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**REVIEW ARTICLE**

**Applied Advocacy For Healthcare Professionals**

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**ABSTRACT**

*Health care advocacy is a relatively modern idea, philosophical principle in health care sectors, its origin being in the patient advocate movement of 1970. The applied advocacy importance and prominence are reflected by its inclusion of various aspects of care into their codes of ethics, despite this, there is an opinion is separated the nature and extent of advocacy from the general care practice. The idea that health care professionals/ patients require advocates does not seem to be in dispute or augment. What is contentious is whether or not staff are in the ideal position to undertake such work or whether the practice of advocating for the patient should be re-assigned to nursing's professional associations. Applied advocacy derived from the empirical research which assumed that advocator is one who is called to give evidence and be motivated by the patients' rights to information and self-determination; as "proactive" but is not limited to assisting the patient to define their wishes, also informing them about their illness, rights and treatment options. Advocacy stemming from the patients' right to personal safety and protecting a patient when their human rights are endangered. Vulnerable patients such as those with cognitive impairment, children or those under sedation, but this not limited to the patients; Health Care Professionals specifically nurses also sometimes are being vulnerable groups may require an advocate as a main manpower in the organization that collaborates patients' care with interdisciplinary teams.*

**KEYWORDS:** *Applied Advocacy, Health Care Professionals, Patients' Rights, Vulnerability*

Received 30.07.2018

Revised 21.08.2018

Accepted 09.10.2018

**How to cite this article:**

Shreen Gaber, Sameh Elhabashy . Applied Advocacy For Healthcare Professionals. Adv. Biores., Vol 9 [6] November 2018.136-143.

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**INTRODUCTION**

Advocacy in nursing has been described as participating with the patient in determining the meaning of health, illness, suffering & dying, providing information, supporting patients in their decisions, pleading the cause of diseases and disclosing negligence & misconduct. Also, Advocacy in nursing has been described as an "ethical ideal" and defined to include the acts of so called "whistle blowing" that is, making known public, institutions or practices that are deemed unethical or negligent [1]. The Collins English Dictionary definition of the word advocacy illustrated that is, "active support. Collins English Dictionary recognizes that the concept of advocacy arises in law, where the advocate consults a client before a case comes to court. However, Mallik 2008 claims that patient advocacy by the nurses for the patients are distinctly different from other advocacy roles. Further notes a difference in the structure of the advocacy relationship in law and in nursing. Though in law the word advocacy relates to a "calling to" and the establishment of a contract between the parties, in nursing the action tends to reflect more a "giving of" one's help to an individual[2].

Vaartio&Kilpi (2014) define the concept of advocacy as coming from the Latin "advocates", meaning one who is summoned to give evidence in addition, they synthesized three definitions of advocacy derived from the empirical research of seventeen research articles. They were; advocacy as motivated by the patients' right to information and self-determination; advocacy stemming from the patients' right to personal safety and advocacy as a philosophical principle in nursing. Advocacy as a right to information and self-determination is described as "proactive" by the authors and involves but is not limited to; assisting the patient to define their wishes; informing them about their illness; rights and treatment options. Advocacy stemming from the patients' right to personal safety is described as "reactive" and

involves protecting a patient when their human rights are endangered. Vulnerable patients such as those with cognitive impairment or those under sedation may require an advocate [3]. By synthesizing empirical research that provides concrete examples of the challenges that nurse's face in the clinical field, it helps to illuminate how the theory of nursing advocacy translates into practice. Advocacy activities have received less coverage in the research literature than the concept itself. The majority of researches investigates and elucidates the practical difficulties, barriers and problems that nurse encounter when advocating for their patients. Those researches revealed that the practice is subject to contradictions and paradoxes and can cause inter-professional conflict within the health care system [2].

### **HISTORY OF ADVOCACY IN HEALTH CARE SETTING**

Nelson & McGillian (2010) described how Florence Nightingale's concerns for patient safety act for advocacy. This dedication to the patient leads to the nurse being in opposition to doctors [4]. Snowball (1996) notes that it was not until 1973 that references to nurses maintaining loyalty and obedience to doctors which contribute to applied theories such as claiming that health providers were becoming patient rather than institution lead [5]. The upsurge in feminism and civil rights in the 70's in the USA spread to the United Kingdom and resulted in the birth of the debate regarding nurse-doctor-patient power relations. Advocacy in applied ethics has been discussed since first appearing in the literature in 1973 when it was added into the Professional Codes of the International Council of Nurses [6]. Patient advocacy as a central nursing role was identified in the Code of Professional Conduct of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting in 1992. The patient advocacy movement has its roots in the United States, arising from the strong emphasis on human rights. Paucity in empirical literature from outside the United States was noted by Snowball in 1996. The nursing profession in the United States has dominated the influence of the acceptance of the role of nurses as patient advocates in the United Kingdom [2].

