PATIENT ADVOCACY PRACTICE AND ASSOCIATED FACTORS AMONG NURSES WORKING IN PUBLIC HOSPITALS OF JIMMA ZONE, OROMIA REGIONAL STATE, SOUTHWEST ETHIOPIA

BY: BONTU MATHEWOS (BSc)

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BY: BONTU MATHEWOS (BSc)

ADVISORS: Mr. TEMAMEN TESFAYE (BSc, MSc, Assoct. prof.)

Mr. BIKILA DEREJE (BSc, MSc.)

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JIMMA, ETHIOPIA

Abstract

***Background**: Patient advocacy is key for vulnerable patients who are unable to express their feeling and unable to exercise their autonomy. Nurses as patient advocates play a great role to prevent poor quality of care. However, there is a lack of information about the nurses' level of patient advocacy practice in Ethiopia in general and in the Jimma zone in particular.*

***Objective**: The study aimed to assess patient advocacy practice and associated factors among nurses working in public Hospitals of Jimma zone, Oromia Regional State, Southwest Ethiopia.*

***Methods**: An institutional-based cross-sectional study design using quantitative supplemented by qualitative data collection methods were employed among 422 nurses and 12 key informants respectively. Simple random sampling technique and purposive sampling technique were used to get study participants for quantitative and qualitative data respectively. Data were collected using pretested self-administered questionnaires and an in-depth interview. Quantitative data were entered into Epidata version 4.6 and exported to Statistical Package for Social Science version 23 was for analysis. Bivariate and multivariable logistic regression was done to identify factors associated with patient advocacy practice; Factors associated with patient advocacy practice were declared at AOR 95% CI and p-value less 0.05. Thematic analysis was done for qualitative data.*

***Results:** This study finding showed that about 47.9 % (95%CI; 42.9, 52.9) of nurses have good patient advocacy practice. Good knowledge about patient advocacy[AOR =1.97;95%CI (1.065,3.629); p= 0.031],good attitude towards patient advocacy [AOR=3.14; 95% CI (1.721,5.742) ; p<0.001],good nurse patient relationships,[AOR= 2.85; 95% CI (1.450,5.605) ; p=0.002],good inter-professional collaboration.[AOR=7.73;95%CI (4.004,14.937);p=<0.001], getting support [AOR=2.84; 95% CI (1.523, 5.305); p=0.001] and work experience (>10 years) [AOR=5.81;95% CI (2.656,12.723); p <0.001] were positively associated with patient advocacy practice.*

***Conclusion and recommendations:** The level of patient advocacy practice among nurses working in Jimma zone public hospital was low. Years of work experience, knowledge about patient advocacy, and attitude towards patient advocacy, nurse-patient relationship, inter-professional collaboration and support were factors significantly associated with patient advocacy practice Therefore it is necessary to establish a training program and appropriate guidelines on patient advocacy to improve the patient advocacy practice of nurses.*

***Keywords**: Advocacy, Patient Advocacy, Nursing, Ethiopia*

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Table of contents **page**

List of tables

List of Figures

List of Abbreviations and Acronyms

ANA: American Nurses Association

ANMC: Australian Nursing and Midwifery Council

AOR: Adjusted Odd Ratio

COR: Crude Odd Ratio

ETB: Ethiopian Birr

ICN: International Council of Nurses

JMC: Jimma Medical Center

JNA: Japanese Nursing Association

JU: Jimma University

JUIRB: Jimma University Institutional Review Board

NMC: Nursing and Midwifery Council

SPSS: Statistical Package for Social Science

USA-United State of America

CHAPTER 1: INTRODUCTION

1.1. Background

Patient advocacy is one of the major activities of nurses' aim at acting on behalf of the patient, safeguarding patient autonomy, valuing, appraising, mediating and championing social justice in the process of health care delivery (1–3).

The first patient advocacy movement began during Florence Nightingale's era as she incorporated it into her environmental theory to manipulate the environment to the best interest of the patient (4). The International Council of Nurses (ICN) included this notion in its Professional Codes in the 1970s, and it has been used since then. Many nursing organizations, including the American Nurses Association (ANA), the Japanese Nursing Association (JNA), and the Australian Nursing and Midwifery Council (ANMC), have now included the position of "patient advocate" in their codes of ethics(5).

Patient advocacy is needed in the healthcare setting mainly for clients who are unable to make their concerns known to the healthcare professionals and those unable to exercise their autonomy due to vulnerability arising from age, illness, and disability(6). Patient advocacy helps patients to comprehend a new diagnosis, recognize the need for follow-up, enhance access to health care for those with economic challenges and improve patients' quality of life, patient's safety, and outcomes (2,5,7–9). Practicing patient advocacy helps nurses to experience a sense of being worthwhile and improves their satisfaction at work, their self-confidence, their power and their professional status, and also it increases credibility and visibility in the nursing field (10).

To advocate for patients nurses should have experience, knowledge, power, work motivation, professional commitment, independence, self-confidence, knowledge of patient needs, wishes and values, the ability to interact properly with patients and other health care professionals and the ability to participate in the health care policy decision making(11).Hence the purpose of this study is to describe patient advocacy practices and associated factors among nurses working in public hospitals of Jimma zone.

1.2 Statement of the problem

Patient advocacy is a strategy that a nurse uses to prevent iatrogenic injuries and fatalities, assist patients with problems that might not otherwise be addressed and enhance patient satisfaction (9,12,13). Evidence suggests that many patients are subjected to preventable injuries and fatalities which are estimated from 98,000 to 440,000 deaths per year due to a lack of patient advocacy(13).

Patient advocacy is closely tied to patient satisfaction, and if not carried out completely and effectively, healthcare organizations may experience negative results from poor patient satisfaction to non-repeat service utilization, and possibly diminishing financial bottom line due to patients choosing to go elsewhere to get health care (12).

Nowadays the complexity of the healthcare environment, the use of advanced technology and rising healthcare costs may challenge the patient and may magnify the vulnerability that accompanies illness and injury and may reduce the values and autonomy of patients, so if nurses do not practice their advocacy role, patients and the facility may be exposed to potential risks associated with these issues(10).

Evidence shows that failure to advocate for patients causes workplace conflict, and dissatisfaction among nurses and patients, diminishes facility images, causes moral outrage among nurses and wilting in the nursing profession (14,15). Moreover, if nurses do not advocate for patients, the right of the patient and the institutional goal to save a life can be jeopardized (6) and there might be unnecessary hospital stays (9,16).

With the unwillingness of nurses to advocate for their patients, there is a rise in hospital-acquired infection and patients may die as a result of nurses' failure to attend to the patients promptly, rather than their illness. Additionally, the patient may be severely affected by serious medical errors and mistakes arising from judgments made by health care professionals(16). Inadequacy of patient advocacy practice can also lead to poor quality of care, negligence in giving care and fallout in needless health problems and mortality(17,18).

Failure to play an advocacy role effectively may detract from the richness of the nursing profession and result in nurses leaving their profession(19). Inappropriately performing an advocacy role by nurses can decrease the community's trust and respect for nurses (9).

When the nurses refuse to practice advocacy this can be considered as being unethical and possibly increases the vulnerability of clients to health inequities (20). Effective advocacy helps to improve the quality of patient care, protect the rights of the clients, and enrich the nursing profession, nevertheless, nurses struggle to assume this responsibility and sometimes they fail to advocate on behalf of patients whose best interests are being compromised(21).This disappointment is due to some barriers that prevent nurses from advocating and their fear of risk associated with advocacy and these factors place the clients at risk, which increases the importance of patient advocacy(22).

On the other hand, nurses are obliged by their professional associations to advocate, but there remains little practical support and protection leaving the nurses potentially exposed to conflict(23). Study conducted in Iran revealed that 32.4 % of nurses had good patient advocacy practice(17). Qualitative study conducted in Ghana showed that lacking confidence, clientele traits, and poor educational preparation are factors that hinders patient advocacy practice (25).

Although patient advocacy is nurses' expected obligation, a vital function and an important key point of daily practice of nursing professionals, there has been little research done on patient advocacy in Africa. There was limited information on patient advocacy practice in Ethiopia in general and in the Jimma zone in particular. Therefore, this study aimed to determine the level of patient advocacy practices and associated factors among nurses working in public hospitals of Jimma Zone, South west Ethiopia, 2022.

1.3 Significance of the study

The level of patient advocacy practice among nurses working in Ethiopia is unknown. Determining the level of patient advocacy practice is important for the patient, nurses, nursing leaders, hospital managers, policy makers, health institutions, and other related organizations. By exhibiting nurses' levels of patient advocacy practice this study helps nurses, health institutions and others to give insight into whether or not nurses are advocating for patients, and as a result, this study will serve as a useful guide for nurses who want to enhance their advocacy skills.

The findings of this study will help the development of appropriate patient advocacy practice guidelines for nurses. It enables nurses, hospital authorities and other related organizations to plan and intervenes in existing gaps by evaluating the magnitude of patient advocacy practice and identifying factors linked with patient advocacy practice by nurses.

Finally, the insights obtained from the research findings will be used as baseline data for the full implementation of patient advocacy practice among nurses working in Jimma zone public hospital and thereby it will lead to the advancement of nursing professionals, quality of care, patient satisfaction, patient autonomy and positive patient health outcomes. It also serves as a resource for government and non-government organizations who want to be involved in patient advocacy. Furthermore, it would serve as a baseline for future researchers who are interested in conducting research on the matter at issue.

CHAPTER TWO: LITERATURE REVIEW

Patient advocacy practice is helping the patient to obtain needed health care, assuring the quality of health care; defending the patient's rights and acting as a liaison between the patient and the health care system. This study's literature review includes an overview of patient advocacy practice, level of patient advocacy practice as well as factors that affect patient advocacy practices such as socio-demographic related factors, nurse-related factors, interpersonal-related factors and organizational related factors.

