

Nurses attribution to the role of patient advocacy in intensive care units of hospitals of Tehran University of Medical Sciences

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ABSTRACT

One of the key concepts in nursing ethics, is patient advocacy that can bring benefits to patients, nurses and nurse treatment system to be followed, but for various reasons are not able to play a full role. Thus, knowing their attitudes towards their role as patient advocate can be a way to improve the performance of nurses in this role. This study aimed to investigate nurses' attitudes about their role as patient advocate in intensive care units of teaching hospitals depended to medical universities in Tehran. This cross-sectional study on 259 adult ICU nurses working in hospitals dependent medical universities in Tehran was conducted in 2015. The questionnaire was used to collect data. Data significance level of 5% with independent t test, Pearson correlation coefficient and ANOVA were analyzed. Regression analysis also combined effect of demographic variables on nurses' attitude of defense was used. This study showed that the overall attitude of critical care nurses to patient advocacy role was relatively positive (3.68). between attitude advocacy mark and some demographic characteristics such as age, economic status, general work experience, educational experience and a special section there was a significant relationship ($p < 0/05$). It seems that strategies such as workshops for nursing education can help to improve the role and thereby improve patient satisfaction.

KEY WORDS: PATIENT ADVOCACY, NURSING ETHICS, NURSING CARE

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INTRODUCTION

Patient satisfaction with nursing care is as an important indicator of the quality and effectiveness of health care systems, (Peyrovi et al 2013). One of the most important factors in improving quality of care and patient satisfaction defend the rights of patients. Nurses are one of the main pillars of the rights of children in hospitals (Goselin et al 2007). The role of patient rights protection is not a new role for nurses, (Borhani et al 2014). Nelson argues that the emergence of the role of advocacy in nursing to nursing was pioneer to Florence Nightingale time, (Borhani and Briggs 2005). Many infection control standards exist in hospitals, such as providing clean air, clean water, clean hands and advocacy efforts of Florence Nightingale sterile equipment are one of the best health care reforms, (Godkin 2006).

This concept has been discussed since 1973 in nursing literature (Vaarito and Kilpi (2005), however, there is still ambiguity in the concept. After logging in to the system for different clients need help with the process. Their nurses to ensure with respect to their rights, receive quality care and timely, engaging (partnership) will help in decision making, (Loghmani et al 2014). The positive results (Ward 2013) are associated with many advocacy roles for various reasons, including the structure and organizational culture (Ekland et al 2014), which are not able to do advocacy role or have any influence on patient advocacy, (Negarandeh (2006). Attitude towards the behavior is a predictor of behavioral intentions and actual behavior. According to this theory it seems that the attitude about the role of patient advocate by nurses' beliefs that determine nurses' behavior who will be affected and also if there is a defense perspective, which will be given appropriate care and assistance (Jahromi et al 2012, Laney 2013). There are theoretical and empirical evidences that show the person's attitude about a particular behavior which can significantly affect the actual performance of that behavior. So we can say that the perspective of nurses determines their ability to advocate effectively and can be a way to fulfill this role, (Borhani et al 2014).

Laney in 2013 showed that an important part of health care is the patient advocacy and registered nurses at the forefront of the health care system go for safe care, and appropriate quality of patient factors are high (Laney 2013). Earlier studies in 2012 have determined nurses' attitudes towards the role of defending the patients, the results showed that the average general attitude of nurses to protect the patient's role has been relatively positive, (Jahromi et al 2012 and Hojatoleslami and Qodsi 2012). Thus, according to studies in the field of patient advocacy is a positive attitude to the role and acting in this role can be many positive effects for nurses, patients and

health systems yet nurses for this role in the treatment system are faced with many contradictions. Thus, knowing their attitudes towards patient advocacy can be a way to facilitate this role.

Given the importance of this role in order to help patients and treatment system according to the study on nurses' attitudes about the role of defender of vulnerable patients in intensive care units that are not found in internal investigations, this study aimed to investigate the attitude towards the role of patients in intensive care units of hospitals affiliated to medical universities in Tehran.

