

## Featured Article Summary

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### **The Nurse as the Patient's Advocate: A Contrarian View** **Sarah E. Shannon, A Hastings Center Special Report, 2016<sup>1</sup>**

This article provides a critical analysis of the advocacy role adopted by the nursing profession and suggest that the traditional perception of the nurse as the best advocate for the patient or as 'The Advocate' may compromise a broader assessment of the patient's interests drawing on input from all health care team members.

#### **The meaning of patient advocacy for nursing**

The perception of the nurse as the patient's advocate has its roots in the 1976 version of The American Nurses Association's code of ethics. In this code, the nursing profession adopts the role of client advocate. In being the patient's advocate the nurse is expected to pay attention to and take action in cases where a member of the health care team may be seen to compromise the patient's care and safety by way of incompetent, unethical or illegal practice. Within the nursing profession the advocacy role often implies an adversary i.e. the nurse is expected to speak up on behalf of patients who may not be able to speak up for themselves due to lack of knowledge or to the vulnerability of illness. In the 1980s the advocacy role of nurses was also taken to include protecting the patient from the physician in cases where the patient's wishes were conflicting with the doctor's advice.

#### **Main arguments.**

While committed to protect the client's care, the traditional perception of the nurse as the patient's advocate may have negative implications for patient safety. Medical errors are an increasing problem in health care. Many of these errors are identified as being due to communication failures within the health care teams.

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<sup>1</sup> Shannon, S.E. (2016): the Nurse as the Patient's Advocate: A Contrarian View. In Ulrich, C.M., C. Grady, A.B. Hamric, and N. Berlinger: *A Hastings Center Special Report: Nurses at the Table: Nursing, Ethics, and Health Policy* *The Journal of Clinical Ethics*, S43-S47.

*Patient safety, medical errors, and health care team communication.*

Health care team members gather patient information on parallel basis according to their professional role in the patient's care. The separate information gathering has a 'built-in communication dysfunction' and tends to tolerate interpersonal tensions and power structures instead of addressing them. A cycle of conflict can exist among members of the health care team, and patient information important for preventing adverse events may not be communicated timely and appropriately, because members of the health care team fail to share the information amongst each other.

*Advocacy versus being 'the Advocate'; the effect on collaboration.*

According to Shannon, the nursing profession's adoption of the role as '*the Advocate*' historically represents a shift in nurses' accountability away from being accountable to a physician and towards being accountable to the patient – a shift that contributed to empowering nurses. However, proclaiming one profession as '*the Advocate*' suggests that other members of the health care team are not. This is problematic, because a patient's advocacy needs may be better identified by the health care team as a whole.

## **Conclusion**

Perpetuating the traditional perception of the nurse's role as the patient's advocate may contribute to maintaining conflict rather than promoting communication and collaboration within the health care team. Instead of occupying a narrow role as the patient's advocate, nurses should engage in advocacy more broadly, including advocacy to create change to public policy and to address disparities in health care.