2.1 Overview of Patient advocacy

Since the beginning of the patient advocate movement in the 1970s, nursing has been viewed as the ideal profession to practice advocacy on behalf of its clients, primarily because of the intimate nature of the relationships nurses have with their patients(5). Nursing researchers develop several advocacy models and give a different philosophical explanation for patient advocacy(2). The most frequently discussed philosophical patient advocacy models in nursing literature are Curtin's humanistic model, Gadow's existential advocacy model, Kohnke's functional advocacy model, Fowler's social advocacy model, and Benner's model(26).

According to Curtin, nurses develop a relationship with their patients freely because of the commonality of being self-determined human beings(27). Later, Curtin described patient advocacy as the nurse providing care to the patient in a manner that supported the patient's return to independence while also alleviating suffering(27). According to Gadow's existential model of 1983, the patient should exercise their right of self-determination with the assistance of the nurse(1). Kohnke developed two models in 1982. Kohnke (a) suggested that nurses need to remember that patients can make their own decisions, and the role of the nurse is to support those decisions without bias or influence. Kohnke (b) says that nurses assist patients in making informed choices about their health care needs and by providing patients with information about their condition. In 2001 Benner also focused on ethics in nursing and it included nursing competence and the power held by the nurse when in the role of patient advocate(9). In 1989 Fowler's suggested that there should be equitable access to adequate nursing and care for all(28).

2.2. Level of patient advocacy practice

According to a descriptive correlational study conducted in America to assess factors that influence patient advocacy practice among 188 nurses 72.7% of nurses have good patient advocacy practice(24). Similarly, a study conducted in Japan among 24 nurses revealed that 79% of nurses had good patient advocacy practice (29). An institutional-based cross-sectional study conducted in Iran to assess the extent of nurses' involvement in patient advocacy practice among 330 nurses, revealed that 32.4 % of nurses had high patient advocacy practice(17).

2.3 Factors associated with patient advocacy practice

2.3.1 Sociodemographic factors

An institutional based cross-sectional study conducted in Los Angeles on eight hospitals showed that younger nurses engage in patient advocacy practice more than older nurses(30). A cross-sectional study conducted in Brazil to assess the belief and actions of nurses toward patient advocacy revealed that nurses who graduated more recently and with less work experience exhibit poor patient advocacy practice than senior nurses (31). Similarly, a qualitative study conducted in Ireland to assess nurses' perceptions of patient advocacy practice revealed that nurses who have less work experience have low patient advocacy practice(32). A qualitative study done in Ghana to assess barriers to nurses in using their health advocacy role in nursing practice revealed that nurses' with less work experience and financial problems have poor patient advocacy practice (25).

Another institutional-based cross-sectional study conducted in Iran at the Tehran University of Medical Sciences Hospital in 2012 to assess patient advocacy practice revealed that female nurses were involved more in patient advocacy practice than male nurses(17). Additionally, having an administrative position is positively linked to patient advocacy practice(33). Another qualitative study conducted in Ireland with aim of assessing nurses' perceptions of patient advocacy practice among 20 nurses revealed that having professional responsibility or duty increases patient advocacy practice(32). A qualitative study done in Tehran, to assess barriers and facilitators of patient advocacy practice revealed that powerlessness hinders advocacy practice(34).

2.3.2 Nurse-related factors

A qualitative study conducted in Australia to assess barriers to patient advocacy practice among nurses shows that fear of risk associated with advocacy may influence nurses' involvement in patient advocacy practice(35).A qualitative study conducted in Sweden with aim of assessing nurses' perceptions of influencers on patient advocacy revealed that nurses who were ethically committed practice patient advocacy more likely than those who are not ethically committed(36).

A study conducted at a North Carolina hospital to assess nurses' perceptions of patient advocacy behaviors shows that nurses who are ethically committed are more likely practice patient advocacy than those who are not ethically committed(37). A qualitative study conducted in Ireland with aim of assessing nurses' perceptions of patient advocacy practice revealed that having good knowledge of advocacy increases patient advocacy practice(32).

A study conducted in Nigeria in 2020 to analyze nurses' perspectives on the impact of patient advocacy in oncology care found fear of advocacy risk can reduce the effectiveness of patient advocacy practice. However, nurses who have good knowledge are more likely to practice patient advocacy (38). Similarly, a qualitative study done in Tehran on the barriers and facilitators of patient advocacy practice found that nurses who have good knowledge and skills of advocacy experience good patient advocacy practice however, nurses who fear risk of advocacy exhibit poor patient advocacy practice(34).

2.3.3 Interpersonal-related factors

A study conducted in Sweden to assess patient advocacy practice in a perioperative settings shows that having good nurse's patient relationships increases patient advocacy practice(39).A study conducted in japan shows that having good nurse-patient and nurse-physician relationships increases patient advocacy practice (29). A qualitative study conducted in Ireland with aim of assessing nurses' perceptions of patient advocacy practice revealed that strong nurse-patient relationship, and strong nurse and other health care professional relationship increases patient advocacy practice(32).

A study done in Nigeria in 2020 to assess nurses' views on the impact of patient advocacy in oncology care, revealed that a good nurse-patient relationship enhances the effectiveness of patient advocacy practice and factors such as language barrier, and poor cooperation hinders the

patient advocacy practice by nurses (38). A qualitative study conducted in Ghana in 2019 indicated that the main barriers to practicing patient advocacy were a lack of cooperation between the healthcare team, patients, and the health institution and ineffective communication between them(18).

A qualitative study conducted in Ghana to explore the perceived environmental challenges to patient advocacy shows that poor interpersonal relationship and limited interaction between nurses and other health care professionals negatively affect patient advocacy practices (22). A qualitative study conducted in Tehran, to assess barriers and facilitators of patient advocacy practice revealed that having a good and functional nurse-patient relationship, and having a good nurse-physician relationship increases patient advocacy practice (34).

2.3.4 Organizational-related factors

According to a study conducted in England, nurses who do not have sufficient time to advocate exhibit low patient advocacy practice(40). A study conducted in japan showed that getting support from the organization and nursing leaders facilitates patient advocacy practice (29). Study conducted in Los Angeles showed that those nurses who belief that their hospital empower patient involved in patient advocacy more than those who did not belief(30). A qualitative study done in Tehran, to assess barriers and facilitators of patient advocacy practice revealed that lack of support, law, code of ethics and lack of time hinders patient advocacy practice(34). Study conducted in Nigeria in 2020 on nurses' perspectives on the impact of patient advocacy in oncology care found that nurses who lack enough time and who are overloaded by different patient activities exhibit poor patient advocacy practice(38).

A qualitative study conducted in Ghana on barriers to nurses exercising their health advocacy role in nursing practice indicated that a lack of organizational support prohibits nurses from conducting patient advocacy practice(25). Another qualitative study conducted in Ghana to explore the perceived environmental challenges to patient advocacy showed that difficult rules and regulations, ineffective administration, lack of support in organizational setting, and time constraints prohibited nurses from practicing patient advocacy roles (22).

To sum it up, different studies have tried to show the level of patient advocacy practice. There are noted discrepancies in the findings of these studies in different countries. Some studies showed good patient advocacy practice, whereas others showed poor patient advocacy practice. Additionally, this literature review comes up with different factors associated with patient advocacy practice. Studies have identified factors such as gender, age, salary, year of work experience, knowledge of nurses on patient advocacy, an ethical commitment of nurses, nurses' fear of advocacy risk, nurse-patient relationships, inter-professional collaboration, support from organization, presence of code of ethics, belief that hospital empowers patients and time adequacy.

2.4 Conceptual Framework

The following conceptual framework was developed after reviewing different literature on factors affecting patient advocacy practice in different parts of the world(17,18,22,31,34,36,40–43).