METHODOLOGY

This descriptive cross-sectional study in 1394 on 259 nurses working in intensive care unit (CCU, ICU and dialysis) 20 teaching hospitals affiliated with medical universities in Tehran, capital of Iran (Tehran University of Medical Sciences, Shahid Beheshti and Iran). Randomly selected hospitals and nurses eligible to participate in the study is available from the adult intensive care units were included hospitals. Assuming the required sample size $\alpha = 0/05$, $\sigma = 80/0$ and $d = 1/0$ equal to 245 obtained by taking 20 per cent of the total 300 people were unanswered. Inclusion criteria in the study for at least 2 years of clinical practice nurses in intensive care units, respectively. Inclusion criteria in the study for at least 2 years of clinical practice nurses in intensive care units, respectively.

Research after research plan (the number SBMU2.REC.1394.167) and permission of the Department of School of Nursing and Midwifery and issuing letters of introduction from the Department of Tehran University of Medical Sciences, Medical Sciences Shahid Beheshti and Iran Medical Sciences Hospitals referred to the university who were selected randomly and after obtaining written permission from the authorities, hospitals (nursing office and supervisor education) in intensive care units of hospitals to introduce after the official part of the research objectives and oral permission to start sampling available nurses eligible to participate in the study. According to the questionnaires were distributed among the participants by the researcher, researcher with good communication and explanations about the purpose of the study, participants consent to complete questionnaires to all questions on the questionnaire and research drew been answered. Participation in the study is voluntary, and individuals who wish to participate in the study responded to a questionnaire. We tried as much as possible when completing the questionnaire does not interfere with nurses' work hours and nurses at a time when work less and have more free time to respond and

a total of 300 questionnaires were distributed among nurses, of which 259 were fully completed.

All this research was made through a questionnaire to determine their attitudes towards the role of patient advocacy is collected. This questionnaire has been used in 2012 to determine nurses' attitudes toward the role of patients in teaching hospitals of Medical Sciences. The questionnaire consists of two parts: the first part Demographic data including age, sex, marital status, work experience, education level, years of being in patients' rights and the second part of the workshop was moderated attitude questionnaire. The scale consisted of 19 items, 9 positive items and 10 negative items shown that all items rated with Likert scale of 1 to 5 for strongly agree (of 5) strongly disagree (1 equivalent) ratings and negative statements Conversely been scored.

In order to determine the scientific validity (validity) tool was used in this study, qualitative narrative. For this purpose, a questionnaire to the 12 members of the faculty members of Shahid Beheshti University of Medical Sciences, School of Nursing and Midwifery. After collecting opinions, the monitoring supervisor questionnaires were reviewed and amended. To determine the reliability and validity of the questionnaire by interclass correlation coefficients Cronbach's alpha coefficient was used. The Cronbach alpha coefficient of 0.79 caregiver advocacy approach is that it demonstrates the reliability of the questionnaire is appropriate.

To analyze the data, SPSS software was used both descriptive and analytical statistics were extracted. The average score for each question to determine the sequence Indicator (2-1) negative attitude, (3-2) rather negative attitude, (3) a neutral attitude, (4-3) and relatively positive attitude (5-4) were positive attitude. Normal distribution of data using the Kolmogorov - Smirnov test was used to compare parametric t-test and Pearson correlation coefficient and advocacy attitude of nurses in the ICU, CCU and dialysis using one-way analysis of variance respectively. Regression analysis also combined effect of demographic variables on nurses' attitude was defense. Significance level of 5% was considered.

RESULTS

A total of 300 questionnaires were distributed among 259 nurses fully completed the questionnaire (response rate was 86.3 percent). Relative frequency in the table below are based on demographic characteristics of the subjects.

