.65	—	55	25	20	—
	Senior	3.04	16	24	12	36	12
	Grad	2.60	12	48	8	32	—
	RN	2.57	9	46	27	16	2
29. Patients who are self-determined in their own health care may cause the nurse to feel threatened in her position.	Sophomore	2.86	3	38	29	23	7
	Junior	2.95	10	25	25	40	—
	Senior	3.64	—	20	8	52	20
	Grad	3.40	16	16	12	56	—
	RN	2.94	3	44	14	32	7
30. There are situations in which it is impossible for the nurse to fulfill nursing duties as well as to act as a patient advocate.	Sophomore	2.14	10	70	17	3	—
	Junior	2.30	25	45	10	15	5
	Senior	2.36	8	64	12	16	—
	Grad	2.44	12	56	8	24	—
	RN	2.09	21	57	12	9	1
31. If, because of an unhealthy choice by the patient, the patient and physician differ on the care the patient should receive, the nurse should support the physician's point of view.	Sophomore	3.28	—	18	48	24	10
	Junior	3.65	—	10	25	55	10
	Senior	3.56	8	12	8	60	12
	Grad	3.28	8	28	8	40	16
	RN	3.17	4	25	28	35	8

32. Nursing advocacy includes input and participation on committees making decisions concerning patient welfare.

Year	Mean	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Sophomore	1.66	38	59	3	—	—
Junior	1.40	65	30	5	—	—
Senior	1.72	32	64	4	—	—
Grad	1.76	40	52	—	8	—
RN	1.75	33	61	4	1	1

33. The majority of nurses are assertive enough to effectively serve as patient advocates.

Sophomore	2.98	—	41	21	38	—
Junior	2.98	—	35	25	35	5
Senior	2.46	12	48	12	24	4
Grad	2.96	—	52	—	48	—
RN	3.41	4	21	15	50	10

TABLE 3**ITEMS REFLECTING UNIFORM GROUP OPINIONS**

1. Patient autonomy and self-determination are increased through advocacy by the nurse.
5. The role of the nurse includes assisting the patient to frame and ask relevant questions concerning necessary medical information.
15. The role of the nurse advocate is to assist the patient to serve as his own advocate.
16. Advocacy will increase patient satisfaction.
32. Nursing advocacy includes input and participation on committees making decisions concerning patient welfare.

TABLE 4

ITEMS REFLECTING DIVERGENT GROUP OPINIONS

3. If the physician does not inform the patient about his condition, the nurse is justified in doing so.
4. The patient advocate must be independent from institutional constraints.
8. Nurses should be prepared to answer patient's probing questions even if they may lead to malpractice suits.
20. Nurses themselves create and/or enforces hospital rules that deprive patients of their rights.
21. The nurse advocate needs to defend the patient from the health care system itself.
24. When the patient asks the nurse her opinion of his doctor, the nurse should reassure the patient even if she has negative opinions.

TABLE 5

ITEMS REFLECTING DIFFERENT OPINIONS
AT DIFFERENT EDUCATIONAL LEVELS

3. If the physician does not inform the patient about his condition, the nurse is justified in doing so.
4. The patient advocate must be independent from institutional constraints.
6. Advocacy requires more time than the majority of nurses have to expend.
8. Nurses should be prepared to answer patient's probing questions even if they may lead to malpractice suits.
10. The nurse advocate may find it difficult to give up her authority and control over the patient.
20. Nurses themselves create and/or enforce hospital rules that deprive patients of their rights.
22. The nurse who functions as an advocate risks losing her job.
23. The majority of physicians will react negatively to the nurses role as patient advocate.
26. Schools of nursing are not preparing nurses to function effectively as patient advocate.
29. Patients who are self-determined in their own health care may cause the nurse to feel threatened in her position.
33. The majority of nurses are assertive enough to effectively serve as patient advocates.