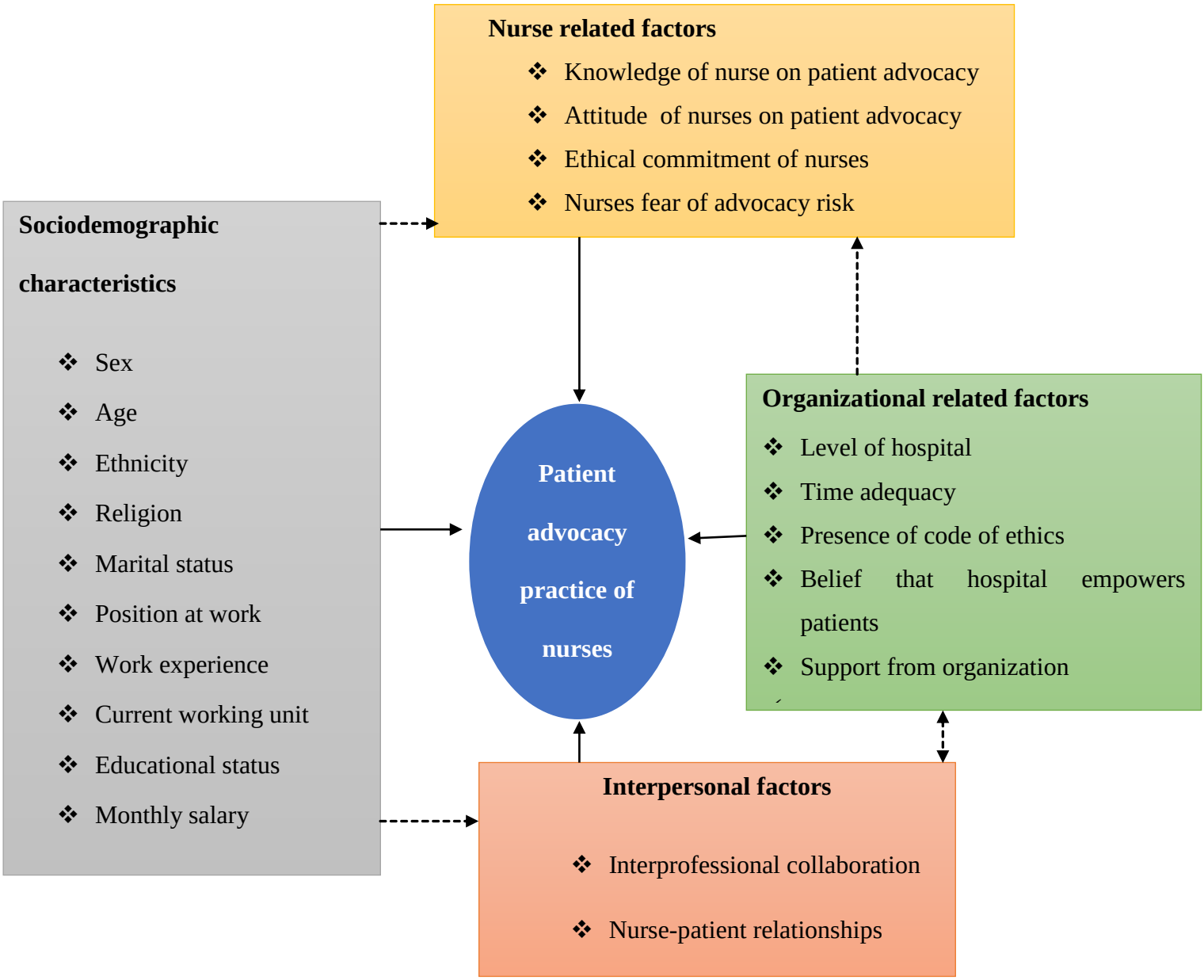


Figure 1: A conceptual framework developed to show factors associated with patient advocacy practice among nurses working in public hospitals of Jimma zone, Oromia region, southwest Ethiopia, 2022

CHAPTER THREE: OBJECTIVES

General objective

To assess patient advocacy practice and associated factors among nurses working in public Hospitals of Jimma zone, Oromia region, Southwest Ethiopia, 2022.

Specific objective

1. To determine the level of patient advocacy practice among nurses working in public hospitals of Jimma zone.

2. To identify factors associated with the practice of patient advocacy among nurses working in Public hospitals of Jimma zone.

CHAPTER FOUR: METHOD AND MATERIALS

4.1 Study area and period

The study was conducted in the Jimma zone which is one of the 21 zones of the Oromia Regional State in Ethiopia. Jimma city is the capital city of the Jimma zone with an area of 15,568.58 km2 and is located 352 km to the southwest of Addis Ababa, the capital city of Ethiopia. The zone has 21 woreda and 2 towns' administration with a total of 555 kebeles of which 515 of them are rural and 40 are urban(44).

Jimma zone has nine governmental hospitals, three private hospitals, and 153 health centers and 520 health posts. Out of the nine governmental hospitals, one is a referral hospital, three are general hospitals and five are primary hospitals. Jimma zone public hospitals provide service for more than 2,488,155 population out of which more than 1,255,527 of them are male(45). These nine public hospitals of Jimma zone are Jimma Medical Center, Shenan Gibe, Seka, Agaro, Limu Genet, Setemma, Omo Nada, Nedi Gibe and Dedo hospital with a total of 1067 nurses(46). The study was conducted from August 01 to 30, 2022.

4.2 Study design

An institutional-based cross-sectional study that used quantitative supplemented by qualitative data collection methods was employed.

4.3 Populations

4.3.1 Source population

All nurses who were working in all public hospitals of Jimma zone

4.3.2 Study population

All sampled nurses who were working in all public hospitals of Jimma zone

4.4 Eligibility criteria

4.4.1 Inclusion criteria

All nurses who had served six months or more in the hospitals and willing to participate were included.

4.4.2 Exclusion criteria

Nurses who were on sick leave, maternity leave and annual leave were excluded from the study.

4.5 Sample size determination

The sample size was determined using single population proportion formula with the following assumptions: Z= the standard normal deviation at 95% confidence interval; =1.96, d= margin of error that can be tolerated, 5% (0.05) and proportion is assumed to be 0.5 (50%) in the absence of previous similar study.

$$n = \frac{\frac{z\alpha}{2}p(1-p)}{d^2} \qquad n_i = \frac{(1.96)^2\ 0.5(1-0.5)}{0.05^2} = 384$$

Then, after considering a 10% of non-response rate the final sample size became 422

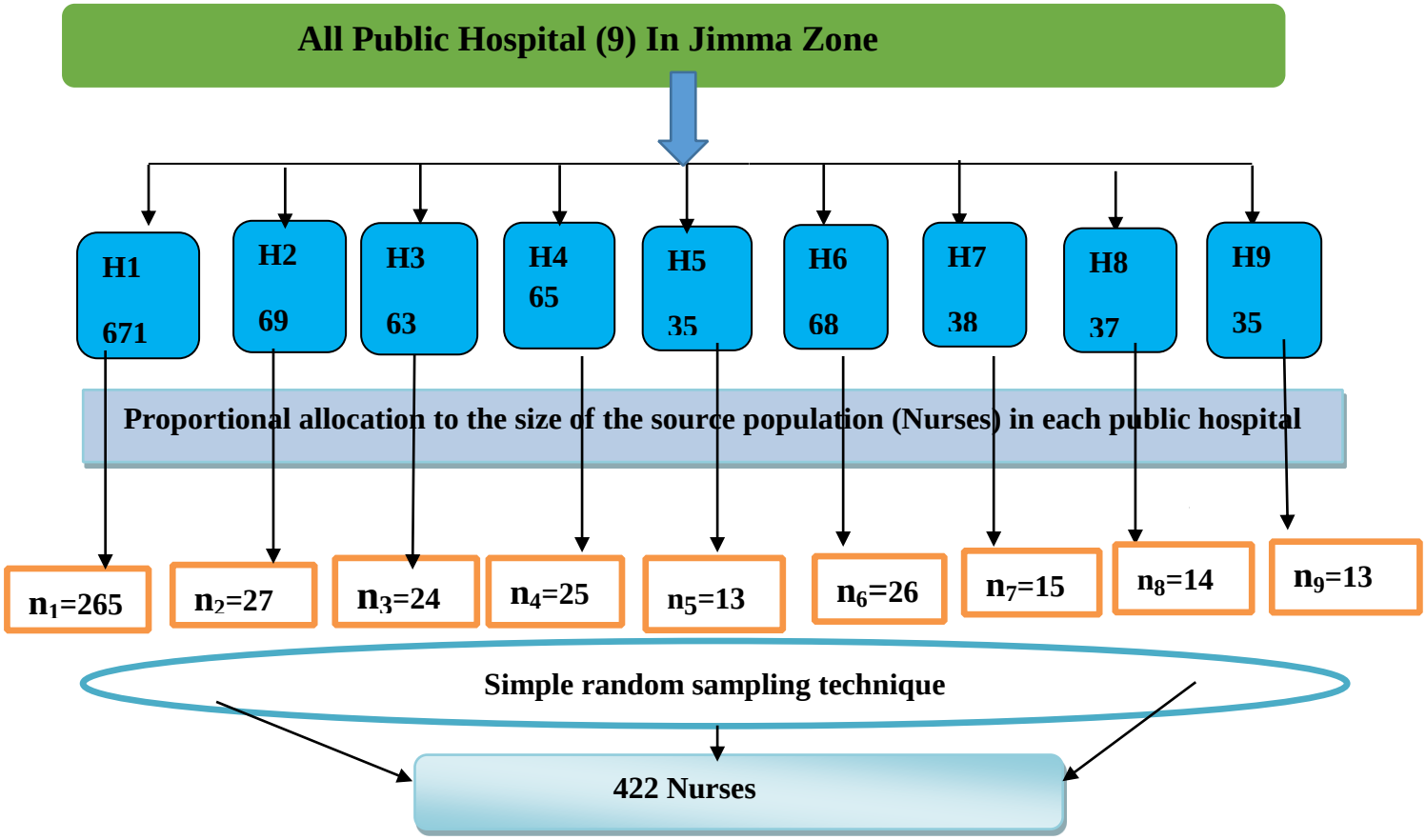
For the qualitative study: Twelve key informants of nurses from Jimma zone public hospitals were involved in the qualitative study. Those nurses were selected from six Jimma zone public hospitals at which data saturation was reached.

4.6 Sampling technique

Proportional allocations of the samples were implemented for all public hospitals. From each hospital, nurses were selected by using a simple random sampling technique which is a lottery method. Then, eligible individuals from public hospitals were enrolled in the study. A list of nurses working in each hospital was obtained and serves as the sampling frame.

Proportional allocation of nurses from all hospitals

$$n = \frac{number\ of\ nurses\ in\ each\ public\ hospitals\ \times total\ sample\ size}{total\ number\ of\ nurses\ from\ all\ hospitals}$$



Key: **H1**-Jimma Medical Center, **H2**-Shenan gibe, **H3**-Seka, **H4**-Agaro, **H5**-Omo Nada, **H6**- Limu Genet hospital, **H7**- Setemma hospital, **H8**- Nedi Gibe hospital and **H9**- Dedo hospital

Figure 2: Schematic presentation of sampling procedures for assessing patient advocacy practice and associated factors among nurses working in public hospitals of Jimma zone, Oromia region, southwest Ethiopia, 2022

For qualitative

A purposive sampling technique was used to select key informants for conducting the in-depth interviews in six Jimma zone public hospitals based on the established criteria which include being head nurses and nurses who had experience of greater than or equal to 5 years. The purposes were to get detailed information from those nurses who meet the criteria; since they have long work experience and a great deal of experience in positions and they can experience the various factors that can affect a patient advocacy practice. On the other hand head nurses have first-hand knowledge about the care given in the hospitals and have adequate information on what is happening in the hospital. So, they can give detail of needed information on factors affecting patient advocacy practice from different perspectives which gives strength to the study. All nurses in in-depth interviews were not part of the quantitative study.

