



Nurses' View on Impact of Patient Advocacy in Oncology Care at University College Hospital, Nigeria

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Abstract: *Nurses play vital roles in the care of their patients and they must be knowledgeable about and involved in all aspects of the patient's care and have a positive working relationship with other team members to improve population health outcomes by interceding on behalf of a patient. This study assessed nurses' view on impact of patient advocacy in oncology care at University College Hospital, Nigeria.*

This descriptive explorative pilot study utilized a convenience sampling technique to select 100 nurses caring for cancer patients with 85% response rate. The instrument which contained ten (10) items was distributed to nurses during official hours daily. The unit heads were responsible for encouraging other nurses' participation. The correlation coefficient considered was 0.770 reliable. Individual consent was also taken and it took about 15-20 minutes to complete. The results were presented in frequency tables and chi square was used to test the relationship among variables.

Findings revealed that more than two-thirds 60(70.6%) of respondents had 1-10years working experiences. Majority of them had good knowledge of patient's advocacy. Nurses reported that they had insufficient time to advocate for their patients. More than half of them indicated that specialized training would be needed for nurses to equip them with the necessary advocacy skills because they see it as a way of improving the quality of care. By implication, their level of knowledge was influenced by the number of years they had worked in the oncology units and not by the wards/clinics they had work.

Therefore, to empower nurses with necessary skills it is imperative to develop a patient advocacy education module in training nurses after which the effectiveness of the training should be evaluated using nursing-sensitive quality care indicators. This will also help in eliminating the barriers militating against effective patient advocacy for a better care outcome.

Keywords: *Advocacy, quality, oncology, impact, knowledge.*

1. BACKGROUND OF THE STUDY

Nurses are the first advocates of patients [1], and are the link between the patient and the healthcare system [2, 3]. They provide holistic care in order to contribute to the treatment of patients with cancer [4]. The aim of all their efforts is to achieve for their patients a better quality of life at all stages of the disease. The education of nurses also plays an important role and it should be oriented to holistic care especially in the area of conserving patient dignity and advocacy to ensure quality of care [5].

The needs of cancer patients are many and the most important outcome of any patient advocacy training program for nurses should be the effort to improve patient care [6].

Advocacy is generally described as defending the rights and property of others [7]. In nursing,

it has been defined as being a patient representative, defending the patient's rights and universal rights, protecting the interests of the patient, contributing to decision-making and supporting the patient's decisions [7-8] and 'being a voice for the vulnerable [7].

The dimensions of patient advocacy in Iranian nurses are defined as informing and educating, valuing and respecting, supporting physically, emotionally and financially, protecting and representing the patient and continuity of care [9]. The Registered Nurses also described patient advocacy as promoting patient safety and quality care which includes the following: protecting patients, being patients' voice, provision of quality care and interpersonal relationship as well as educating patients [10]. In a nutshell, the nurses studied had adequate

understanding of patient advocacy and were willing to advocate for patients.

[11] In a qualitative study conducted in Iran, on patient advocacy from the clinical nurses' view point, the aim of patient advocacy, as a fundamental aspect of nursing care, is to provide high quality health care and protect the rights of the clients. Nevertheless, some factors, such as the lack of competency and recourses, burn out, professional [8], and lack of dedication to nursing hinder achievement of these goals. On the other hands, these factors place the clients at risk, which increases the importance of patient advocacy.

Six ways by which nurses can advocate for oncology patients were also identified as follow [12]:

- Ensure Safety
- Give Patients a Voice
- Educate
- Protect Patients' Rights
- Double Check for Errors
- Connect Patients to Resources

[12] Nurses should support patients and their families in other social environments including economic, educational and research, healthcare delivery, and legislative environments, regarding their access to health care, cost control and health care quality. The patient living with cancers is vulnerable and has experienced varying degrees of damage [9]. Therefore, many opportunities arise in nursing for the enforcement of patient advocacy. Through the appropriate performance of this role, the trust and respect of the community toward the nurses will increase [1]. However, effective advocacy improves the quality of patient care and enriches the nursing profession. A suboptimal level of advocacy is often apparent in the literature, encompassing paternalistic concepts of protecting patients from harm [13].