although different, did not show any pattern of progressive increase or decrease during the educational process. Sophomore students were as likely to agree with RNs as with the graduates. Each of the 11 items are briefly discussed. For item number three, more RNs disagreed than any other group sampled. Forty two percent of Rns disagreed (SD/D) and juniors followed this similar trend, while 41-52% of sophomores, seniors, and graduates agreed (SA/A). Item number four- RN and juniors SA/A (53-60%), while seniors and graduates SD/D (56-68%). Item number six - juniors, graduates, and RNs SA/A (65-69%). Sophomores were distributed among all opinion levels while seniors SD/D (52%). Item number eight - 51% of sophomore SD/D and 50% of juniors SA/A, while seniors, graduates, and RNs ranged in their viewpoints. Item number 10 - Seniors, graduates, and RNs all SD/D with this item (52-84%), sophomores had a wide range of opinion, and juniors SD/D or were undecided. Item number 20 - RNs agreed (SA/A- 48%) while sophomores and seniors SD/D (50-52%). Item number 22 - 51% of all RNs either SA/A, but seniors and graduates disagreed with this item. Item number 23 - RNs SA/A (67%) most frequently with this item, while 76% of graduates SD/D. Item 26 - All groups SD/D or were undecided except the RNs who SA/A at 66%. Item number 29 - seniors and graduates SD/D while the other three groups had a wide range of opinion. Item number 33 - RN opinions were different with 60% SD/D while 56% of seniors and 52% of graduates SA/A.

Opinions in the undecided category were analyzed and it was determined that the majority of sophomores were undecided on 18 items. The majority of juniors were undecided on eight items, while the seniors were undecided on only two, and the graduates and RNs three.

RNs have opinions which are different from sophomores, juniors, seniors, and graduates in six of the thirty three items. These items (#4, 20, 22, 23, 26 and 33)

were identified within the group of items reflecting different opinions at different educational levels. These will be discussed in the following section.

CONCLUSIONS

Opinions of students toward their role as a patient advocate were identified for sophomores, juniors, seniors, and graduates. According to the findings of this study there are components of the advocacy role that are highly agreed upon by RNs and students regardless of their educational level. These items clearly reflect the belief that the nurse's role is to provide information, assist the patient to serve as his own advocate, and to participate in patient welfare committees. They also believe that patient autonomy and satisfaction are increased through nursing advocacy.

The educational level was also considered when examining the answers that reflected divergent group opinions. It does not appear that there is any consistent pattern which can be related to whether the participant is a sophomore, junior, senior, graduate, or RN. However, examination of answers to these items indicate that these areas are quite probably ambiguous or controversial aspects of the advocacy role and merit further examination.

Items which were identified as varying depending on educational level revealed that sophomores tend to be unclear on many aspects of the advocacy role. This might be explained simply because of lack of experience in both the educational and clinical settings. Although there were different percentages and means for several items answered by juniors, seniors, and graduates when these were analyzed it was determined that differences could not be explained by either educational level or experience. However, when comparing RNs with the other four groups differences appeared.

When the opinions of RNs were compared with those of students and graduates clear differences were apparent for six different items. The determining factor for this difference appeared to directly relate to experience in nursing. Constraints imposed by the institution and/or physician predominate as the basis for their opinions on four of the items. Institutional constraints, hospital rules, fear of loss of job, and negative reaction from physicians are clearly learned on the job and in the role. The RNs opinions indicate that schools are not adequately preparing nursing students for the advocate function, nor were the majority of nurses assertive enough to function in this role. This insight could also come from experience.

Assertiveness instruction was clearly identified as a method for enhancing abilities in implementing the advocate role. It is interesting to note that although the graduate nurses recommended this method, they at the same time identified themselves as being extremely or moderately assertive (76%). After experience in the clinical setting, they may recognize that successful implementation of this role depends upon assertiveness and therefore recommended more assertiveness training during the educational process.

It could be significant to Illinois Wesleyan nursing educators to note that the most frequently chosen definition of advocacy was that of "the act of informing and supporting a person so that he can make the best decisions possible for himself" (Kohnke, 1982, p.145). These findings may be attributed to the fact that the nursing curriculum is based upon the Orem Self-Care Deficit theoretical framework.

Descriptive statistics used in this study limited the ability to draw precise conclusions. The use of more advanced statistical procedures is recommended for a future study. Also recommended is a four year longitudinal study which would better reflect individual changes in opinion.