According to Table 1 individual characteristics of nurses working in intensive care units of hospitals affiliated to Tehran University of Medical Sciences in 1394 showed that the majority of nurses (35.9 percent) younger than 30 years with a mean (SD) $34/21 \pm 6/67$, women

Table 1: Distribution of absolute and relative subjects based on demographic characteristics

The relative abundance	absolute frequency	Variable
Age(year) (n = 259)		
35.9	93	Less than 30
35.5	92	37-30
28.6	74	Older than 37
Sex (n = 259)		
17	44	Male
83	215	Female
Marital status (n = 259)		
36.3	94	single
63.7	165	Married
Education (number: 259)		
92.7	240	Bachelor
7.3	19	MA
Economic status (number: 259)		
27.8	72	Good or excellent
72.2	187	Average or poor
Job history (number: 259)		
36.3	94	Less than 7
31.3	81	7-12
32.4	84	More than 12
In the current job experience (number: 259)		
40.2	104	Less than 3
28.6	74	7-3
31.3	81	More than 7
Teaching experience (number: 259)		
69.5	180	Yes
30.5	79	NO
Patient history and previous hospitalization (n = 259)		
27.4	71	Yes
72.6	187	No
Section(n=259)		
51.7	134	ICU
29.3	76	CCU
18.9	49	Dialysis

(83 percent) and married (63.7 percent). 92.7 percent of nurses with a bachelor's degree and 7.3 percent are with MA degree. According to the results the most special part of Tehran's public hospitals nurses working in intensive care units female, married, has a bachelor's degree and were under the age of 30 years. According to studies in the field of patient advocacy attitude to age, sex, marital status, educational level nurses can be one of the factors influencing the attitude of nursing advocacy.

Overall job experience of nurses participating in the study, most (36.3 percent) less than 7 years, with mean (SD) $10/74 \pm 6/16$ and less than 3 years of work experience in the current section. Of the 259 nurses participated in the study, 41 persons (15.8%) of the hospitals affiliated to Tehran University of Medical Sciences, 100 persons (38.6 percent) of Shahid Beheshti University of Medical Sciences and 118 persons (45.6 percent) Iran University of Medical Sciences were included. 134 person (51.7 percent) in the ICU, 76 (29.3%) in the CCU and 49 (18.9 percent) were working in the dialysis section. overall job experience of majority (36.3 percent) were less than 7 years job experience in the current majority (40.2 percent) were less than 3 years. The majority of nurses (69.5 percent) reported having a workshop on

nursing ethics or have rights of patients. The majority of nurses (72.6 percent) of hospitalization or disease or had relatives. (Table 1).

According to Table 2 compares the average attitude score of his role as an advocate for patients' demographic characteristics revealed that attitude there was no significant difference between male and female advocacy nurses ($p > 0/05$). Nurses defense relationship between attitude and age was significantly ($p < 0/05$) in such a way that with increasing age of nurses has increased its advocacy attitude. Nurses with a bachelor's degree graduate nurses attitude is better, but the difference was not significant ($p > 0/05$). Married nurses' attitude is better than single nurse, but the difference was not significant ($p > 0/05$). Nurses and economic status of

Table 2: Comparison of attitudes toward nursing advocacy groups			
The amount of P	Standard deviation	Average attitude	Variable
0.031	Age (years) amount of solidarity: 0.1		
Sex (n = 259)			
0.995	0.67	3.66	male
	0.54	3.66	female
Marital status (n = 259)			
0.492	0.60	3.57	Single
	0.54	3.72	Married
Education (number: 259)			
0.170	0.57	3.68	Bachelor
	0.47	3.51	MA
Economic status (number: 259)			
0.005	0.56	3.82	Good or excellent
	0.56	3.60	Average or poor
0.024	Total job experience (n = 259) correlation value:0.89		
0.071	experience in the current job (n = 259) correlation value:0.06		
Teaching experience (number: 259)			
0.002	0.56	3.73	Yes
	0.56	3.50	No
Patient history and previous hospitalization (n = 259)			
0.922	0.53	3.66	Yes
	0.58	3.67	No
Section (n = 259)			
0.033	0.57	3.65	ICU
	0.49	3.57	CCU
	0.64	3.84	Dialysis

Table 3: results of the regression model to determine the effect of demographic variables on the mean attitude advocacy nurses

p- value	The amount of test	The standard error	Regression coefficient	Variable
<0.001	14.97	0.29	4.30	Intercept
0.877	-0.16	0.09	-0.01	Gender
0.087	1.72	0.07	0.13	marital status
0.262	-1.12	0.13	-0.15	education
0.018	-2.39	0.08	-0.19	The economic situation
0.342	0.95	0.01	0.01	Experience in current section
0.005	-2.81	0.08	-0.21	Education history
0.863	0.17	0.08	0.01	History of illness or hospitalization
0.103	- 1.64	0.10	-0.16	ICU CCU sections
0.017	-2.41	0.10	-0.25	

the relationship between attitude advocacy significant ($p < 0/05$). Advocacy between nurses' attitude and work experience overall there was a significant relationship ($p < 0/05$) but there was no significant relationship with job experience in the current section ($p > 0/05$).