Nurses play vital roles in the care of their patients, as well as in the ongoing attempt to improve population health outcomes. This often includes the role of nurse advocate – a trained healthcare professional who acts or intercedes on behalf of a patient or in the interest of improving the nursing profession. To perform this function adequately, the nurse must be knowledgeable about and involved in all aspects of the patient's care and have a positive working

relationship with other team members [14]. Recently, the Institute of Medicine has unpacked the concept further and suggested that efforts to improve care quality should be focused around six aims: effectiveness, efficiency, equity, patient-centeredness, safety and timeliness [15]. Hence, the focus of this research which is quality of nursing care.

It has been noted that the need for nurses to advocate for patients cannot be over emphasized [10]. [11] Researchers have also revealed in their study that nurses are able to empower vulnerable patients, delivering them from discomforts, unnecessary treatment, as well as protecting them from actions of incompetent healthcare professionals through advocacy. This is why nurses are trained to assess and identify individual patients' physical, psychological, social, and spiritual needs. A researcher [16] argued that even competent patients are also at risk of making wrong decisions due to insufficient information, making nursing advocacy very essential.

It is worthy of note that advocates act just to ensure the patient's basic human rights are respected. Also that the advocate is willing to represent the patient's needs as the patient perceives them fairly and without distortion [17]. This gives advocates a privileged position in the team by designating them the authentic representative of the patient. To some, it is not clear who to engage in patients' advocacy, but due to the peculiarity of nursing profession, the nurse practitioner has the full responsibility to act on behalf of his or her patients.

However, with the use of effective communication skills and working to improve advocacy skills, effective advocacy can be provided with the focus on the patient's best interest. The use of effective advocacy skills will ultimately improve patient safety in all of our healthcare settings. Nurses are to make the critical connection between advocacy and quality of nursing care. They should be the best advocate possible, and help patients to achieve their optimal outcomes [18]. The previous study on this concept also revealed that to some extent nurses has knowledge of their roles as patients' advocates but lack of time, hospital policy and fear of losing job pose challenges to nursing practice of patients' advocacy role. Capacity building (training) which centers on elimination of these obstacles and institutional/management supports will assist nursing practices [19]. It has also been observed that many patients do not get

the necessary information and engagement in their care while receiving treatment. This affects their compliance and continuity of care. In view of the facts highlighted above, there is need for nurses to further understand the concept of patient advocacy and the necessary skills and competencies needed to enable them incorporate this knowledge in their practice for the benefits of the patients, to achieve job satisfaction and for the sake of improving public orientation of nursing profession. Therefore, the study assessed nurses' view on patient advocacy and its impact on nurses care of oncology patients in a tertiary hospital in South-West Nigeria.

2. METHODS

This is a non-experimental descriptive study. A convenience sampling technique was used to select 100 nurses caring for cancer patients in University College Hospital, Ibadan not all nursing personnel were at work during the period of data collection. The instrument contained ten (10) items. The self-administered questionnaires with correlation coefficient of 0.77 were distributed to respondents across all wards and clinics where oncology patients are being nursed during the morning and afternoon shifts within the period of three weeks. The unit heads were responsible for encouraging other nurses' participation.

The survey was confidential and anonymous for the respondents and it took about 15-20 minutes to complete. The overall response rate was 85% which is quite reasonably high. The data were checked for omission and errors at the end of the

day and corrections were made where necessary. Data obtained were analyzed using the SPSS version 23. The socio-demographic variables and objectives were analyzed with the use of descriptive statistics and chi square was used to ascertain the relationship among variables at 0.05 the level of significance.

Knowledge of respondents was rated on the scale of 100; those who scored 50 or less were categorized to have poor knowledge while those who score above 50 were rated to have good knowledge of patients' advocacy and its impact on the quality of oncology nursing care.

3. RESULTS

Result of our study as showed in table 1 that 29(34.1%) of the respondents were within 21 and 30 years of age, 32(37.6%) of the respondents were within 31 and 40years of age, while 24(28.2% were over 40years of age. More than two-thirds 82(96.5%) are female, while just 3(3.5%) of the respondents are men. Of these respondents, 36(42.4%) have diploma as their highest level of education, also, 40(47.1%) of the have had first degree while only a few 9(10.6%) had postgraduate degree as their highest level of education. Majority 66(77.6%) of the nurses are working in wards, while 19(22.4%) are working in the out-patient clinics. Of these nurses, more than two-thirds 60(70.6%) had 1-10years working experiences, 18(21.2%) had worked between 11-20 years as nurses while only 7(8.2%) reported that they had worked for more than twenty years as nurses (as shown in Table 1).