Findings from this study may have implications for student development in the patient advocate role. Assertiveness training should be considered as a teaching/learning strategy. Clinical examples and situations involving patient advocacy should be emphasized if this all important role is to be successfully taught and learned.

Nurse-Advocate Opinion Scale

Directions:

The following statements are related to nursing and patient advocacy. Please read each statement and then indicate the extent to which you agree or disagree with it. Circle the number which best represents *your own feelings* about this statement. Make sure you circle *one* answer for each statement.

Circle 1 if you strongly agree
 Circle 2 if you agree
 Circle 3 if you are undecided
 Circle 4 if you disagree
 Circle 5 if you strongly disagree

Strongly Agree 1	Agree 2	Undecided 3	Disagree 4	Strongly Disagree 5	
SA	A	U	D	SD	
1	2	3	4	5	1. Patient autonomy and self-determination are increased through advocacy by the nurse.
1	2	3	4	5	2. A new and separate position of patient advocate, representative, or ombudsperson is a necessary addition to the health care delivery system.
1	2	3	4	5	3. If the physician does not inform the patient about his condition, the nurse is justified in doing so.
1	2	3	4	5	4. The patient advocate must be independent from institutional constraints.
1	2	3	4	5	5. The role of the nurse includes assisting the patient to frame and ask relevant questions concerning necessary medical information.
1	2	3	4	5	6. Advocacy requires more time than the majority of nurses have to expend.
1	2	3	4	5	7. Access to the medical records is a right which nurses should encourage patients to assert.
1	2	3	4	5	8. Nurses must be prepared to answer patients' probing questions even if they may lead to malpractice suits.
1	2	3	4	5	9. If the physician fails to provide the patient with information concerning medical care options, the nurse should assume this as part of her role.
1	2	3	4	5	10. The nurse as advocate may find it difficult to give up her authority and control over the patient.
1	2	3	4	5	11. Patient questions about alternative courses of medical treatment can be answered by the nurse if she tells the patient that the information comes from her own knowledge and experience as a nurse.
1	2	3	4	5	12. The majority of nurses have little or no concept of what is important to advocate.

—2—

					Strongly Agree 1	Agree 2	Undecided 3	Disagree 4	Strongly Disagree 5
SA	A	U	D	SD					
1	2	3	4	5					
1	2	3	4	5	13. Nurses should tell patients and families that they will serve as their advocates.				
1	2	3	4	5	14. Advocacy is an avenue for establishing nursing on a secure professional foundation.				
1	2	3	4	5	15. The role of the nurse-advocate is to assist the patient to serve as his own advocate.				
1	2	3	4	5	16. Advocacy will increase patient satisfaction.				
1	2	3	4	5	17. Nurses are willing to report incompetent physicians.				
1	2	3	4	5	18. If a nurse believes that a patient may not receive adequate nursing care due to understaffing, she should discuss this with the patient or family.				
1	2	3	4	5	19. If the physician fails to give the patient straight answers, the nurse must report this fact through proper administrative channels.				
1	2	3	4	5	20. Nurses themselves create and/or enforce hospital rules that deprive patients of their rights.				
1	2	3	4	5	21. The nurse-advocate needs to defend the patient from the health care system itself.				
1	2	3	4	5	22. The nurse who functions as an advocate risks losing her job.				
1	2	3	4	5	23. The majority of physicians will react negatively to the nurse's role as a patient advocate.				
1	2	3	4	5	24. When the patient asks the nurse her opinion of his doctor, the nurse should reassure the patient, even if she has negative opinions.				
1	2	3	4	5	25. Most nurses will not risk the open disagreement with the physician that patient advocacy may require.				
1	2	3	4	5	26. Schools of nursing are not preparing nurses to function effectively as patient advocates.				
1	2	3	4	5	27. Advocacy involves more personal involvement with patients than the majority of nurses are willing to assume.				
1	2	3	4	5	28. An advocate may be necessary between the nurse and the patient.				
1	2	3	4	5	29. Patients who are self determined in their own health care may cause the nurse to feel threatened in her position.				
1	2	3	4	5	30. There are situations in which it is impossible for the nurse to fulfill nursing duties as well as to act as a patient advocate.				