4.7 Study variables

4.7.1 Dependent variables

- Patient advocacy practice

4.7.2 Independent variables

- **Socio-demographic characteristics**:-Sex, age, ethnicity, religion, marital status, educational status, year of work experience, position at work, current working unit, and monthly salary.
- **Nurse-related factors:** Nurse's knowledge about patient advocacy**,** nurse's attitude towards patient advocacy, nurse ethical commitments and nurse's fear of advocacy risk.
- **Interpersonal factors**: Interprofessional collaboration and nurse-patient relationship.
- **Organizational related factors**: Level of a hospital, time adequacy for advocating, belief that hospitals empower patients and support from the hospital.

4.8 Operational definition and Definition of terms

Patient advocacy: it is supporting and empowering patients to make informed decisions, navigate the system to get the health care they need, and build strong partnerships with providers while working towards system improvement to support patient-centered care(19).

Patient advocacy practice Refers to the action that is undertaken to promote patient safety and well-being (3) which includes patient advocacy for patient rights, quality care, culturally competent care, preventive care, affordable care, mental health care, and community-based care. It is measured on a 21-item Likert type scale. The scale was rated from 1= never, 2=Seldom 3=Sometimes, 4= frequently to 5= always and the total score ranges from 21 to 105. It is categorized based on the median score of patient advocacy practice questions either as good (greater or equal to the median score) or poor (less than the median score) patient advocacy practice.

Knowledge of nurses toward patient advocacy Refers to participants' general information about patient advocacy. The mean score was used to identify whether nurses have good or poor knowledge of patient advocacy. Categorized based on the mean score of knowledge questions either as good (greater or equal to the mean score) or poor (less than the mean score) knowledge of patient advocacy.

The attitude of nurses toward patient advocacy: Refers to general feeling of participants towards patient advocacy. The median score was used to identify whether nurses have a poor or good attitude toward patient advocacy. Categorized based on the median score of attitude questions either as good (greater or equal to the median score) or poor (less than the median score) attitude of patient advocacy(47).

Interprofessional collaboration Refers to the collective involvement of various professional healthcare providers working with patients, families, caregivers, and communities to consider and communicate each other's unique perspective in delivering the highest quality of care(48). Categorized based on the median score of interprofessional collaboration questions either as good (greater or equal to median score) or poor (less than median score) interprofessional collaboration.

Nurse-patient relationship: Refers to helping relationship that's based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of your patient's physical, emotional, and spiritual needs through your knowledge and skill(49).

Categorized based on the median score of nurse-patient relationship questions either as good (greater or equal to median score) or poor (less than median score) nurse-patient relationship.

Ethical commitment: Refers to ethical beliefs and conduct of health care professionals(50). The median score was used to identify whether nurses are ethically committed or not. Categorized based on the median score of ethical commitment questions either as ethically committed (greater or equal to median score) or not ethically committed (less than median score).

Support: Refers to the assistance nurses get from organization in different forms based on their performance(50). The median score was used to identify whether nurses are supported or not. Categorized based on the median score of support questions either as supported (greater or equal to median score) or not supported (less than median score).

The belief that hospitals empower patients: Refers to belief that culture of patient empowerment exists in the hospital(50). The median score was used to identify whether hospitals empower patients or not. Categorized based on the median score of a belief that hospital empowers patients questions either as empowered (greater or equal to median score) or not empowered (less than median score).

Data collection instrument and procedure

For quantitative data

A self-administered structured questionnaire was used to collect data from study participants. The instrument was adapted from the patient advocacy engagement scale which was developed by Bruce S. Jansson(51). The tool was prepared in an English version. The questionnaire consists of five parts. The first part includes 10 questions on the socio-demographic details of the nurses. The second part consists of questions on nurse-related factors that can affect patient advocacy practice and other relevant questions which contain 21 items(12,34,52–54). The third part deals with questions on interpersonal factors that can affect patient advocacy practice which consists of 14 items(55).

The fourth part consists of questions on organizational-related factors that can influence patient advocacy practice which consists of 7 items(22,25,34,38,40,49). The fifth part consists of questions on self-reported patient advocacy practice with a total of 21 items. Each practice question was measured on a 5-point Likert-type scale from 5(always) to 1 (never). It has seven dimensions: patient advocacy for patient rights, patient advocacy for preventive care, patient advocacy for quality care, and patient advocacy for culturally competent care, patient advocacy for affordable care, patient

advocacy for mental health care and patient advocacy for community-based care. Data collection was facilitated by four Midwives who have previous data collection experience and they were supervised by two MPH students.

For qualitative data

A tape recorder was used to capture nurse's opinions fully after they told about the objective of the study and nurses' authorization. A key informant's in-depth interview (KII) guide was used to collect the data from participants. The interviews were conducted in Afan Oromo and Amharic language by the principal investigator and assistant. Each Interview lasts from 30-40 minutes. Data were collected by principal investigator and assistant. All study participants were interviewed face to face in a private place where they were able to freely express their feelings and ideas.

4.10 Data quality assurance

For quantitative data

Before data collection, training was given to data facilitators for one day on the technique of data collection, the purpose of data collection, the content of the questionnaires, how to approach the respondents, and how to deal with difficulties that may arise during the data collection period. A pretest was conducted at Bedelle General hospital by taking 5 % (21 nurses) of the total sample size one week before the actual data collection and appropriate corrections were made such as the logical order of some questions; some words difficult to understand were revised and also some items were removed. The overall standardized Cronbach's alpha for internal consistency or the reliability score of measurement for dependent variable was 0.92. The data were checked for completeness and accuracy each day. The principal investigator made an ongoing checkup each day during the data collection to ensure the quality of data by checking filled questionnaires.

For qualitative data

Criteria for rigor as outlined by Lincoln and Guba (1985), namely: credibility, transferability, dependability, and confirmability, were used to enhance the trustworthiness of the findings. Credibility is ensured by the use of member checking. To ensure transferability the participant's understandings were compared with similar studies done before. Dependability was achieved through record keeping for an audit trail of whole documents and repeatedly checking the transcripts

for errors. Confirmability was checked by blind readings of interviews text by one MPH student who has no connection with this study.

4.11 Data processing and analysis

For Quantitative study

Following the data collection, data was rechecked for completeness and entered into Epidata version 4.6 and then exported to SPSS version 23.0 for analysis. Appropriate coding and re-coding was done at each step for the variables as necessary. Descriptive statistics like frequencies, percentages, medians, means, standard deviations and quartiles were done. A binary logistic regression analysis was done to sort candidate variables for multiple logistic regression having a p value less than or equal to 0.25.

Multivariable logistic regression analysis was conducted to identify factors strongly associated with patient advocacy practice. Finally, the association was declared with a p-value less than 0.05 with an adjusted odds ratio (AOR) at a 95% confidence interval level. Multicollinearity was checked to see the linear correlation among the independent variables by using the variance inflation factor (VIF), tolerance and standard error. None of the variables yield variance inflation factor >10, tolerance <0.1 and standard error >2 ;(VIF<1.862, tolerance >0.537 and Std.Error < 0.048) and they were not dropped from multivariable analyses. Hosmer and Lemeshow's test was found to be insignificant (p-value= 0.734) and the Omnibus test was significant (p-value =0.000) which indicates that the model was fitted.

For qualitative study

The qualitative data were analyzed using thematic analysis manually. The audio-taped interviews, field notes and interview notes were transcribed verbatim and checked for accuracy and completeness by listening to the tapes and comparing them to the transcripts. The transcribed data was translated from Amharic and Afan Oromo to the English language by language experts independently by replaying the voice recorder tape and rereading notes. Data analysis was started at the same time as the data collection period and each interview was transcribed verbatim and analyzed before the next interview took place, each interview providing the direction for the next one.

The in-depth interview was stopped after the data saturation occurred and no more codes were identified. The interview transcripts were reviewed several times and the data were coded by number and then the categories were formed from the codes, in a manner that similar codes were grouped into the same categories. The main themes identified were socio-demographic characteristics (subthemes: year of work experience), nurse-related factors (sub-themes: knowledge of nurses and attitude of nurses), interpersonal related factors (nurse-patient relationship and interprofessional collaborations) and organizational related factors (subthemes: support from organization). Finally, concepts extracted were presented in narratives and triangulated with the quantitative results using a direct quote as illustrations. Qualitative data was collected to provide a deeper understanding of quantitative findings.

4.12 Ethical considerations

Before data collection, ethical clearance was obtained from the institutional review board of Jimma University, Institute of health, and submitted to each hospital. A letter of permission was obtained from each hospital before data collection. Written consent was obtained from each participant that participation is voluntary and they have the right to withdraw at any time from the study. The written consent consists of the study purpose and procedures, potential risks and benefits, voluntary participation, and right of withdrawal and the information provided by each respondent was kept strictly confidential. Respondents were also informed that their answers to the questions will be grouped with other respondents ' answers and reported as part of a research study.

