

Title:

Patient Advocacy: The Role of Research and Power to Knowingly Participate in Change

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Session Title:

Rising Stars of Nursing Invited Posters - Group 2

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

Keywords:

Barriers to Research Utilization, Patient Advocacy and Power as Knowing Participation in Change

References:

My references are cited in the abstract text.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SPEAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term, "curriculum"	Example Definitions of "curriculum" Course of study Arrangements of instructional materials The subject matter that is	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

	taught Cultural "training"				
	Planned engagem ent of learners				
The learner will be able to discuss nurses' perceptions of barriers to research utilization in practice.	N/A	5 minutes	Lisa Heelan, MSN, FNP-BC, ANP-BC	Poster Presentation	Discussion: What are some identified perceived barriers to research utilization by nurses?
The learner will be able to explain the concept of power as it relates to Barrett's theory of power.	N/A	5 minutes	Lisa Heelan, MSN, FNP-BC, ANP-BC	Poster Presentation	Discussion: How is Barrett's theory of power different and/or similar to how you view power?
The learner will be able to describe the three components of Bu & Jezewski's (2007) theory of patient advocacy in nursing.	N/A	5 minutes	Lisa Heelan, MSN, FNP-BC, ANP-BC	Poster Presentation	Discussion: What are the three components of Bu and Jezewski (2007) theory of patient advocacy in nursing?

Abstract Text:

Background

The way things have always been done, the “sacred cows” and traditional practices in nursing are not always supported by the evidence (Makic, Martin, Burns, Philbrick, & Raven, 2013). Evidence based practice (EBP) includes the integration of the best evidence from well-designed quantitative and qualitative studies, clinical expertise, and the perspectives and values of the patient (Institute of Medicine, 2001; Melnyk & Fineout-Overholt, 2005; Polit & Beck, 2012). Research utilization is the translation of EBP into actual practice. Nursing grounded in evidence protects a patient's safety.

Patient advocacy is associated with improved patient outcomes (Ciliska, 2006; Hanks, 2010). The role of a nurse includes being a patient advocate (American Nurses Association, 2001; International Council of Nurses, 2012). Patient advocacy in nursing is theoretically defined as *safeguarding a patient's autonomy, acting on a patient's behalf, and championing social justice* (Bu & Jezewski, 2007). Some examples of nurses advocating for patients include participating in shaping unit policies that provide good care based on evidence and raising questions regarding routine orders or treatments that may cause harm to a patient (Bu, 2005).

Method

This poster will provide an overview of the literature that explores nurses' perceived barriers to research utilization encountered in practice with the concept of power as knowing participation in change. The theoretical framework of the Science of Unitary Human Beings (SUHB) (M. Rogers, 1992) will provide the underpinning for the literature review. A major tenet of the SUHB is that a unitary human being cannot be viewed as separate from his or her environment. Data Sources: CINAHL, EBSCO, SAGE, and MEDLINE-PubMed

Results

Kardong-Edgren (2001) has proposed that fulfilling the nursing role of being a patient advocate requires evidence based practice being incorporated into nursing care. Perceived barriers to research utilization include a nurse's attitude toward research, access to research, and knowledge of research findings. However, Fink et al (2005) identified that nurses feel powerless within the organization to change practice even when the proposed change is based on research. This finding is supported by Grace (2001) who believed that nurses know the right thing to do, but due to institutional obstacles are prevented from taking action. The literature further suggests that there are a substantial number of nurses who do not perceive that they can influence nursing practice (Fink, et al., 2005; Funk, Champagne, Wiese, & Tornquist, 1991; Gerrish & Clayton, 2004; Parahoo, 2000; Parahoo & McCaughan, 2001).

Conclusion

Nurses are the key to improving the quality and safety of all patients. Patient advocacy is a nursing role and is associated with improved outcomes. Two factors have been identified in the literature influencing a nurse's ability to advocate: perceived barriers to research utilization and power to influence change in a work setting.