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

SA A U D SD

- | | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 31. If, because of an unhealthy choice by the patient, the patient and physician differ on the care the patient should receive, the nurse should support the physician's point of view. |
| 1 | 2 | 3 | 4 | 5 | 32. Nursing advocacy includes input and participation on committees making decisions concerning patient welfare. |
| 1 | 2 | 3 | 4 | 5 | 33. The majority of nurses are assertive enough to effectively serve as patient advocates. |

34. How important do you believe it is for the nurse to act as patient advocate?

- | | |
|-----------------------|------------------|
| 1. very important | 3. undecided |
| 2. somewhat important | 4. not important |

35. Has your opinion on patient advocacy changed throughout the educational process?

- | | |
|--------|-------|
| 1. yes | 2. no |
|--------|-------|

36. If your answer to question 35 was yes, then what has affected your opinion regarding patient advocacy?

37. What is your age?

- | | |
|------------|----------|
| 1. 18-20 | 2. 21-24 |
| 3. 25-28 | 4. 29-35 |
| 5. over 35 | |

38. What is your sex?

- | | |
|---------|-----------|
| 1. male | 2. female |
|---------|-----------|

39. How religious a person do you consider yourself?

- | | |
|---------------|---------------|
| 1. extremely | 2. moderately |
| 3. somewhat | 4. slightly |
| 5. not at all | |

40. How assertive do you consider yourself?

- | | |
|---------------|---------------|
| 1. extremely | 2. moderately |
| 3. somewhat | 4. slightly |
| 5. not at all | |

41. What do you think would help you to improve in your role as patient advocate?

42. Which of the following definitions most closely reflects your feelings regarding the role of the nurse as patient advocate?

1. "An advocate supports or defends someone or something and recommends or pleads in another's behalf... and works to change the power structure so that a situation will be improved." Douglass (1988, p. 259)
2. "Advocacy involves the aspects of promoting what is best for the client ensuring that the client gets what he or she needs, and protecting the client's rights." Dispari (1988, p. 140)
3. An advocate is "one that pleads the cause of another...one that argues for, defends, maintains, or recommends a cause or proposal". (Webster, 1976, p. 32)
4. "The act of informing and supporting a person so that he can make the best decisions possible for himself". (Kohnke, 1982, p. 145)

Directions:

Circle 1 if you strongly agree
Circle 2 if you agree
Circle 3 if you are undecided
Circle 4 if you disagree
Circle 5 if you strongly disagree

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—2—

Strongly Agree					Agree	Undecided	Disagree	Strongly Disagree
1					2	3	4	5
SA	A	U	D	SD				
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				
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1	2	3	4	5				
1	2	3	4	5				

—3—

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	2	3	4	5

SA A U D SD

1 2 3 4 5

31. If, because of an unhealthy choice by the patient, the patient and physician differ on the care the patient should receive, the nurse should support the physician's point of view.

1 2 3 4 5

32. Nursing advocacy includes input and participation on committees making decisions concerning patient welfare.

1 2 3 4 5

33. The majority of nurses are assertive enough to effectively serve as patient advocates.

34. How important do you believe it is for the nurse to act as patient advocate?

- | | |
|-----------------------|------------------|
| 1. very important | 3. undecided |
| 2. somewhat important | 4. not important |

35. Do you feel more strongly now in the need for patient advocacy than you did when you were a student?

- | | |
|--------|-------|
| 1. yes | 2. no |
|--------|-------|

36. If your answer to 35 was yes, would you please explain the reason you feel this way?

37. What is your age?

- | | |
|----------|------------|
| 1. 22-24 | 2. 25-27 |
| 3. 28-30 | 4. 31-35 |
| | 5. over 35 |

38. What is your sex?

- | | |
|---------|-----------|
| 1. male | 2. female |
|---------|-----------|

39. How religious a person do you consider yourself?

- | | |
|---------------|---------------|
| 1. extremely | 2. moderately |
| 3. somewhat | 4. slightly |
| 5. not at all | |

40. How assertive do you consider yourself?

- | | |
|---------------|---------------|
| 1. extremely | 2. moderately |
| 3. somewhat | 4. slightly |
| 5. not at all | |