4.13 Dissemination plan

The study findings will be disseminated through the scientific presentation, and submission of hard & soft copies to relevant authorities (School of nursing, Institute of Health, Jimma University, and Jimma zone public hospitals and health bureau). Furthermore, efforts will be made to publish in local or international reputable journals

CHAPTER FIVE: RESULTS

5.1. Sociodemographic characteristics of the participants

From a total of 422 nurses, 405 filled out the questionnaire which yielded a response rate of 95%. Of the total nurses, 239(59%) were females. The mean age of the respondents was 30.6 ± 5.4 SD years and 162(40%) of them were between the age group of 25 and 29. Two hundred twenty (54.3%) of respondents were Oromo and 160 (39.5%) were Muslim. About 264(65.2%) of them were married regarding their marital status. Three hundred thirty-eight (83.5%) of respondents were bachelor's degree holders and three hundred forty-four (84.9%) of them were working as staff nurses. The mean of respondents' service year experience was 5.9±3.6 SD years and 178 (44%) of them had served for less than 5 years. The mean nurses' monthly salary was 6951±997.2 Sd Ethiopian birr and the majority (80.2%) of nurses got a monthly salary that ranges between 5001-8000 Ethiopian birr. Regarding the working unit of nurses forty-six (11.4%) of them were working in the surgical ward (**Table 1**).

Table 1: Socio-demographic characteristics of nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022.

Characteristics	Category	Frequency	Percent (%)
Sex	Female	239	59.0
	Male	166	41.0
Age in years	20-24	34	8.4
	25-29	162	40.0
	30-34	137	33.8
	35-39	55	13.6
	≥40	16	3.9
Ethnicity	Oromo	220	54.3
	Amhara	129	31.8
	Tigre	16	3.95
	Gurage	21	5.18
	Others[$]	19	4.69
Religion	Orthodox	148	36.5
	Muslim	160	39.5
	Protestant	82	20.2

	Others@	15	3.7
Marital status	Single	131	32.3
	Married	218	53.8
	Divorced	30	7.5
	Widowed	26	6.4
Educational level	Diploma	41	10.1
	BSc	338	83.5
	M.Sc.	26	6.4
Position	Staff nurse	344	84.9
	Nursing leaders	61	15.1
Experience in years	<5	178	44.0
	5-10	120	29.6
	>10	107	26.4
Monthly Salary in ETB	<5000	22	5.4
	5001-8000	325	80.2
	>8000	58	14.3
Working unit	Surgical ward	46	11.4
	Medical ward	45	11.1
	Emergency ward	27	6.7
	Outpatient department(OPD)	28	6.9
	Gynecology and obstetrics ward	35	8.6
	ICU ward	21	5.2
	Ophthalmology ward	47	11.6
	Pediatrics ward	27	6.7
	Psychiatric ward	36	8.9
	Neonatology	28	6.9
	ART clinic	19	4.7
	Oncology ward	26	6.4
	Dental and maxillofacial ward	20	4.9

NB: $= Kafa, Yem, silte; @= Wakefata, Hawariyat, Adventist, catholic;

5.2 Nurse-related factors

5.2.1 Nurse's knowledge of patient advocacy

More than half (56%) of nurses had heard about patient advocacy and nearly three forth (74.7%) of them first heard about patient advocacy during their educational stay. About 171(42.2%) of nurses mentioned patient advocacy as serving as an intermediary between patients and their families or other persons. More than half of nurses (53.65) correctly responded that patient advocacy is provided for all types of patients. One hundred fifty-two (22.5%) of nurses revealed that the benefit of patient advocacy for patients is improving collaboration among patients, families, and the healthcare team. The study also showed that the mean score of nurses' knowledge of patient advocacy was 4.8 ± 2.6 Sd. with a maximum and minimum score of 14 and 2 respectively. One hundred ninety- nine (49.1%) of nurses had good knowledge of patient advocacy (**Table 2**).

Table 2: Knowledge about patient advocacy among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022.

Items	Frequency	Percentage (%)
Have you heard of patient advocacy previously?		
Yes	227	56
No	178	44
From where did you first hear about patient advocacy?		
Education	171	74.7
Hospital	52	22.7
Textbook	6	2.6
Do you know what does it mean patient advocacy*		
Mediating between the patients and health caregiver	130	21.4
Soliciting on behalf of the patients	115	18.9
Serving as an intermediary between patients and their families or other persons	171	28.1
Championing social justice to ensure universal access to adequate nursing care	74	12.2
Safeguarding patient autonomy	73	12.0

Promoting the self-determination	45	7.4
Nurses provide patient advocacy for all types of the patient		
Correctly answered	217	53.6
Incorrect	188	46.4
What benefits does patient advocacy have for the patient?*		
To improve patient safety	136	20.1
It helps patients in decision making	140	20.7
Development of a sense of self-determining and empowering	131	19.4
Improving collaboration among patients, families, and the healthcare team	152	22.5
It reduces patients' unnecessary hospital stays and enhances patients' willingness to live	116	17.2
Knowledge category		
Good	**199**	**49.1**
Poor	**206**	**50.9**

NB: *= Multiple response analysis was computed

5.2.2 Nurse's attitude towards patient advocacy

Concerning the attitudes of the nurses toward patient advocacy, hundred-six (26.2%) of nurses strongly agreed that patients need nurses to act on the patient's behalf. One hundred forty-one (34.8%) of nurses agreed that nurses that speak out on behalf of patients may face retribution from employers. One hundred-forty-four (35.6%) nurses agreed that nurses that act as patient advocates are acting as the patient's voice. About 12(3%) of nurses strongly disagreed that as a nurse, I keep my patient's best interests as the main focus of nursing advocacy. In this study, the median score of nurses' attitude towards patient advocacy was 40 with the maximum and minimum scores of 60 and 12 respectively and the Interquartile range value was 10. Accordingly, about 45.9% of participants had a good attitude toward patient advocacy practice (**Table 3**).

Table 3: Attitude towards patient advocacy practice among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022.

Item	Frequency (%)				
	SA	**A**	**N**	**D**	**SD**
Patients need nurses to act on the patient's behalf	106(26.2)	131(32.3)	94(23.2)	41(10.1)	33(8.1)
As the nurse, I keep my patient's best interests as the main focus of nursing advocacy	95(23.5)	145(35.8)	96(23.7)	57(14.1)	12(3)
Nurses that act as patient advocates are acting as the patient's voice	88(21.7)	144(35.6)	95(23.5)	53(13.1)	25(6.2)
I am advocating for my patient when I protect my patient rights in the healthcare environment	101(24.9)	145(35.8)	74(18.3)	57(14.1)	27(6.7)
I scrutinize circumstances that cause me to act as a patient advocate	60(14.8)	153(37.8)	105(25)	65(16.0)	22(5.4)
Vulnerable patients need my protection from harmful situations	90(22.2)	135(33.3)	87(21.5)	58(14.3)	35(8.6)
Nurses that speak out on behalf of patients may face retribution from employers	63(15.60	141(34.8)	105(25.9)	72(17.8)	24(5.9)
Nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers	73(18)	120(29.6)	115(28.4)	63(15.6)	34(8.4)
I am not an effective advocate because I am suffering from burnout	46(11.4)	111(27.4)	110(27)	84(20.7)	54(13)
When nurses inform and educate patients about the patients' rights in the clinical setting, the nurse may place her/employment at risk	52(12.8)	111(27.4)	111(27)	85(21)	46(11)
When nurses act as patient advocates, they are not supporting patients	52(12.8)	121(29.9)	89(22)	75(18.5)	68(16)

Nurses can protect patients from harmful situations by physically barring a procedure to occur.	61(15.1)	139(34.3)	119(29)	54(13.3)	32(7.9)
Nurses are acting as advocates when nurses protect the right of the patient to make his/her own decisions	74(18.3)	156(38.5)	90(22.2)	58(14.2)	27(6.7)
Attitude category	**Good**		**186 (45.9%)**		
	Poor		**219(54.1)**		

NB: SA-strongly agree **A**-agree, **N**-neutral, **D**-disagree **SD**-Strongly disagree

5.2.3 Nurse's ethical commitment

In this study, the median score of a nurse's ethical commitment was 11 with the maximum and minimum scores were 15 and 3 respectively and the Interquartile range value was 4. This study showed that more than half of (55.1%) nurses were ethically committed. About one hundred thirty-four (33.1%) of the nurses mentioned that they have always had an ethical duty to advocate for their patient however about 47(11.6%) of them said they have never had ethical duty for advocating for their patient (**Table 4**).

One hundred forty (34.6%) of nurses reported that they frequently assisted the patients in making health-care decisions, including ensuring that they understand the risks and benefits however 6(1.5%) of them were never assisted. One hundred sixteen (28.6%) nurses always told the patients about health insurance benefits and rights (**Table 4**).

Table 4: Ethical commitment of nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022

Item	Frequency (%)				
	Always	**Frequently**	**Sometimes**	**Seldom**	**Never**
Have an ethical duty to advocate for patients	134(33.1)	99(24.4)	91(22.5)	34(8.4)	47(11.6)
How often do you assist patients in making health-care decisions, including ensuring that they understand the risks and benefits?	99(24.4)	140(34.6)	99(24.4)	61(15.1)	6(1.5)
How often do you tell patients about the health insurance benefit and the right	116(28.6)	107(26.4)	111(27.4)	46(11.4)	25(6.2)
Nurse's ethical commitment category	**Ethically committed**		**222 (55.1)**		
	Not ethically committed		**182(44.9)**		

5.2.4 Nurse's fear of advocacy risk

This study showed that more than half (62.7%) of nurses revealed that they hesitate to practice patient advocacy because they fear the risk of advocacy (**Figure 3**).