The term 'advocacy' was first utilized in the medical sector literature by the International Council of Nurses in 1973. Today the American Nurses Association (ANA) states that high quality practice includes advocacy as an integral component of patient safety [7]. Advocacy is now identified both as a component of ethical nursing practice and as a philosophical principle underpinning the nursing profession and helping to assure the rights and safety of the patient. Professionals are seen as advocates both when working to achieve desired patient outcomes and when patients are unable or unwilling to advocate for themselves. Since 1973 advocacy has been considered a major component of nursing practice - politically, socially, professionally, and academically. Despite the seeming lack of a professional focus on advocacy before the early 1970s, it is argued that Nightingale implicitly laid the foundation for nurse advocacy and established the expectation that nurses would advocate for their patients [8]. Also, it has been clarified that the first core attribute of advocacy; safeguarding organization/ patient's autonomy. This is concerned with actions which respect and promote a patient's self-determination. However there are two warning; first patients must be competent, second they must want to be involved in their healthcare and to be fully informed, so the concept of advocacy can be described as being concerned with patients' legal rights [8]. The second core attribute of nursing advocacy is "acting on behalf of patients". This involves acting for patients who are unable to represent themselves or who do not wish to represent themselves. Patients who are unconscious would belong to this group. The third concept was "championing social justice in the provision of health care". This is concerned with nurses actively striving to make changes to address inequalities and inconsistencies that related to the provision of healthcare. Also illustrate the nature of advocacy as being on a micro social level or on a macro social level. By this they mean advocacy actions that either concern an individual & their treatment, a micro social advocacy intervention, or on a macro social level such as those interventions that aimed at addressing social injustice in health care provision [9].

### **ESSENTIALS FOR ADVOCATORS**

By acting as advocates the professionals are able to empower weak and vulnerable patients by releasing them from discomfort and unnecessary treatments. Patients also require protection from acts of incompetence by health care professionals [6]. Also, Vaartio et al. (2016) notes that historically patients have always been deemed to become vulnerable as a result of their physical condition and cultural conditions have resulted in this vulnerability as being seen to impact upon the patient's autonomy thus instigating a requirement to advocate. However, they are not only weak and vulnerable patients that require advocates, but they are in danger of entering a process of "learned helplessness" as a result of an "omniscient and uninformative" doctor, resulting in the inability of the patient to speak for them [6]. Bu & Jezewski (2016) also described the kinds of events or incidents which instigate an advocacy

intervention on both the macro and micro social level and describe these as “antecedents” as they pre-exist the occurrence of advocacy. The area of imbalance in health status and access to healthcare between whites and minorities over the past 40 years as a macro social antecedent had been described. On the micro social level, patient vulnerability is the most commonly cited condition in the literature requiring an advocacy intervention [9].

Vulnerable patients may be those who are illiterate or do not fluently speak the language of the health care system in which they are being treated. Patients may be deemed vulnerable through a learning disability. Patients may also be considered vulnerable as a result of their physical condition or the anxiety it causes, such as those patients suffering from cancer. The ability of patients who are suffering from mental illness or who are unconscious as a result of procedural intervention or accident is considered vulnerable in this respect. It has been noted that some patients who are otherwise competent in normal circumstances become “tongue tied”, shy and scared in the presence of the doctor. Other antecedents include patients who have been treated unethically, negligently or incompetently[6].

### **BENEFITS AND CONSEQUENCES OF APPLIED ADVOCACY**

The consequences of advocacy for the patients have been reported as beneficial in contrast with those reported for nurses. For patients, positive benefits manifest as positive health outcomes. Vaartio et al (2016) reported very specific patient outcomes such as increased patient survival in the care of the elderly and increased birth weight of babies of low income mothers as positive effects of advocacy interventions. On a general level, positive consequences include preserving and protecting patient's rights values and empowering the patient. With regards to social justice advocacy, participating in policy making and changing inappropriate rules are anticipated positive outcomes. Positive consequences for the health care team include professional autonomy and proficiency. Reported a positive consequence including enhancing and improving the public image and professional status of the health care professionals[6].