41. How well do you believe that your nursing education prepared you to function in the role of patient advocate?

- | | |
|---------------|----------------|
| 1. superbly | 2. effectively |
| 3. adequately | 4. poorly |
| 5. not at all | |

42. What do you believe should be done to help prepare students for the role of patient advocate?

43. How frequently do you function in the role as patient advocate?

44. If your answer to 43 was yes, please describe the situation that required patient advocacy.

45. Has your status as an employee ever presented you with conflict when there is a question between what seems to best for the patient versus institutional policy and expectation?

- | | |
|--------------------|---------------|
| 1. very frequently | 2. frequently |
| 3. occasionally | 4. rarely |
| 5. never | |

46. You believe that the role of patient advocate could put you in danger of losing your job.

- | | |
|---------------|-------|
| 1. yes | 2. no |
| 3. no opinion | |

47. How would you classify the size of your employing institution?

- | | |
|----------|-----------|
| 1. small | 2. medium |
| 3. large | |

48. What type of setting do you work the majority of the time? (office, school, hospital)

49. In what area are you currently practicing? (Med-Surg, ICU, etc)

50. Which of the following definitions most clearly reflects your feelings regarding the role of the nurse as patient advocate?

1. "An advocate supports or defends someone or something and recommends or pleads in another's behalf. and works to change the power structure so that a situation will be improved." (1988, p. 259)
2. "Advocacy involves the aspects of promoting what is best for the client ensuring that the client gets what he or she needs, and protecting the client's rights." Dispari (1988, p. 140)
3. An advocate is "one that pleads the cause of another... one that argues for, defends, maintains, or recommends a cause or proposal". (Webster, 1976, p. 32)
4. "The act of informing and supporting a person so that he can make the best decisions possible for himself." (Kohnke, 1982, p. 145)

APPENDIX C

COVER LETTER

Jacquie Graven
7 Lake Bluff Court
Bloomington, IL. 61704

January 31, 1991

Dear

I am a senior nursing student at Illinois Wesleyan and I am currently working on a Research Honors project. My topic is in the area of the role of the nurse as patient advocate and I am exploring and comparing the student opinions regarding advocacy throughout the educational process. I am planning to survey the sophomore, junior and senior Wesleyan nursing students as well as you, the May 1990 nursing graduates. Charla Renner is my project advisor and I am using the Nurse-Advocate Opinion scale which she developed in her original research on advocacy.

I am especially interested in evolving trends that occur throughout the educational process in the sophomore, junior, and senior students, but I am particularly interested to see if there are any marked differences that occur when the student role changes to the professional role. Your response, therefore, is very important to me and vital to my research project. All responses will remain completely anonymous. I have coded your return envelope in order to identify non-respondents in the event that a second mailing is necessary.

I am asking to please complete and return the enclosed questionnaire immediately (if not sooner). The information gathered will be compared as described previously and shared with IWU students and faculty. If you are interested in results, please feel free to write me.

I will thank you in advance for helping a fellow Wesleyan nurse with this project.

Sincerely yours,

Jacquie Graven

APPENDIX D

FOLLOW-UP COVER LETTER

Jacquie Graven
7 Lake Bluff Court
Bloomington, IL. 61704

March 4, 1991

Dear

Several weeks ago, I mailed you a questionnaire regarding opinions of nurses toward their role as patient advocacy. I have been pleased with the response rate, however, I would like to increase the percentage if possible. If you have completed and returned the questionnaire, I thank you. If you have not, could you please take a few minutes to do so? I have enclosed another questionnaire and an additional stamped envelope for your convenience.

As a Wesleyan graduate, your response is crucial to this study. I want to insure that my means and frequencies include your opinion. Charla is impressed with the response I have currently received and you can contribute to my success. I earnestly request - beg plead, beseech, implore--that you please complete this questionnaire and send it to me as soon as possible.

Thank you for participating in my research study. I appreciate your taking the time to help a fellow Wesleyan nurse.