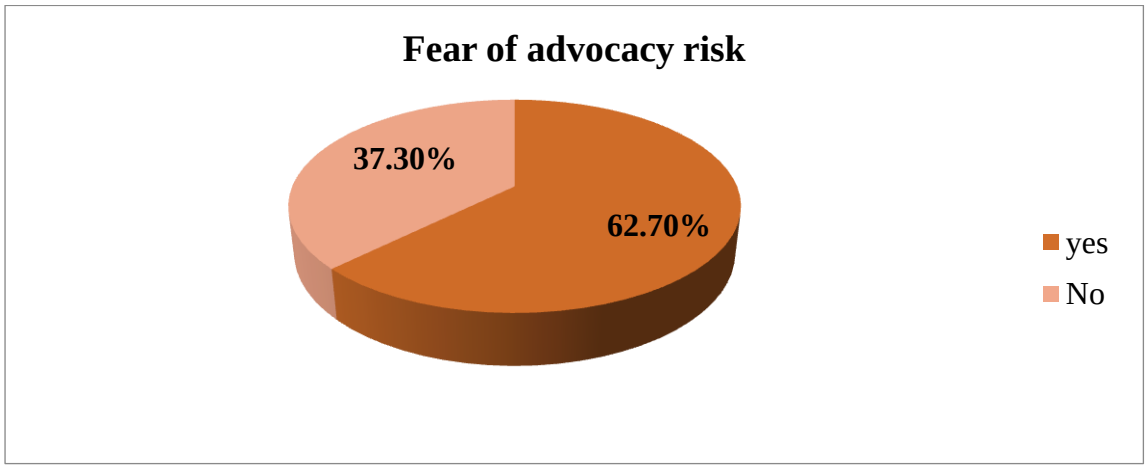


Figure 3: Fear of advocacy risk among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022.

5.3 Interpersonal factors

5.3.1 Nurse -patient relationship

The study showed that the median score of the nurse-patient relationship among respondents was 23 with maximum and minimum scores of 32 and 13 respectively and the Interquartile range value was 8. Based on the median score of nurse-patient relationship questions about half of the nurses (47.9%) had a good nurse-patient relationship. About 130(32.1%) of the nurses never develop trusting relationships with their patients. One hundred forty (34.6%) nurses sometimes focus on the patient and give undivided attention while providing patient care. One hundred thirty-nine (34.3%) of them responded that they never understand the patient's needs during care (**Table 5**).

Table 5: Nurse patient relationship among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022.

Item	Frequency (%)			
	Always	**Usually**	**Sometimes**	**Never**
How often do you develop trusting relationships with the patient?	35(8.6)	111(27.4)	128(31.6)	130(32.1)
How often do you focus on the patient by giving them one's undivided attention?	20(4.9)	137(33.8)	140(34.6)	107(26.4)
How often do you understand the patient's needs during care?	28(6.9)	87(21.5)	150(37)	139(34.3)
How often do you communicate with patients freely without language difficulty	30(7.4)	143(30.4)	121(34.8)	110(27.2)
How often do you allow the patient to enhance their self-care abilities?	30(7.4)	93(24.4)	163(40.2)	112(27.7)
How often do you treat and prevent complications for your patient?	39(9.1)	102(25.2)	154(38)	109(26.9)
How often do you speak freely about their feelings and emotions with the patient?	37(9.1)	102(25.2)	157(38.8)	108(26.7)
How often do you help the patient to set realistic goals for their health situation?	29(7.2)	111(27.4)	151(37.3)	113(27.9)
Nurse patient relationship category	**Good**		**194(47.9)**	
	Poor		**211(52.1)**	

5.3.2 Interprofessional collaboration of nurses

The study showed that the median score of interprofessional collaboration among the respondents was 17, the maximum and minimum score was 24 and 6 respectively and the Interquartile Range value was 7.Based on the median value, one hundred ninety-six (46.9%) nurses had good interprofessional collaboration. About 130(32.1%) of nurses reported that they had never exchanged important health information with other healthcare providers to improve patients' health and well-being (**Table 6**).

Table 6: Interprofessional collaboration among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022

Item	Frequency (%)			
	Always	**Usually**	**Sometimes**	**Never**
How often do you have a good understanding with the doctors about your respective responsibilities?	44(10.9)	109(26.9)	132(32.6)	119(29.4)
When you are confronted with a difficult patient, how often do you discuss with physicians and another health care professional how to proceed?	24(5.9)	111(27.4)	162(27.4)	107(40)
How often do you exchange important health information with other healthcare providers to improve your patient's health and well-being?	32(7.9)	104(25.7)	138(34.1)	130(32.1)
How often do you have a good understanding of your respective responsibilities with allied health care professionals?	25(6.2)	96(23.7)	169(41.7)	114(28.1)
Allied health staffs are usually willing to take into account the convenience of the nurses when planning their work.	24(5.9)	125(30.9)	160(39.6)	95(23.5)
When it comes to patient care, how often does the medical staff ask for nurse input	41(10.1)	99(24.4)	146(36)	118(29.1)
Interprofessional collaboration category	**Good**		**190(46.9)**	
	Poor		**215(53.1)**	

5.4 Organizational-related factors

5.4.1 Level of hospital

The current study showed that more than half (64%) of nurses were working in a referral hospital (**Figure 4**)

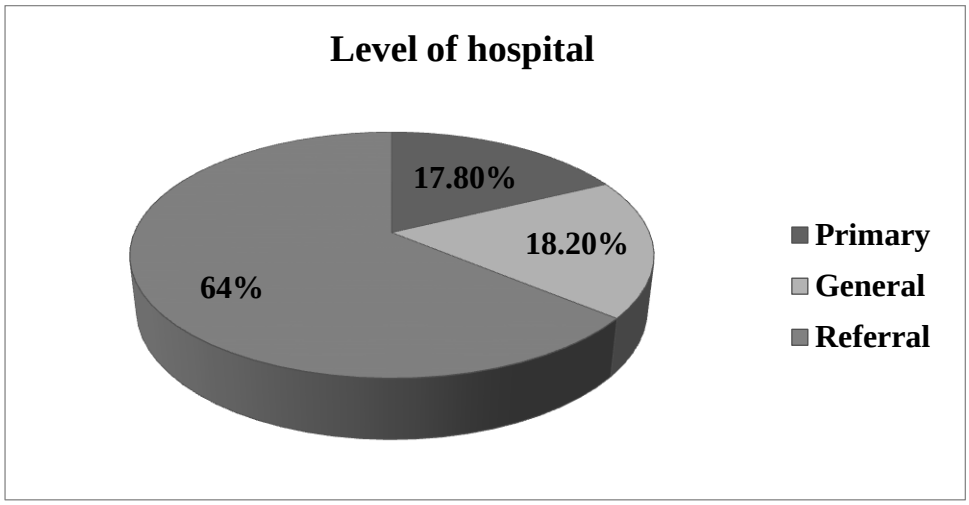


Figure 4: The number of nurses working in different level of hospitals in Jimma zone public hospitals Oromia region, Southwest Ethiopia, August 2022

5.4.2 Time adequacy

The study showed that 310(76.5%) nurses had sufficient time for practicing patient advocacy (**Figure5**).

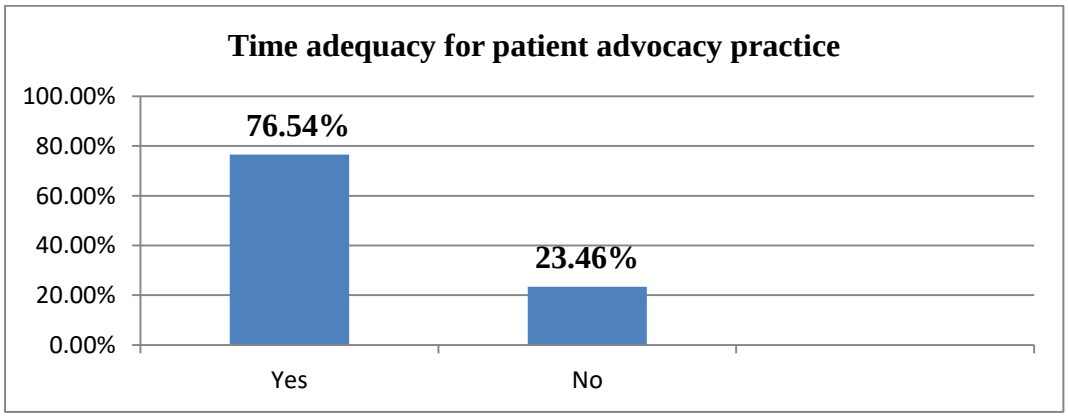


Figure 5: Time adequacy for practicing patient advocacy among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022.

5.4.2 Nurses perceived presence of code of ethics

The finding of this study indicated that more than half (52.6%) of nurses indicated that there is no code of ethics in their hospitals (**Figure 6**).

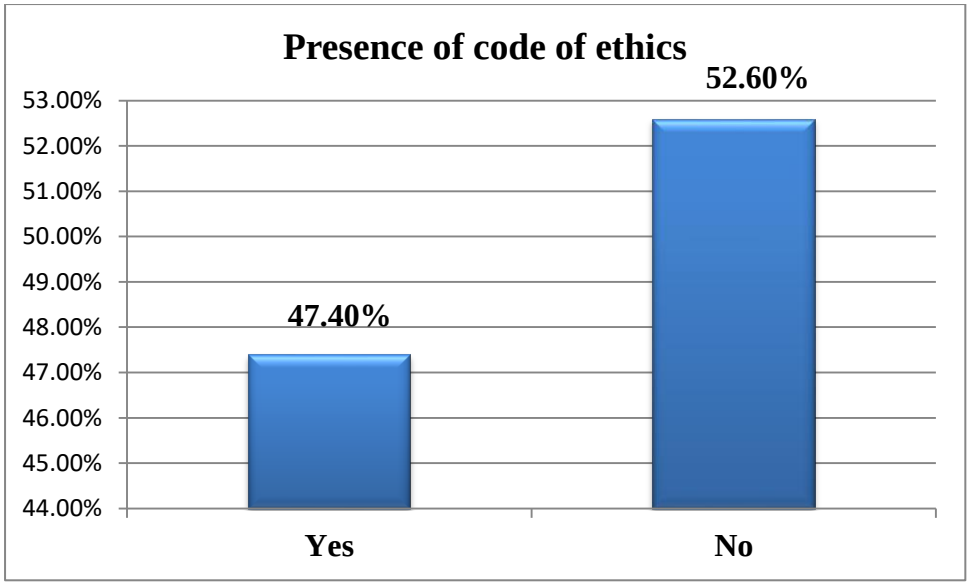


Figure 6: The perceived presence of code of ethics among nurses working in Jimma zone public hospitals Oromia region, Southwest Ethiopia, August 2022.