Risks to professionals from patient advocacy are also discussed. The nurses stem largely from the conflict of loyalties and accountabilities of the nurse within the healthcare system. Nurses acting as advocates have been labeled as trouble makers by colleagues, accused of insubordination and have suffered the loss of reputation, friends and self-esteem. Patient advocates may experience moral distress due to moral dilemma resulting in a feeling of powerlessness. Despite the fact that nurses are obliged by their professional associations to advocate, there remains little practical support and protection leaving the nurses potentially exposed to conflict. Independent advocates have been suggested by Mallik (2008) and have become a reality in the United States of America and the United Kingdom [2]. Advocacy also has been considered as an active process of supporting a cause or position. However, advocacy has not always been a clear expectation in nursing. Seminal documents in the development of the American nursing curriculum, such as Nursing and Nursing Education in the United States and A Curriculum Guide for Schools of Nursing do not explicitly mention advocacy. Early nursing education emphasized conformity and a position subservient to the physician. Isabel Hampton Robb, an early leader in the development of American nursing education, encouraged obedience as the primary activity of the nurse[2].

Every nurse has the opportunity to make a positive impact on the profession through day-to-day advocacy for nurses and the nursing profession. Every nurse can employ to advocate for a safe and healthy work environment; and explains how nurses can advocate for nursing as part of their daily activity whether they are point-of-care nurses, nurse managers, or nurse educators. The advocacy practices discussed are applicable whether advocating on one's own behalf, for colleagues at the unit level, or for issues at the organizational or system level. All the nurses remember to do what she is told to do, and no more; the sooner she learns this lesson, the easier her work will be for her, and the less likely she will be to fall under severe criticism. Implicit, unquestioning obedience is one of the first lessons a probationer must learn, for this is a quality that will be expected from her in her professional capacity for all future time. While Nightingale expected obedience in following the rules and medical direction, her intent was to allow nurses the autonomy of purpose to advocate for patients and the profession. It is probable that she would have disapproved of Robb's emphasis on obedience[8].

Changes can challenge resource allocation decisions and adversely affect the work environment and can also create opportunities for nurses and the nursing profession. These challenging times in which to be employed in healthcare. Unprecedented changes in the healthcare system are impacting care in all practice settings. These changes include financial pressures, uncertainty of the direction of healthcare reform, mandates from regulatory agencies to improve quality and patient safety, advancing technology, looming workforce shortages, and changes in the patient population. These changes can challenge resource allocation decisions and adversely affect the work environment. However, these forces can also

create opportunities for nurses and the nursing profession. These opportunities include a greater voice for nursing in healthcare policy, expanded employment opportunities, and an enhanced image for nurses and the profession [1].

In order to successfully capitalize on these emerging opportunities, it is important for professionals to work together, across employment settings and roles to advocate on behalf of colleagues and the profession. Nurses specifically comprise the largest professional group within healthcare and have been recognized by the public as the most trusted profession. Despite nursing's strengths inherent in its size, diversity, and unique relationship with the public, the full potential for influence by the nursing profession has yet to be realized. Although nurses anticipate future benefits resulting from healthcare system reform, the stress of today's workplace falls squarely on the shoulders of nurses at the point of care. To acquire these future benefits nurses need to advocate for the profession's desired future. It is important that all nurses engage in, and become involved in developing processes in their respective work settings to advocate for realistic changes that meet the needs of both patients and staff [10].

Advocacy often requires working through formal, decision-making bodies to achieve a desired outcome. Advocacy is demarcated by the Merriam-Webster Collegiate Dictionary (2009) as the act or process of supporting a cause or proposal, supports interest of others. Much of the literature on advocacy comes from non-profit and special interest groups that prepare potential advocates to influence public policy. While most professions readily embrace the mandate of the health care professionals' advocacy role as it applies to patients, the expectation for advocacy on behalf of colleagues, the profession, or even oneself may not be so clear or consistently noted. The professional responsibilities of the nurse to work with colleagues to promote safe practice environments are described in the American Nurses Association's foundational documents, including the Nursing Scope and Standards of Practice 2010 and the Code of Ethics for Nurses with Interpretative Statements [11]. The ANA Scope and Standards of Practice identifies advocacy for safe, effective practice environments as a responsibility of the professional team. The Code of Ethics describes the responsibility of the nurse to work through appropriate channels to address concerns about the healthcare environment. In addition, the Code of Ethics identifies a range of advocacy skills and activities that professionals are expected to demonstrate these activities promote the profession and form the basis of the advocacy role for the professionals. The skills include service to the profession through teaching, mentoring, peer review, involvement in professional associations, community service, and knowledge development/dissemination [11].

