

Nurses as patient advocates- what does the research literature tell us?

by Son Phearin RN, MSN, Son Sen RN, BSN, & Wendy Lim RN, MSc
(Presented at the CMMC/Jeremiah's Hope 4th Annual Nursing Conference,
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“Advocacy is not something nurses do; it is something they are: Advocates.” Ramsay et al. 2025

Definition: Nurses “represent and support those who cannot advocate [speak up] for themselves, ensuring patients’ needs and rights are upheld” ICN (White et al. 2025).

Introduction - Nurses as Patient Advocates

- as nurses spend time with patients, they can inform doctors and health care professionals about the needs and situation of the patient.
- they build trust with patients and their families to help communication.
- can bridge the gap that can be created by difference in status or education (hierarchy), particularly supporting the doctor-patient relationship.
- they can recognise barriers experienced by patients and promote ways to overcome these
- advocating for patients can significantly promote patient safety and patient rights

Examples:

1) *Post-Op Case (Dr & Nurse)*

(Nurse) អញ្ជាស្រីយលោកគ្រូ! អ្នកជំងឺក្រោយវះកាត់ (វះកាត់ស្បូន) ម៉ឺង អី ៤២ឆ្នាំ ត្រីលេខ១១ ក្រោយអោយ ថ្នាំ Paracemol 1g IV ៣០ នាទីហើយគាត់នៅតែឈឺ (៨/១០ Pain score) ។ តើលោកគ្រូ គួរបន្ថែមថ្នាំបំបាត់ការឈឺចាប់ផ្សេងទៀតសំរាប់ជួយគាត់ទេ ពីព្រោះគាត់កំពុងឈឺ? (គ្រូពេទ្យ) អរគុណដែលបានប្រាប់ខ្ញុំអំពីការឈឺចាប់របស់គាត់ អញ្ជឹង សូមអោយ Tramadol 100mg IV បន្ថែមដល់គាត់ឥឡូវនេះ ហើយសូមប្រាប់ខ្ញុំអំពីការឈឺចាប់របស់គាត់ នៅ៣០នាទីក្រោយទៀតបន្ទាប់ពីថ្នាំនេះហើយ អរគុណច្រើន។

2 *Patient education and health promotion (Nurse & Patient)*

(Nurse) ជម្រាបសួរម៉ឺង! តើគ្រូពេទ្យប្រាប់ច្បាស់ពីស្ថានភាពជំងឺ និងការព្យាបាលជំងឺ ដល់អ្នកម៉ឺងទេ? បើមានចម្ងល់ ឬសន្ទរទៀត ខ្ញុំអាចពន្យល់បន្ថែម និងអាចសួរគ្រូពេទ្យបន្ថែមសំរាប់អ្នកម៉ឺងបាន។
(Patient) ចាស អរគុណណាស់អ្នកគ្រូ! គ្រូពេទ្យប្រាប់អស់ហើយ តែដូចជាច្រើនពេកដែរ សូមអ្នកគ្រូជួយបញ្ជាក់បន្ថែម អំពីថ្នាំទឹកនោមផ្អែម និងលើសឈាម តើត្រូវលេបដូចម្តេចខ្លះ ដើម្បីអោយបានត្រឹមត្រូវ?

Summary of the Literature Review

*In a recent systematic review of nursing research in Australia, researchers identified that “power dynamics significantly shape nurse advocacy practices” Ramsay et al. 2025.

Organizational and systems factors can enable or restrict advocacy.

*In a systematic review of 9 research studies about patient safety practices within East Asia, four significant areas were identified, each with factors affecting nurses acting as advocates. These areas included the individual, the team, the organizational and sociocultural factors.

* In a small integrative review of patient advocacy and safety culture of perioperative context, 10 research papers from 4 developed countries, identified the significance of: reducing hierarchy; increasing open communication and promoting non-punitive approaches to

reporting. Research identified the significance of nurses building trust with patients and advocating patient safety through discussion with the surgeon. Competent experienced nurses are more confident to raise concerns.

Limitations-

Small literature review with very few studies from Asia (none from Cambodia), more is needed (Fontaine et al. 2024). There are few research studies about nurses as patient advocates from low income countries. Contextual significance of sociocultural and education factors impacting patient advocacy have not been explored in Cambodia.

Key factors identified from the literature review:

Potential <i>Barriers</i> to nurse advocacy	Promoting factors of nurse advocacy
<p><i>Hierarchy (cultural/societal)- nurses have lower status or less opportunity to speak up (Lack of authority)</i></p> <p><i>Expectations (cultural/societal)- Doctors order the patient care which nurses follow.</i></p> <p><i>Knowledge (education) is power- the link between power and advocacy- ‘culture of silence’ (Ramsay et al, 2025)</i></p> <p><i>Organisational/systemic barriers (environment).</i></p> <p><i>Fear of blame (self confidence).</i></p> <p><i>Time (environment)- service demands can inhibit nurses advocating for patients.</i></p> <p><i>Individual lack of awareness, experience or capacity (self confidence and/or education)</i></p> <p><i>Nursing workforce does not have enough senior and highly educated nurses to promote confident patient advocacy (historical factors).</i></p> <p><i>Limited practice of critical thinking</i></p>	<p><i>Organisational values- valuing every team member and their ideas</i></p> <p><i>Seniority of nurses (age, competency and nominated role) are more respected within the hierarchy</i></p> <p><i>Education- nurses with more training and understanding of healthcare, medical diseases and their nursing role</i></p> <p><i>Self confidence/Self esteem of the individual nurse</i></p> <p><i>Positive interpersonal relationships within the team or organisation</i></p> <p><i>Doctors are open to nurse’s input and encourage them to speak up</i></p> <p><i>Patients trust nurses</i></p> <p><i>Create culture where patients rights and safety is highly valued</i></p> <p><i>Nurse leaders and managers support junior nurses</i></p> <p><i>Link between professionalism and advocacy- as nurses claim professional identity and self value, advocacy increases</i></p>

Discussion

- ★ *What are the different ways that we can ‘speak up’ for patients in Cambodia?*
- ★ *What opportunities are there as leaders and managers to create supportive environments that help nurses to advocate?*
- ★ *What education opportunities can nurses access that will build up our knowledge, skills and confidence, so that we will speak up?*
- ★ *Is patient advocacy a valued part of the role of Cambodian nurses included within nurse training in Cambodia?*

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Goal/Recommendation:

- Competent and confident nurses- with knowledge, skills and attitude (KSA) to perform professionally (Carraccio et al. 2002).
- Supportive workplace environment- senior managers who recognise and promote nurses as patient advocates
- The organization (all patient care settings) will uphold patient values and ensure a high standard of care.
- Promote research into patient advocacy among Cambodian nurses

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