

Background

Human Dignity
Patient Advocacy
Role of Research and Power

Nursing philosophers have suggested that a patient's dignity is realized through the nursing practice of patient advocacy (Curtin, 1979; Gadow, 1980; Kohnke, 1982).

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).

Examples of nurses advocating for patients include:

- Participating in shaping unit policies that provide good care based on evidence (Bu, 2005)
- Raising questions regarding routine orders or treatments that may cause harm to a patient (Bu, 2005).

Kohnke (1982) suggested that to be a patient advocate, the nurse must have, or know how to obtain information. Being a patient advocate requires evidence based practice being incorporated into nursing care (Kardong-Edgren, 2001).

However, Fink et al. (2005) and Grace (2001) identified that nurses feel powerless within the organization to change practice even when the proposed change is based on research.

According to Barrett (1983, 2010) power is not just participating in change, but participating in a *knowing* manner in the change process.

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. A major tenet of the Science of Unitary Human Beings (M. Rogers, 1992) is that a unitary human being cannot be viewed as separate from his or her environment.

Data Sources: CINAHL, EBSCO, Sage, MEDLINE, Science Direct.



Results of Literature Review

Characteristics of the nurse

- Majority of studies show that nurses have a positive attitude toward research (Bryar et al., 2003; Fink, Thompson, & Bonnes, 2005; McCloskey, 2008; Parahoo & McCaughan, 2001; Thiel & Ghosh, 2008; Thompson et al., 2001; Veeramah, 2004).
- In a systematic review, Estabrook, Floyd, and colleagues (2003) could not find an association between education level and research utilization.

Characteristics of the work setting

- 2 systematic reviews found the top barriers to research utilization include: lack of time to implement new ideas at work or to read research; and a perception by nurses that they lack power to influence decisions in the work setting (Carlson & Plonczynski, 2008; Kajermo et al., 2010).
- Size of the hospital (> than 151 beds) was a marker for increased research utilization (Estabrook et al., 2007).

Characteristics of the communication

- Nurses prefer to learn information by asking colleagues rather than using the Internet or library databases (Estabrooks, O'Leary, et al., 2003; Gosling, Westbrook, & Spencer, 2004; Morris-Decker et al., 2004).

There are limited studies examining the individual characteristics of nurses with the concept of power as knowing participation in change.

Conclusions

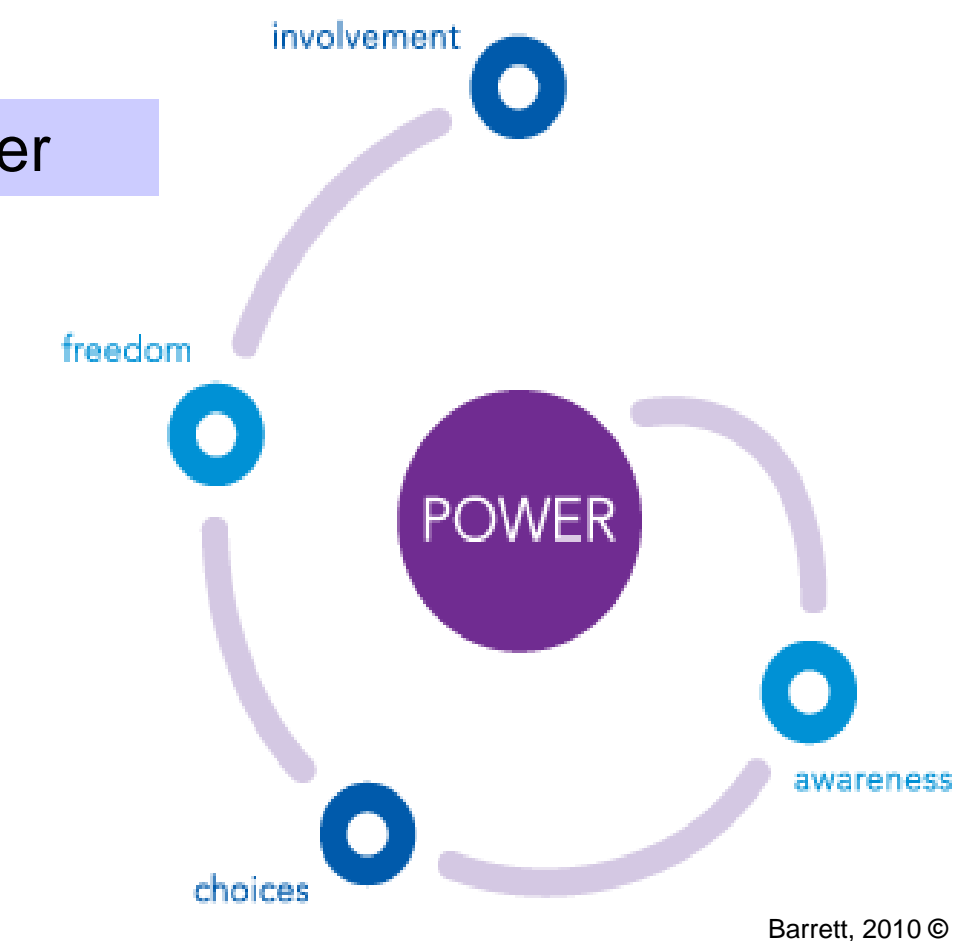
The way things have always been done, the "sacred cows" and traditional practices in nursing are not always supported by the evidence (Makic, Martin, Burns, Philbrick, & Raven, 2013).

The role of a nurse includes being a patient advocate (ANA, 2001; International Council of Nurses, 2012). However, there is little guidance for nurses on how to apply this in clinical practice (Hewitt, 2002).

Two factors have been identified in the literature influencing a nurse's decision to advocate: perceived barriers to research utilization and power to influence change in a work setting.

No studies have explored nurses' perceived barriers to research utilization with a nurse's power to knowingly participate in change.

Barrett's Theory of Power



References

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