5.4.3 Belief that hospitals empower a patient

The current study finding showed that the median score of respondents' belief that hospitals empower patients was 16 with maximum and minimum scores of 30 and 6 respectively and the Interquartile range value was 8. Less than half (44.2%) of the nurses indicated that their hospital empowers patients (**Figure 7**).

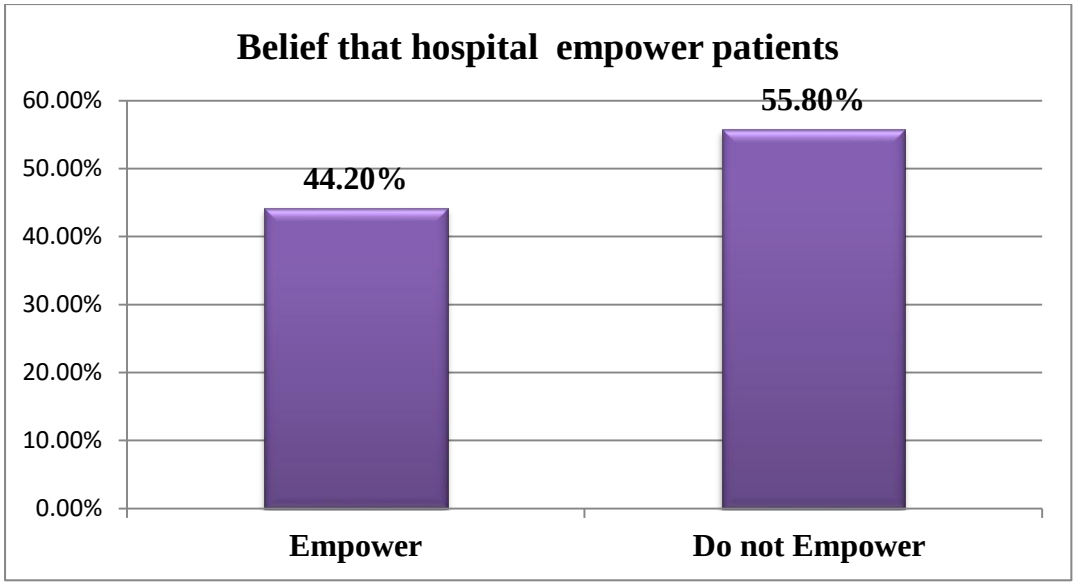


Figure 7: Belief that hospitals empower patients among nurses working in Jimma zone public hospitals, Oromia region, south west Ethiopia, August 2022

5.4.4 Support from the organization

The study showed that the median score of support from organizations among the respondent was 12, the maximum and minimum scores were 20 and 4 respectively and the Interquartile range value was 5. Less than half (48.9%) of the nurses responded that they had gotten support from the organization. Around Forty-nine (12.1%) nurses said that the administrators had never been aware of unresolved patient problems. One hundred fifty-eight (39%) nurses reported that they fear that supervisors will sometimes not come to their defense when they are criticized for patient advocacy (**Table 7**).

Table 7: Support from organization among nurses working in Jimma zone public hospitals, Oromia region, south west Ethiopia, August 2022

Item	Frequency (%)				
	Always	**Frequently**	**Sometimes**	**Seldom**	**Never**
Do you believe administrators are aware of unresolved patient problems?	95(23.5)	70(17.3)	132(32.6)	59(14.6)	49(12.1)
Does your supervisor encourage you to engage in patient advocacy?	50(12.3)	97(24)	123(30.4)	88(21.7)	47(11.6)
Do you fear supervisors will not come to your defense when you are criticized for patient Advocacy?	63(15.6)	53(13.1)	158(39)	85(21)	46(11.4)
Support category		**Supported**		**198(48.9)**	
		Not supported		**207(51.1)**	

5.5 Patient advocacy practice

This study showed that 63(15.6%) of nurses always give informed consent to a medical intervention. One hundred six (26.2%) nurses had never provided information in patients' preferred language however, 22(5.4%) of them always provided it. Concerning provision of information about the discharge program, about 113(27.9%) of nurses sometimes provide it (**Table 8**).

About eighteen (4.4%) nurses communicated with those who are illiterate or don't know much about health. Concerning tracking medical errors 64(15.8%) of nurses always track medical errors that may have occurred. Twenty-one (5.2%) of nurses always protect patients from incompetency or misconduct of co-workers and other members of the healthcare team. Regarding acting according to the patients' values, culture, beliefs, and preferences only 21(15.2%) of nurses act always according to patients' values, culture, beliefs, and preferences. One hundred nineteen (29.4%) of the nurses had never enabled the patients to make decisions freely. One hundred three (25.4%) of them had never provided chronic disease care (**Table 8**).

Concerning access to health and social services, 114(28.2%) nurses sometimes improved access to health and social services for the patients. One hundred eleven (27.4%) nurses sometimes corrected any form of inequalities in the delivery of health services. One hundred twenty-four (30.6%) nurses sometimes acted as liaisons between patients' families, healthcare professionals and healthcare professionals (**Table 8**).

Table 8: Practice of patient advocacy among nurses working in Jimma zone public hospitals, Oromia region, Southwest Ethiopia, August 2022(n=405)

Item	Frequency (%)				
	Always	**Frequently**	**Sometimes**	**Seldom**	**Never**
Providing informed consent to a medical intervention	63(15.6)	79(19.5)	74(18.3)	62(15.3)	127(31.4)
Providing information about the patient's diagnosis, treatment, and prognosis	26(6.4)	116(28.6)	56(13.8)	78(19.3)	129(31.9)
Providing information in patients' preferred language	22(5.4)	106(26.2)	87(21.5)	84(20.7)	106(26.2)
Suggesting alternatives to healthcare for the patients	24(5.9)	83(20.5)	95(23.3)	111(27.4)	92(22.7)
Providing information about the discharge program	32(7.9)	62(15.3)	113(27.9)	87(21.5)	111(27.4)
Keeping the confidentiality of medical information of the patient	22(5.4)	57(14.1)	119(29.4)	81(20)	126(31.1)
Maintaining patient privacy	19(4.7)	59(14.6)	104(25.7)	89(22)	134(33.1)
Communication with those who are illiterate or don't know much about health	18(4.4)	60(14.8)	102(25.2)	119(29.4)	106(26.2)
Tracking any medical errors that may be occurred	27(6.7)	72(17.8)	116(28.6)	126(131.2)	64(15.8)
Protecting patients from incompetency or misconduct of co-workers and other members of the healthcare team	21(5.2)	63(15.6)	110(27)	120(29.6)	91(22.5)

Acting according to the patients' values, culture, beliefs, and preferences.	21(15.2)	61(15.2)	93(23)	109(26.9)	72(29.9)
Enabling patients to make decisions freely	21(5.2)	69(17)	83(20.5)	113(27.9)	119(29.4)
Providing chronic disease care	28(6.9)	65(16)	90(22.2)	119(29.4)	103(25.4)
Improving access to health and social services for the patients	24(5.9)	56(13.8)	114(28.2)	104(25.7)	107(26.4)
Coverage from private insurance companies for the patient	30(7.4)	82(20.2)	107(26.4)	108(26.7)	78(19.3)
Screening and giving treatment for the specific mental health condition of the patient	17(4.2)	73(18)	116(28.6)	101(24.9)	98(24.2)
Follow-up treatment for mental health conditions after discharge	31(7.7)	72(17.8)	120(29.6)	96(23.7)	86(21.2)
Correcting any form of inequalities in the delivery of health services	23(5.7)	75(18.5)	111(27.4)	99(24.4)	97(24)
Referrals to services in communities	27(6.7)	62(15.3)	124(30.6)	116(28.6)	76(18.8)
Reaching out to referral sources on behalf of the patient	27(6.7)	56(13.8)	132(32.6)	27(31.4)	63(15.6)
Acting as a liaison between patient's families, and healthcare professionals	33(8.1)	60(14.8)	124(30.6)	102(25.2)	86(21.2)

The median score of patient advocacy practice was 70 with maximum and minimum scores of 105 and 35 respectively and the interquartile range value was 30.5. Accordingly, about 194 (47.9%) (95%CI; 42.9, 52.9*)* of the study participants had good patient advocacy practice (Figure 8).