Sincerely yours,

Jacquie Graven

REFERENCES

- American Nurses' Association. (1985). Code for nurses with interpretive statements. Kansas City, MO: American Nurses' Association.
- Becker, P. (1986). Advocacy in nursing: perils and possibilities. Holistic Nursing Practice, 1, 54-63.
- Brooks, J. & Femea, P. (1988). Assessing the effects of clinical setting on students' attitudes toward professional autonomy and client advocacy. In National League of Nursing (Ed.). Nursing centers: Meeting the demand for quality health care (pp. 79-88). New York: Editor.
- Curtin, L. (1979). The nurse as advocate: a philosophical foundation for nursing. Advances in Nursing Science, 1 (3), 1-10.
- Curtin, L. (1982). The commitment of rights: Responsibility. In L. Curtin & J. Flaherty (Eds.). Nursing ethics: Theories and pragmatics. Bowie, MD.: Brady.
- Disparti, J. (1988). Nutrition and self-care. In G. Caliandro & B.L. Judkins (Eds.) Primary nursing practice. Glenview, IL: Scott Foresman.
- Donahue, P. (1985). Advocacy. In G.M. Bulechek & J.C. McCloskey (Eds.), Nursing interventions: Treatments for nursing diagnosis, 338-351. Philadelphia: Saunders.
- Douglass, L. (1988). The effective nurse leader manager, (3rd ed.). St. Louis: Mosby.
- Felton, G. & Parsons, M. (1987). The impact of nursing education on ethical/moral decision making. Journal of Nursing Education, 26 (1), 7-11.
- Gadow, S. (1979). Advocacy nursing and new meanings of aging. Nursing Clinics of North America, 14 (1), 81-91.
- Gadow, S. (1980). Existential advocacy: philosophical foundation of nursing. In S.F. Spicer & S. Gadow (Eds.), Nursing: Images and ideals, 79-101. New York: Springer.
- Jenny, J. (1979). Patient advocacy: another role for nursing? International Nursing Review, 26 (6), 176-181.
- Kohnke, M. (1980). The nurse as advocate. American Journal of Nursing, 80, 2038-2040.

- Kohnke, M. (1982). The nurse as advocate. In E. C. Heins & M.J. Nicholson (Eds.), Contemporary leadership behavior: Selected readings. Boston: Little, Brown.
- Kosik, S. (1972). Patient advocacy or fighting the system. American Journal of Nursing, 72 (4), 694-698.
- Leddy, S. & Pepper, J. (1989). Conceptual bases of professional nursing, (2nd ed.). Philadelphia: Lippincott.
- McElmurry, et al. (1985). Ethical decision making in a bureaucratic context by senior nursing students. Nursing Research, 34 (2), 108-112.
- Mustapha S. & Seybert, J. (1988). Moral reasoning in college students: Implications for nursing education. Journal of Nursing Education, 28 (3), 107-111.
- Nowakowski, L. (1977). A new look at client advocacy. In J. Hall & B. Wearcer (Eds.), Distributive nursing practice: A systems approach to community health, 227-238.
- Renner, C. (1982). Development of an instrument to measure nurses' views toward their role as patient advocate. Unpublished master's thesis, University of Illinois.
- Renner, C. (1987). The role of the nurse as a patient advocate: attitudes and changes in attitudes. Unpublished manuscript.
- Schank, M. & Weis, D. (1987). A study of baccalaureate nursing students from secular and non-secular program. Journal of Professional Nursing, 5 (1), 17-22.
- Webster (1976). Third New International Dictionary. Springfield: Merriam.