Table1: Socio-Demographic characteristics of nurses

Variables	Frequency	Percentage
Age		
(21-30)years	29	34.1
(31-40)years	32	37.6
>40years	24	28.2
Gender		
Male	3	3.5
Female	82	96.5
Highest Level of Education		
Diploma	36	42.4
First degree	40	47.1
Postgraduate	9	10.6
Units		
Wards	66	77.6
Clinics	19	22.4
Years of experience		
(1-10)years	60	70.6
(11-20)years	18	21.2
>20years	7	8.2

Results of this preliminary study in Table 2 also showed that more than half 47(55.3%) of the nurses caring for patients living with cancers felt patient advocacy implies soliciting on behalf of the patients while 14(16.5%) of them knew "patient advocacy" as interaction between the patients and healthcare providers but 9(10.6%) felt it is a way of putting patients into

consideration. Only few 5(5.9%) of the nurses felt it is a way of supporting patients on finances, food and shelter. Some of the nurses 6(7.1%) believed patient advocacy is ensuring that patients' right is respected while some 2(2.4%) of them felt it is way of giving patients quality care to relief their problems and 2(2.4%) of them did not respond.

Table2: Nurses' knowledge about patient advocacy

Statements	Frequency	Percentage
*Mediating between the patients and health care givers	14	16.5
*Putting patient into consideration	9	10.6
*Soliciting on behalf of the patients	47	55.3
Supporting patients on finances, food and shelter	5	5.9
*Ensuring that patients' rights are respected	6	7.1
*Giving patients quality care to relief their problems	2	2.4
No response	2	2.4

*Correct responses

3.1. Cumulative Knowledge Score

Therefore, scores (0-50) % was regarded as "poor knowledge" and scores (51-100%) was

regarded as "good knowledge". 90.6% of respondents had good knowledge of patient's advocacy (see table 3).

Table3: Knowledge score on patients' advocacy

Knowledge	Frequency	Percentage	Range of scores
Poor knowledge	8	9.4	(0-50)% = poor knowledge
Good knowledge	77	90.6	(51-100)% = good knowledge
Total	85	100.0	

From table 4, one-quarter 22 (25.9%) of the nurses reported that oncology patients need to be advocated for in the area of financing. 16(18.8%) of the respondents thought nurses should advocate for their own safety, but 11(12.9%) believed that nurses should advocate for pain relief and alleviation of suffering for oncology patients. Some nurses 7(8.2%) thought that oncology patients need to be advocated for

in terms of provision of adequate access to health care, ensuring patients' rights are expected (9.4%), and encouraging family support(4.7%). Meanwhile, a few of the respondents (3.5%, 3.5%, 2.4%, 1.2%, & 1.2%) reported that oncology patients need to be educated, and receive psychological and emotional care as ways of advocating for them respectively.

Table4: Ways by which patients with cancers need nurses to advocate for them

Statement	Frequency	Percentage
Advocate in the area of finances	22	25.9
Ensure safety	16	18.8
Relieve pain and alleviate suffering	11	12.9
Provide adequate access to health care	7	8.2
Ensure patents' rights are expected	8	9.4
Encourage family support	4	4.7
Raising awareness of patents' needs and preferences	3	3.5
Educate patients	3	3.5
Advocate at the point of receiving care	2	2.4
Psychological support and emotional care	1	1.2
Advocate in the way the society view it	1	1.2
No response	7	8.2

From table 5, lack of time was identified by 27 (31.8%) nurses to be a major factor that can affect the effective patient advocacy by nurses. The nature of nurse-patient relationship was also identified by 12(14.1%) nurses as a factor that can affect it effectiveness. Some of the

respondents 9(10.6) identified inadequate nurses' knowledge on patient advocacy while a few of them identified other factors including stress(5.9%), patients' financial constraints (8.2%), language barrier(2.4%), hospital policy (3.5%), poor communication (5.9%), shortage of

manpower (2.4%). Only one 1(1.2%) responded that paying less attention to qualities and fear of litigation by nurses could affect the effectiveness of patient advocacy by nurses respectively but 7(8.2%) of them did not respond to this. The result from table 6 showed

that majority 54 (63.5%) of the respondents indicated that nurses need specialized/ formal training to prepare them for patient advocacy roles while only one-third 27(31.8%) indicated that it may not be necessary and 3(3.5%) failed to respond.