### **Advocacy Skills**

The ability to successfully support a cause or interest on one's own behalf or that of another requires a set of skills that include problem solving, communication, influence, and collaboration. Each of these skills will be discussed below:

- **Problem solving**

It is important to take time to develop a compelling request and to identify the appropriate time and individual to whom you make the request. Advocacy is focused on addressing problems or issues in need of a solution. The steps in the advocacy process are first to identify the issue(s) to be addressed and develop goals and a strategy to address the issue(s). Once the strategy is identified, a plan of action is developed to organize advocacy efforts and establish a time line for completing each activity that supports the strategy. Most advocacy initiatives involve approaching decision makers with requests for action to address the identified issue. Before approaching decision makers, however, it is important to take the time to develop a compelling request and to identify the appropriate time and individual to whom to make the request. Patience and a sense of timing are necessary in order to achieve a successful outcome. Few victories are achieved on the first attempt. Most advocacy initiatives are accomplished through collaboration, negotiation, and compromise; they may require a series of actions over time in order to achieve a desired outcome [12].

- **Communication**

Successful advocacy requires effective communication skills. Most advocacy initiatives involve bringing individuals and groups together to address an issue or concern. Advocates need to communicate clearly and concisely and to structure the message to fit both the situation and the intended audience. Advocates must be comfortable with verbal, written, and electronic formats. Communication regarding the issue should be factual and consistent. While it is important to be prepared to discuss the specific facts and data associated with the issue, it is equally important to discuss the impact of the situation on those involved. It can be helpful to put a 'human face' on the issue by using 'word pictures' (words that create a picture in another's mind) to make the communication more compelling. One way to help to formulate a consistent communication message is to prepare a 'Sixty- Second Speech.' This is a brief, practiced speech used to

introduce the issue and proposed solution. Distributing a one-page fact sheet or brochure is an excellent way to close the speech, and ensure that the listener is walking away with the key points. The following Box describes the content to include in a Sixty-Second Speech [13].

- **Influence**

Influence is built on competence, credibility, and trustworthiness. To facilitate change or solve an issue, the advocate must be able to influence others to action. Influence is the ability to alter or sway an individual's or group's thoughts, beliefs, or actions; it is essential to the advocacy process. Influence is built on competence, credibility, and trustworthiness. Keeping the best interests of those involved in the situation builds trust and credibility. An effective advocate influences decision makers by building a case for the desired change, backing the case with facts and data, and putting a human face on the issue using a compelling visual image. Persuasion is a stronger form of influence that makes use of an appeal or argument to make one's point. While effective in small increments, persuasion can elicit defensiveness in others, thus undermining the overall success of an initiative[13].

- **Collaboration**

Collaboration is working with other individuals or groups to achieve a common goal. It differs from cooperation which involves groups working together to achieve their own individual goals. In addition to demonstrating the skills described above, the advocate must also establish positive, collaborative relationships with others to garner the support necessary to address the issue. Collaboration is working with other individuals or groups to achieve a common goal. It differs from cooperation which involves groups working together to achieve their own individual goals. In collaboration, the individuals or groups involved develop common goals, along with common strategies and activities that will achieve that goal. Collaboration is built on trust, mutual respect, and credibility. The end result of groups collaborating to achieve a common goal can be greater than that which each group could accomplish independently. Successful collaboration requires careful communication with the groups involved in the process, seeking input when appropriate, and providing ongoing reports related to progress on achieving the goal[14]. It is necessary during the advocacy process, to work with those people (the stakeholders) who are affected by the issue. In addition, the advocate may collaborate with others in the organization interested in solving the issue. These individuals often have expertise that would be beneficial to the effort. Developing a collaborative relationship with professionals in support departments such as; infection prevention, employee health, and human resources will be invaluable when addressing issues that involve these departments. Likewise seeking out support staff in other venues such as a legislative aid or the assistant to a commissioner can be equally helpful[15].