BIBLIOGRAPHY

- American Nurses' Association. (1985). Code for nurses with interpretive statements. Kansas City, MO: American Nurses' Association.
- American Psychological Association. (1990) Publication Manual of the American Psychological Association. (3rd ed.) Washington, DC: Author.
- Becker, P. (1986). Advocacy in nursing: perils and possibilities. Holistic Nursing Practice, 1, 54-63.
- Brooks, J. & Femea, P. (1988). Assessing the effects of clinical setting on students' attitudes toward professional autonomy and client advocacy. In National League for Nursing (Ed.). Nursing centers: Meeting the demand for quality health care, (pp. 79-88). New York: Editor.
- Chally, P. (1990). Moral and ethical development research in nursing education. In P. Baj & G. Clayton (Eds.). Review of the research in nursing education, (pp. 33-47). New York: National League for Nursing.
- Corcoran, S. (1988). Toward operationalizing an advocacy role. Journal of Professional Nursing, 4, 242-248.
- Curtin, L. (1979). The nurse as advocate: a philosophical foundation for nursing. Advances in Nursing Science, 1 (3), 1-10.
- Davis, A. (1988). The clinical nurse's role in informed consent. Journal of Professional Nursing, 4, 88-91.
- Disparti, J. (1988). Nutrition and self-care. In G. Caliandro & B.L. Judkins (Eds.) Primary nursing practice. Glenview, IL: Scott Foresman.
- Donahue, P. (1985). Advocacy. In G.M. Bulechek & J.C. McCloskey (Eds.), Nursing interventions: Treatments for nursing diagnosis, 338-351. Philadelphia: Saunders.
- Douglass, L. (1988). The effective nurse leader manager, (3rd ed.). St. Louis: Mosby.
- Felton, G. & Parsons, M. (1987). The impact of nursing education on ethical/moral decision making. Journal of Nursing Education, 26 (1), 7-11.
- Fry, S. (1987). Autonomy, advocacy, and accountability: Ethics at the bedside. In M. Fowler & J. Levine-Arliff (Eds.), Ethics at the bedside: A service guide for the critical care nurse (pp. 39-49). Philadelphia: Lippincott.

- Gadow, S. (1979). Advocacy nursing and new meanings of aging. Nursing Clinics of North America, 14 (1), 81-91.
- Gadow, S. (1980). Existential advocacy: philosophical foundation of nursing. In S.F. Spicer & S. Gadow (Eds.), Nursing: Images and ideals, 79-101. New York: Springer.
- Jenny, J. (1979). Patient advocacy: another role for nursing? International Nursing Review, 26 (6), 176-181.
- Kohnke, M. (1980). The nurse as advocate. American Journal of Nursing, 80, 2038-2040.
- Kohnke, M. (1982). The nurse as advocate. In E. C. Heins & M.J. Nicholson (Eds.), Contemporary leadership behavior: Selected readings. Boston: Little, Brown.
- Kosik, S. (1972). Patient advocacy or fighting the system. American Journal of Nursing, 72 (4), 694-698.
- Johnston, M. (1989). Professional ethics and patients' rights: Past realities, future imperatives. Nursing Forum, 24 (3,4), 29-34.
- Leddy, S. & Pepper, J. (1989). Conceptual bases of professional nursing, (2nd ed.). Philadelphia: Lippincott.
- McElmurry, et al. (1985). Ethical decision making in a bureaucratic context by senior nursing students. Nursing Research, 34 (2), 108-112.
- Mustapha S. & Seybert, J. (1988). Moral reasoning in college students: Implications for nursing education. Journal of Nursing Education, 28 (3), 107-111.
- Nelson, M. (1988). Advocacy in nursing: How has it evolved and what are the implications for practice? Nursing Outlook, 88, 138-141.
- Nowakowski, L. (1977). A new look at client advocacy. In J. Hall & B. Wearcer (Eds.), Distributive nursing practice: A systems approach to community health, 227-238.
- Renner, C. (1982). Development of an instrument to measure nurses' views toward their role as patient advocate. Unpublished master's thesis, University of Illinois.
- Renner, C. (1987). The role of the nurse as a patient advocate: attitudes and changes in attitudes. Unpublished manuscript.

Schank, M. & Weis, D. (1987). A study of baccalaureate nursing students from secular and non-secular program. Journal of Professional Nursing, 5 (1), 17-22.

Webster (1976). Third New International Dictionary. Springfield: Merriam.

Wilson, H. (1987). Introducing research in nursing. Menlo Park: Addison-Wesley.

Winslow, G. (1984). From loyalty to advocacy: A new metaphor for nursing. Hasting Center Report, 14 (6), 32-40.

Wilkinson, J. (1987/88). Moral distress in nursing practice: Experience and effect. Nursing Forum, 23 (1), 16-29.