Table5: Factors that can affect effective patient advocacy by nurses

Statement	Frequency	Percentage
Lack of time and work overload	27	31.8
Stress on the part of nurses	5	5.9
Financial constraints	7	8.2
Difficult patients	4	4.7
Nurse-patient relationship	12	14.1
Inadequate knowledge by nurses	9	10.6
Language barrier	2	2.4
Hospital policy	3	3.5
Poor communication	5	5.9
Paying less attention to qualities	1	1.2
Fear of litigation by nurses	1	1.2
Shortage of manpower	2	2.4
No response	7	8.2

Table6: Perceived need for specialized/formal training to prepare nurses for patient advocacy role

Statement	Frequency	Percentage
Yes	54	63.5
No, it is part of their roles	27	31.8
I don't think so	1	1.2
No response	3	3.5

Table 7 revealed that less than half 37(43.5%) of the respondents see patients advocacy as a means of improving quality of nursing care, while 16(18.8%) reported that it improves patients' health status. Some 9(10.6%) of the nurses also indicated that it enhances good-nurse relationship while only a few 2(2.4%) of them described patient advocacy as a way of

facilitating effective pain management, enhancing patients' willingness to live (4.7%), supporting individualized patients' care (3.5%), reducing the length of hospital stay (1.2%) and that it requires more resources to advocate for their patients, but only one nurse reported that it has no effect on the quality of care provided.

Table7: What are the effects of patient advocacy on quality of nursing care rendered to patients with cancers?

Statement	Frequency	Percentage
It enhances good nurse-patient relationship	9	10.6
It improves patients' health status	16	18.8
Patients' advocacy improves quality of nursing care	37	43.5
It facilitates effective pain management	2	2.4
It enhances patients' willingness to live	4	4.7
It supports patients' in individualized care	3	3.5
It brings about reduction in the cost of care	1	1.2
It helps in decision making by the patients	2	2.4
It has no effect on the quality of care provided	1	1.2
It reduces patients hospital stay	1	1.2
It requires provision of more resources to advocate for patients	1	1.2
No response	8	9.5

3.2. Hypotheses Testing

3.2.1. Hypothesis One

There is no significant association between years of working experience and level of knowledge of patient advocacy The association between years of working experience and level

of knowledge of patient advocacy is statistically significant ($\chi^2=4.722$, $df=2$, $p=0.004$). This implies that years of working experience of the respondents significantly influence the level of knowledge of patient advocacy. Therefore, the null hypothesis is hereby rejected (table 8).

Table8: Cross-tabulation on association between years of working experience and level of knowledge of patient advocacy

Years of experience	Knowledge		Chi-square Statistic	df	p-value
	Poor	good			
(1-10)years	4(4.7%)	56(63.5%)	4.7222		0.004
(11-20)years	2(2.4%)	14(18.5%)			
≥21 years	2(2.4%)	7(8.2%)			

3.2.2. Hypothesis Two

There is no significant association between the perceived need for specialized training on patient advocacy and units of practice. The association between the perceived need for specialized training on patient advocacy and

units of practice is not statistically significant ($\chi^2=0.817$, $df=3$, $p=0.845$). This implies that units of practice do not significantly influence the perceived need for specialized training on patient advocacy. Therefore, the null hypothesis is not rejected (Table 9).

Table9: Cross-tabulation on association between the perceived need for specialized training on patient advocacy and units of practice

Perceived need for specialized training on patient advocacy	Units of practice		Chi-square Statistic	df	p-value
	Wards	Clinics			
Yes	43(50.6%)	11(12.9%)	0.8173		χ^2
No, it is part of their roles	20(23.5%)	7(8.2%)			
I don't think so	1(1.2%)	0(0.00%)			
No response	2(2.4%)	1(1.2%)			

4. DISCUSSION OF FINDINGS

Findings from the sociodemographic characteristics revealed that majority of respondents had 1-10years working experiences, many are females (as characterized nursing profession), due to the need for professional advancement, majority of the nurses have had first degree.