### **POINT OF PROFESSIONALS CARE AS ADVOCATORS**

The impact of advocate care on patient outcomes is increasingly evident [16]. Never before has the voice of the nurse at the bedside been so critical. It is essential that. Point-of-care staff develops and uses advocacy skills to address workplace concerns promote positive work environments and advocate for the profession. Never before has the voice of the staff at the bedside been so critical to patients, colleagues, and healthcare facilities. An increasing number of facilities have, or are developing shared governance structures to ensure that staff at the point of care has a voice in decisions related to patient care and the work environment. The impact the advocate care on the patient's outcomes is increasingly evident and, nursing input into organizational decision making related to safety and quality initiatives is invaluable [17]. Nurses are increasingly positioned to advocate more effectively than ever before not only for patients, but also for themselves and the nursing profession in light of the latest evidence based practices[18 - 19].

### **OPPORTUNITIES FOR POINT-OF-CARE ADVOCATING**

The outcome for point of advocating can be very significant for improving working conditions for all staff and patients' outcome [20]. Membership on committees, councils and quality improvement team provides opportunities to advocate. When serving on a committee, council, or team, it is important to represent the needs of both colleagues and patients. Sometimes this means, considering the impact of an issue or proposed solution for staff in other departments as well as one's own workgroup. The best way to work through the needs of multiple groups is to consider what ultimately is best for the patient, client, or population served. Opportunities for advocacy occur at many levels: some occur in the work setting and others may occur in the grocery store. In another agency were concerned about the increasing incidence of back injuries among the staff. The staff approached the hospital risk manager who organized a task force to develop a program to reduce back injuries. Nurses, nursing assistants, physical therapists, and transporters were all involved in developing the program and testing products. They reviewed the lift

and transfer devices available to facilitate safe patient handling and ensure staff safety. In addition, they assisted with training on the use of the equipment, which over time included ceiling-mounted lifts and transfer devices. The committee members also served as champions for eliminating manual patient lifting. As a result, the incidence of staff injuries decreased significantly [21].

Engagement in organization-wide activities provides opportunities to advocate for colleagues and for the profession. Many organizations conduct periodic employee satisfaction or opinion surveys that are used to develop plans to promote staff engagement. While the time an employee invests in completing a survey may be only a few minutes, the outcome can be very significant for improving working conditions for all staff. Modeling positive professional behaviors and helping those new to the profession to acquire these behaviors is a form of advocacy. Nurses specifically have an opportunity for advocacy when involved in teaching nursing students and new nurses at the bedside. Students and new nurses are excited about the profession they have chosen. They see practicing nurses as role models and mentors. Modeling positive professional behaviors and helping those new to the profession to acquire these behaviors is a form of advocacy. Providing guidance during a difficult learning situation, such as the first time a novice performs a procedure, can advocate for both the patient and the novice [10]. Professional organizations and associations in health care sectors are critical for generating the energy, flow of ideas and proactive work needed to maintain a healthy profession that advocates for the needs of its clients, health care professionals, and the whole society [13]. Early on, certain individuals within each society began providing care and nourishment for those who were unable to care for themselves. As these individuals became 'care experts,' they began to share with others the practices that worked for them and to train others as apprentices who would someday carry on their work. The evolution of modern patients' care from a vocation to the discipline and profession began in the late 1800s as Florence Nightingale articulated her views about how nurses should be trained and educated and how patient care should be provided [22].

#### **MANAGER ROLE IN ADVOCACY FOR A HEALTHY WORK ENVIRONMENT**

Leaders advocate for patients, staff, and the profession in a number of ways. This advocacy can include actions both to ensure appropriate resource allocation and to promote positive work environments. Today's work environment is increasingly stressful, and competition for resources is keen. Leaders can advocate for staff by actively involving staff in decisions that directly affect the practice environment. Advocacy is enhanced when scheduling and staffing are a collaborative process that involves staffing committees and self-scheduling approaches. Staff involvement can help to ensure balanced schedules and flexible staffing approaches that meet the needs of both patients and staff. In addition, proactive planning to formulate solutions to unpredicted staff shortages can facilitate patient and staff safety in unforeseen situations. Leaders also fulfill the advocacy role by protecting nursing resources during times of budget scrutiny, work process redesign, or work flow change. Staff involvement in the budgeting process promotes an understanding of the challenges operating in today's healthcare environment. Staff can be included in a number of ways, for example by providing input on and prioritization of equipment and supply purchases. Increased staff knowledge of the costs associated with procedures also promotes effective usage and cost containment. When staff is involved in organizational initiatives, they are more likely to advocate for, and foster adoption. Collaboration between nursing managers/administrators and staff nurses is essential for maintaining adequate resources [23].