Comparison of attitudes between the groups with and without history of hospitalization of hospitalization or disease or relatives or patients showed that there was no significant difference between the two groups ($p > 0/05$). Educational experience and attitude between the two groups, there was no history of significant difference ($P < 0/05$). Comparison of attitudes in three groups of nurses in ICU, CCU and dialysis showed a relatively positive attitude of all three groups (4-3) and there were significant differences between the three groups ($P < 0 / 05$).

In order to investigate the effects of variables on the mean attitude advocacy nurses according to Table 3 Regression analysis was used that the analysis of gender, age, marital status, education level, economic status, general job experience, educational history, history of illness or hospitalization and ICU were entered into the model. Due to the high correlation between the variables "age and experience in current" and "general job experience and experience in current section" will be to avoid the linear variables included in the model were age and overall experience. The results of regression analysis showed that the attitude of the Advocacy nurses 0.19 with medium to high socioeconomic status were more average economic status to low. In nursing education, average attitude nursing advocacy 0.21 were more than nurses without training. The nurses in dialysis nurses 0.25 were more Posts advocacy attitude of nurses in CCU.

DISCUSSION

The results of this study showed that the attitudes of nurses in intensive care has been relatively positive on the role of patient advocacy and advocacy between the attitude of some variables, there was a significant relationship. This study showed that with increasing age of nurses has increased their attitude. The average attitude was older than the rest of the ages, and this difference was significant. Saleh et al. in a study titled Evaluation of the professional role of nurses in teaching hospitals in Mashhad in 2012 showed the nurses' professional roles have been low, with an average 47 percent a supportive role and between the age and experience of the professional roles of nurses there have been significant positive correlation, (Saleh et al 2013).

It seems that with the increasing age of nurses attitude in their defense gets better and better and it is better target group to improve the attitude of nurses of all ages, especially nurses are with lower age. In the present study between attitude and work experience of nurses Advocacy There was a significant relationship. Abbaszadeh et al. studied 10 patients with a history of 20 years have a better attitude and this difference was statistically significant. In a study by Tucker as nurses novice, experienced and skilled nursing care of patients in the final stages of life advocacy behaviors in 2006 showed that no significant differences between groups advocating for the novice to understand the behavior (of less than one year), there was no experienced and specialist because it is stated that novice nurses considering this is still not enough clinical experience have responded to the questionnaire based on the theory of knowledge

and the reason is that non-clinical setting behavior and thus promotes advocacy group experienced in a realistic manner have responded to the questionnaire (Thacker 2006) however, it seems to increase nurses' work experience moral and ethical aspects as well as understand the illness and nurse the other hand, by increasing the stability of the nursing work will be better able to deal with patient advocacy role, (Jahromi et al 2012).

This study showed that nurses with education than nurses without training have had a better attitude and this difference was statistically significant. In the study Dehghan et al entitled barriers to professional ethical standards in nursing in 2013, 61.6 percent administrative barriers, including lack of experienced nurses and teachers of ethical and legal issues in nursing school and lack the necessary training in the field of ethical issues have been agreed, (Dehghani et al 2013). Another important obstacle in the way of professional nursing roles gap between theory and practice is what nursing at the university have learned to say and what is different which is encountered in clinical practice (Nikpeima and Torab 2012).