The first research objective investigated the level of nurses' knowledge on patient advocacy when caring for oncology patients. A number of conclusions can be drawn from the results presented above on this. Although, the sample from which data was gathered is small, the researchers are of the opinion that the results still provide meaningful findings and insights that could be generalized to normal practice by nurses.

The survey revealed that quite a number of nurses who participated in the study in the oncology wards and clinics know that patient advocacy is about acting on behalf of the patients to ensure quality outcome. This knowledge might be a reflection of their clinical experiences and educational exposures in the previous past. This is consistent with the documentation [20] that patient advocacy is about standing up for and defending patients' rights to help patients determine their own best interests. Also, many of them identified further that, nurses help to educate patients, enabling them to make informed decisions. However, some felt patients' advocacy merely entails

supporting patients with food, shelter and financial aides, probably, they take nursing profession for social workers' activities and they failed to realize that nursing profession is a scientific and unique profession whose members are not mere providers of physiological care but holistic care. This is contrary to the findings of the qualitative study conducted among registered nurses [10] that nurses described patient advocacy as promoting patient safety and quality care which includes the following: protecting patients, being patients' voice, provision of quality care and interpersonal relationship as well as educating patients, this shows that the nurses had adequate understanding of patient advocacy and were willing to advocate for patients.

The second objective of this study assessed the ways by which patients with cancers need nurses to advocate for them. Respondents as important stakeholders in planning and implementing patients' care, they identified various ways they think nurses can advocate for oncology patients. The results, as presented above showed that nurses based their thoughts solely on sourcing for financial help as a major which is not a primary role of nurses but social worker while some believed that patients' advocacy can be expressed in terms of patients safety, educating patients and ensuring patients' rights are respected. This tends to agree with the report [12] itemizing six ways to achieve this such as ensuring safety, giving patients a voice, educating patients, protecting patients' rights,

double check for errors and connecting patients to resources (support groups) in and outside the hospital. Though, conversations with patients, neighbors, and the general public can highlight these situations and help nurses address inadequate funding and the effect of this inadequacy on patients' failure to receive appropriate healthcare services [21]. On the contrary, many cancer patients do not expect to receive psychosocial care in the form of emotional talks or counseling from busy nurses, but appreciate the attention paid by nurses to their physiological and physical needs. Therefore, it is of great importance if nurses will ensure that patients are well communicated to, and allow exercising their rights while receiving care. Nurse-patient partnerships in cancer care may reduce the potential workload of nurses. The psychosocial needs of cancer patients could be optimized by providing good physical care through effective communication within a time-constrained oncology setting [22]. The primary aim of rendering nursing care should not be based on provision of financial support for the patients but to provide safe, quality and patient-centered care. Concerning the factors that can affect the effective patients advocacy by nurses, from the results presented in table 5, numerous findings emerge. A few of the respondents in this study identified that inadequate knowledge and stress (burnout) as part of the major factors that can affect effective patients' advocacy. Though they know what patients' advocacy entails but lack knowledge on how to go about its practice. In addition to this, work-related stress seems to overwhelm the nurses therefore; adequate attention could not be given to patients' support and advocacy. Such instances could be found in reports of many studies including the one [18] conducted on development and testing of an instrument to measure protective nursing advocacy which identified some factors, such as the lack of competency and recourses, burnout, professional suffering, and lack of dedication to nursing hinder achievement of these goals [8]. Majority of nurses also indicated lack of time and a few indicated poor communication and fear of litigation as supported by a study [11] carried out to assess nursing beliefs and actions in exercising patient advocacy in a hospital context which stated that the main barriers to patient advocacy in the field of nursing include: the medical staff, lack of time, work overload, difficulties communicating with patients or healthcare staff, lack of knowledge, powerlessness, fear of taking risks, fear of conflict, lack of autonomy, lack of power to

make decisions, and lack of support on the part of the institution. However, these factors place the clients at risk, which increases the importance of patient advocacy.