Leaders promote advocacy when they enable staff to autonomously address concerns. They foster staff ownership of issues when they refer a concern to staff councils and form task forces, involving other departments as appropriate. In such situations the role of the leader becomes primarily a coach who provides guidance, helps staff navigate within the organization, and removes barriers to the process. Leaders promote advocacy when they enable staff to autonomously address concerns. The hospital recruitment and retention committee, comprised of staff from a variety of nursing units, plus recruiters, staff development educators, and human resource professionals, met regularly to plan and evaluate recruitment and retention programs. The committee had already implemented a comprehensive nurse retention program that included recognition for national certification, incentives for nurse preceptors, and strategies to improve communication between nurses and physicians. One staff nurse on the committee felt that recruitment and retention could also be improved by providing an on-campus RN-to-BSN program [1]. Prior to approach the committee with this idea, he talked with nurses from across the organization to determine the level of interest and the program features that would accommodate working nurses. When he presented the idea to the recruitment and retention committee, he was able to identify the potential number of nurses interested in the program and volunteered to serve on a planning committee. Educators involved in forming the professional identity of nursing students and shaping the

capabilities of the nursing workforce are pivotal to advancing the profession. Healthcare is changing. Achieving the best possible future requires that nurses be prepared to advocate for nursing and for their professional roles[24].

### **POLITICAL ADVOCACY**

Political advocacy goals include greater health care providers' involvement in providing access to care, influencing the cost and quality of care, determining the scope and authority of practice, and increasing and improving the healthcare workforce. Members and experts from many specialty organizations work with (ANA) to inform and persuade legislators concerning the needs of professions and the general public regarding healthcare issues and quality care. Some of these activities have included, and continue to include advocating for a greater care providers present in the current Patient Protection and Affordable Care Act. Many specialty organizations advocate for the removal of barriers to the use of advanced practice professionals to allow them to practice to their full scope of practice across all settings and in all states and also to receive just payment for their services rendered[10].

All health care members can respond in a variety of ways to ask decision makers to support and advocate for the patients and themselves. The ability of professional organizations to communicate quickly with their members is one of the many benefits of involving a variety of organizations in collaborative efforts. Newsletters and bulletin alerts keep members aware of issues and help explain developments that may affect nurses and patient care delivery. Issue-specific communication to members often requests nurses to respond to late-breaking developments. In this age of communication, health care members can respond in a variety of ways, e.g. through phone calls, email, Tweets, and Face book™ postings, to ask decision makers to support and advocate for the patients and the professionals letting them know how a given proposal will affect those who give and those who receive healthcare. Of the more than three million staff in the USA, are actively involved in the workforce many, if not most of them have access to electronic communications. These providers have the ability to analyze the information provided and to respond quickly. The power of over two million voices at the national level is awesome. It can significantly influence the development of policy and legislation [25].

### **CONCLUSION**

Every health care member can play a role in advocating for the organization, patients and the profession. It is through day-to-day collective action that staff work together to advocate for improvements in the work environment and for the advancement of the profession. Opportunities for advocacy occur at many levels, some occur in the work setting and others may occur in the grocery store, The key to promote the profession is collaborating with every advocacy opportunity that arises. When leaders support open communication, collaboration, and conflict resolution skills, staff are able to advocate more effectively for themselves and for colleagues. Managers play a pivotal role in developing the advocacy capabilities of staff. When leaders support open communication, collaboration, and conflict resolution skills, staff are able to advocate more effectively for themselves and for colleagues. In contrast conflict undermines effective teamwork and put at risk patient safety. Much has been written about the negative consequences of nurse incivility. Fostering the development of conflict resolution skills and addressing unprofessional behavior, including incivility, promotes an environment in which advocacy can flourish.

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