Thacker's study has showed that participants who received training in end of life care to understand advocacy and conduct advocacy have had a higher rating and participants with a history of advocacy and education have a greater understanding of advocacy behaviors. After training in positive behavior is more effective advocacy at the end of life nursing care patients. Borhani and Briggs in 2005 stated that a gap in the formal and continuing education that nurses receive recognition for their defense which makes nurses to carry out this role to support co-workers, nurse managers and team members seek treatment (Thacker 2006). As various studies indicate that education can have an important role in changing attitudes towards the role of advocacy and also have this role. Mean score of nurses' attitudes advocacy groups with a history of hospitalization or illness without history of hospitalization, and patients showed that there were significant differences between the two groups. 72.6% of nurses participating in the study did not have a history of hospitalization or disease or relatives, (Borhani et al 2010 2014). Nikpeima and Torab (2012) in a research found that personal problems - family and nurses diseases caused tension in them and on their role in the workplace, which have negative effect. In this study, the nurses' attitude with no history of disease is slightly higher, but the difference was not significant.

The results of comparing the student's attitude advocacy groups employed male and female nurses showed that there were significant differences between the two groups and attitude mean score is 3.66 times the two groups. But in Borhani et al 2012 study of attitudes towards the role of patients in teaching hospitals of Kerman University of

Medical Sciences in 2012, it was found that the average attitude was more in men than women, and this difference was significant. Comparing average score advocacy approach based on education level of nurses showed that average score attitudes of nurses with a bachelor's degree and master's degree is better, but the difference was not significant. Comparison of average score advocacy attitude and their marital status revealed that married nurses than single Nurses have better attitude, but the difference was not significant. In the Borhani et al (2014) study, it was found that married people have a better attitude, and this difference was significant.

As this study showed that nurses' attitudes to the status of medium to high are better than nurses in moderate to low economic status. According to a study by Nick Pima et al. about the nurses 'view about factors affecting nurses' professional roles in 2012 showed that one of the most important factors affecting nurses' professional roles including advocacy role of nurses in job security of nurses. The results showed that low salaries, inadequate facilities for nurses and nurses' personal issues prevented the role of nurses. So it looks to improve the welfare of nurses in professional nursing roles, including the role of defender will have a positive effect.

Comparing the mean attitude advocacy between nurses care unit ICU, CCU and dialysis showed that all three have moderately positive attitude (4-3) but the mean score advocacy attitude of nurses in the dialysis highest and the CCU is at its lowest. The difference between the two unit of dialysis and CCU was significant. It seems due to the fact that patients in chronic dialysis patients who often have repeated visits to the dialysis unit and often unable to communicate properly, sometimes because the years are on dialysis and personnel relationship of trust and intimacy that leads to better identify the needs and problems of disease and therefore will has better support as well as nurses in dialysis seems that advocacy obstacles highlighted in other parts faced less. But in the acute care unit CCU patients often are in a period and less time in CCU stay as well as CCU workload is high and all of these obstacles is to establish a strong relationship. Often in ICU CCU see that the patient is required to take measures to save her/his life, So that nurses have the opportunity for advocacy (24). The Paternalistic view that one of the major obstacles in the way of patient advocacy is seen more in the CCU.

CONCLUSION

According to studies in the field of advocacy, advocacy role of nurses leads to a sense of achievement, promotion and job satisfaction, which ultimately patient care will affect work efficiency and patient satisfaction. So it seems that dealing with the role of patient advocacy

have many benefits for patients, nurses and the entire system of treatment to be followed. But it is necessary to create the desired behavior on public attitudes to work. As noted, one of the most important factor in creating a better approach is to train nurses need to ethical knowledge to care in a changing world the moral, legal and safety to offer. As the studies mentioned an important factor in professional nursing roles including patient advocacy role is nurses welfare and for the nurse to give this role to the enhanced need not concern. For this purpose, it is necessary to address nurses finance and welfare issues which play an advocacy role with peace of mind and many professional roles in the system's treatment will certainly improve the system of treatment and patient satisfaction. Patient participation and empowerment in care should alert patients of their rights, identify and respond to the preferences of the patient's preferences and this is not possible unless the nurses trained in ethical issues and patients receive care. In addition, it is necessary to further investigate the concept of advocacy because the definitions of advocacy for the poor and the sometimes contradictory and potentially parental.

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