From the results presented above, the most important outcome of the research is the identification of the need for specialized training for nurses to enable them acquire the skills and necessary competences need to advocate for the patients living with cancers. The current study revealed that almost two-third of the respondents indicated that nurses need specialized/ formal training to prepare them for patient advocacy roles. This is in agreement with a report [17] that it is true that the elements of nursing and medical education are useful for advocacy purposes, but people who assume the role of advocate ought to be prepared for coping with the potential hazards and hardships that accompany advocacy. Knowledge of medical law and ethics will surely be useful, but other qualities may not be as easily acquired, for example negotiation and communication skills. [20]A study suggested that special training in advocacy can also help nurses find the resources they need to serve their patients. Continuing nursing education can help them understand their own limitations and provide them with an opportunity to improve their communication skills and understanding of nursing ethics. Also considering nurses' lack of knowledge on patient advocacy in some nursing personnel and its irreparable consequences, it is necessary to train nurses on patient advocacy [3, 8].

Findings from this current study revealed that nurses support that fact that patient advocacy has positive effects on quality of nursing care rendered to patients receiving cancer treatment. The finding implies that, when nurses act on behalf of the patients, the patients feel involved, their morale will be boosted, and they are likely to respond faster to whatever treatment they are receiving from nurses. Patients will be better engaged and feel involved in their care and decision making when nurses advocate for them. This supported a group of researchers' findings in their qualitative study conducted on patient advocacy from the clinical nurses' viewpoint that effective advocacy improves the quality of patient care and enriches the nursing profession [11]. The relationship between nurses' years of working experience and their level of knowledge of patient advocacy revealed that the more years they practice the higher their level of knowledge of patient advocacy. This agrees with the findings from studies on the educational

preparation for the exercise of patient advocacy showed that this practice is often learned at work from observing other nurses, or after the nurses themselves have their own patient advocacy experience in their professional practice¹⁸. Thus, it can be inferred that nurses who graduated more recently and with less professional experience may not know or recognize their roles as patients' advocates because they have not yet had enough experiences in defending patients or because they have not yet experienced situations with negative implications.

Concerning the need for specialized/formal training for nurses on patients' advocacy, it is evident that nurses in both oncology wards and clinics perceived the need for the training equally. As documented in the previous studies, for nurses to perform this function adequately in area of practice, they must be knowledgeable about and involved in all aspects of the patients' care and have a positive working relationship with other team members [14]. This infers that nurses cannot give what they do not have as regards patients' advocacy.

5. CONCLUSION

This study had shown that knowledge of patient advocacy and its impacts on the quality of nursing care among nurses caring for patients receiving cancer treatments is high. Although, nurses indicated that a specialised training will be needed to enhance their skills and competences in identifying the advocacy needs of oncology patients and planning the care towards such. There is an agreement with the documentation in the literature that patients advocacy improves the quality of nursing care especially for those diagnosed with cancers. This is because patient advocacy brings patients to the centre of the care as their needs and preferences are considered. Despite all these, there are some barriers that affect the effective performance of patients' advocacy roles by nurses. It is therefore imperative to develop a patient advocacy education module, organize trainings for nurses monitor the effectiveness such training using nursing-sensitive quality care indicators.

RECOMMENDATIONS

Based on the above findings, the followings are therefore recommended:

- The study can also be replicated in other nursing settings or units in order to promote

evaluation of quality of nursing care by nurses themselves.

- It beholds on nursing educational institutional authorities to put in measures to ensure that the training of nursing students enhances their ability to undertake effective patient advocacy activities.
- Hospital authorities and stakeholders should motivate nursing staff through establishment of patient advocacy team, creation of awareness and provision of the basic equipment needed to provide quality patient care.
- There is a need to research into eliminating the barriers to patient advocacy in the healthcare setting to enhance quality care.
- Nursing educational authorities should ensure that curriculum design for nursing education/training accounts for the qualities, knowledge and skills required in the training of nurses for effective patient advocacy.

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Citation: Ifeoluwapo Oluwafunke Kolawole, Prisca Olabisi Adejumo, Nurses' View on Impact of Patient Advocacy in Oncology Care at University College Hospital, Nigeria. *ARC Journal of Nursing and Healthcare*. 2020; 6(1):1-9. doi: [dx.doi.org/10.20431/2455-4324.0601001](https://doi.org/10.20431/2455-4324.0601001).

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