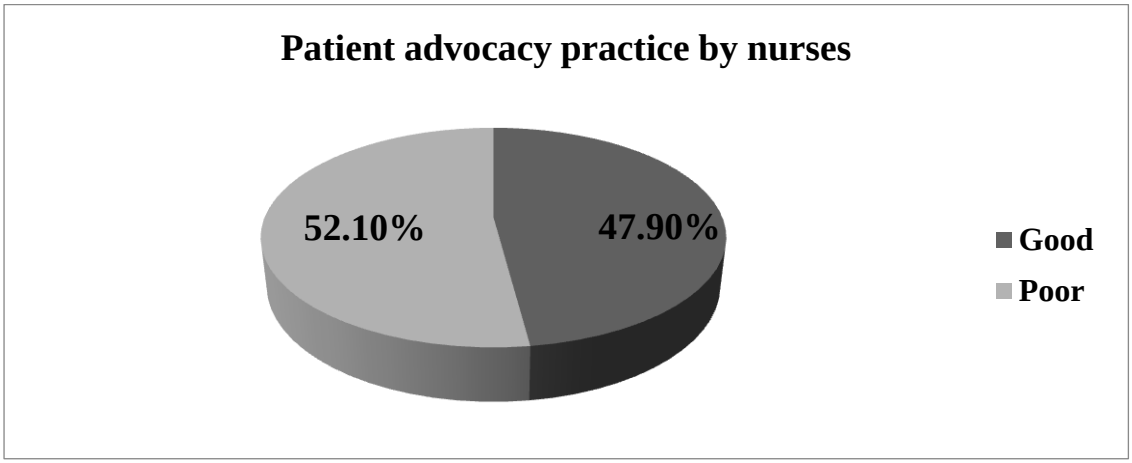


Figure 8: The overall patient advocacy practices among nurses working in Jimma zone public hospitals, Oromia Region, Southwest Ethiopia, August 2022

5.6 Factors associated with patient advocacy practice

The bivariate analysis revealed that at a p-value less or equal to 0.25 significance level 15 variables namely age, marital status, experience, working unit, position, knowledge about patient advocacy, attitude towards patient advocacy, nurse-patient relationship, interprofessional collaboration, support, belief that the hospital empowers patient, level of hospital, sufficient time and presence of code of ethics were identified as; candidate variables for multivariable logistic analysis. All candidate variables were entered together into a multivariable logistic regression using a backward likelihood ratio method to determine final predictors of patient advocacy practice by controlling for potential confounders.

In a multivariable logistic regression six variables were found to be the statistically significant predictors of patient advocacy practices with a p-value of < 0.05 and at 95% CI. Accordingly, year of work experience, knowledge of patient advocacy, attitude towards patient advocacy, nurse-patient relationship, interprofessional collaboration and organizational support for nurses were the final independent predictors of patient advocacy practice.

Nurses who had a good knowledge of patient advocacy were 1.97 times more likely to have good patient advocacy practices as compared to those who had poor knowledge of patient advocacy[AOR =1.97; 95%CI (1.065,3.629); p= 0.031]. This is supported by qualitative findings. For instance:

A 41 years old male nurse with an experience of 10 years stated "…*the knowledge about patient advocacy is very important for exercising advocacy but it is what we mostly lack, if we have adequate knowledge we can advocate very well. But since we have no adequate knowledge of that sometimes we fail to advocate because as for other nursing practice there are no reading materials such as guidelines which I can read, understand and then practically apply for vulnerable patients…"*

Another 43 years old female nurse with an experience of 10 years said that "…*You don't even want to say what you think and what you see if you don't have the knowledge of advocacy that means where advocacy is needed because you don't know what is happening and where to advocate*…"

Concerning nurses' attitudes toward patient advocacy nurses who had a good attitude towards patient advocacy practice were 3.14 times more likely to have good patient advocacy practice than those who had a poor attitude toward patient advocacy. [AOR=3.14; 95%CI (1.721, 5.742); p<0.001]. This is supported by qualitative findings. For instance:

A 37 years old male nurse with 8 years' experience said that "… *I know that patient advocacy is very important to the patient and the patient's family and also for the nurse and our hospital. But I use it less because exercising patient advocacy burns up the time we have while providing care for one patient and I miss the other activities while advocating. So, I don't give patient advocacy when I provide what I'm ordered for my patients…"*

From the interpersonal-related factor, those nurses who had good nurse-patient relationships were 2.85 times more likely to have good patient advocacy practice as compared to those who had poor nurse-patient relationships.[AOR=2.85;95%CI(1.450,5.605);p=0.002].This result was supported by findings from in-depth interviews. For instance:

A32 year's old male nurse with an experience of six years stated that "…*Most of our patients have one or more attendants who help them, but I strongly feel that nurse's relationship with the patient is more important than family relationship for them and gives a more sense of security to them because the nurse-patient relationship is very close…*"

Another 35 years old male nurse with an experience of 8 years working at neonatal ward elaborate this idea "….*we are in the best position to advocate for our patient because we spend much of our time with our patient which helps us to develop a strong and intimate relationship with our patients.*

This development of strong nurse-patient relationship increases the trust that our patient has in us So that we can easily recognize our patient's real need and conditions to act on behalf of the patient…"

A 41 years old male nurse with an experience of 10 years stated that: "… *Good nurse-patient relationship is very relational and supportive and provides education with every interaction with patients. A good nurse-patient relationship helps to facilitate teamwork and provides greater opportunities to learn about a patient's unique health needs and reduces the days of hospital stay and improves the quality and satisfaction of the patient and family. Having* ***a*** *good nurses-patient relationship creates a good environment for me to provide patient advocacy for patient…"*

Nurses who had good interprofessional collaboration were 7.73 times more likely to have good patient advocacy practice more than those who had poor interprofessional collaboration.[AOR=7.73;95%CI(4.004,14.937);p=<0.001].Thisfinding was supported by qualitative findings. For instance:

A 28 year's old female nurse with an experience of 7 years stated that "…*Physicians don't collaborate with us most of the time. For example, when a patient suffers a lot and we call the physician, he refuses to come and instead orders us to continue caring for and monitoring the patient even if the patient's condition needs advanced treatment from them, but we know something bad will happen if they don't come and intervene…"*

However, another 32 years old female nurse with an experience of seven years said that *"...I have a good relationship with other nurses that there are positive outcomes in this positive relationship. We used to discuss how we provide care for the patient, what the patient and the patient's family need from us, we counsel each other where we have faults, and we share our experiences and what we get from providing the patient care. For example, usually when one has more workload and the other has less and we go and help each other. And if I or another nurse is not available for certain circumstances we provide care for the patient instead of him or me as we do and because of this we treat each other as a family rather than a staff…."*

Another 32 years old male nurse with an experience of 10 years working also elaborate on this idea as; "*…interprofessional collaboration between nurse and physician is very important to facilitate patient advocacy practice but it is something we lack in our daily practice*...."

Relating to organizational support those nurses who get organizational support were 2.84 times more likely to have good patient advocacy practice as compared to those who had not supported. [AOR=2.84; 95% CI (1.523, 5.305); p=0.001] This result was also supported by findings from a qualitative in-depth interview. For instance:

A 41 years old male nurse with an experience of seven years stated that; "…*To be an effective advocator, we need to be supported by our organization and our leaders because, if we are not supported as needed; the patients cannot be supported as well* …"

Another 33 years old male nurse with an experience of 7 years also stated that; "…*when nurses receive strong support from the hospital, patient advocacy practice increases which turns to the improved quality of patient care. He believes that high psychological and emotional support of hospitals for nurses reduces job stress among nurses and increases their motivation to provide good patient advocacy for every patient they serve..."*

Concerning work experience of nurses, those nurses who had >10 years of work experience were 5.81 times more likely to have good patient advocacy practice as compared to those who had work experience of <5 years [AOR=5.81;95%CI (2.656,12.723);p <0.001]. This is supported by qualitative findings.

For instance: A 32 years old female nurse with an experience of 8 years working at ICU said that "…*This practice is often learned through experience, so that nurses with less experience may not recognize the negative implications of practicing patient advocacy because they have not yet experienced situations with negative implications and how to correct them if it happens…*"

Another 28 year's old female nurse with an experience of 6 years stated, "…. *At first, as soon as I started working, everything was new to me. I didn't know how to approach the patient or even what to do. I remember once a patient called me and said that my pain is very serious and that nothing has improved since I came here. I didn't know what to say to encourage him and returned silently. As I stayed a little longer, I started reading some material and noticing how other nurses presented themselves to patients and asked questions about what was difficult for me. After that, like other nurses, I approached my patient and began to serve him well by providing patient advocacy. Everything that had previously confused me about what to do became easier for me and even when I provided care for the patient he/she started to bless me with joy. I shared my experiences with nurses like me who found it difficult at first when they start work and as everything becomes easy as they get experience…"*

Table 9 : Multivariable logistic regression showing factors affecting patient advocacy practice among nurses working in Jimma zone public hospitals.

Variables	Category	Patient advocacy practice		COR(95%CI	AOR(95%CI	P value
		Good n (%)	Poor n (%)			
Experience	**<5**	52(29.5)	124(70.5)	1	**1**	
	5-10	47(41.2)	67(58.8)	1.67(1.021,2.741)*	1.45(0.709,2.979)	.308
	>10	95(82.6)	20(17.4)	11.33(6.337,20.247)*	**5.81(2.656,12.723)****	**<.001**
Knowledge	**Poor**	68(33.0)	138(67)	1	**1**	
	Good	126(63.3)	73(36.7)	3.50(2.327,5.274)*	**1.97(1.065,3.629)****	**.031**
Attitude	**Poor**	61(27.9)	158(72.1)	1	**1**	
	Good	133(71.5)	53(28.5)	6.50 (4.210, 10.035)*	**3.14(1.721,5.742)****	**<.001**
Nurse patient relationship	**Poor**	44(20.9)	167(79.1)	1	**1**	
	Good	150(77.3)	44(22.7)	12.94(8.067,20.754)*	**2.85(1.450,5.605)****	**.002**
Inter-professional collaboration	**Poor**	39(18.1)	176(81.9)	1	**1**	
	Good	155(81.6)	35(18.4)	19.99(12.063,33.110)*	**7.73(4.004,14.937)****	**<.001**
Support from organization	**Not supported**	60(29)	147((71)	1	**1**	
	Supported	134(67.7)	64(32.3)	5.13(3.361, 7.830)*	**2.84(1.523,4.305) ****	**.001**

NB: *= (P<.0.25) in bivariate, 1 = Reference group, = statistically significant in multivariable**

CHAPTER SIX: DISCUSSION

This study revealed that the overall percentage of nurses who had good patient advocacy practice was 47.9%. This indicates that almost more than half of nurses are not performing patient advocacy roles at their best level which might contribute to a long hospital stay, increased risk of hospital-acquired infection, poor patient care outcomes and endangering patients' lives.

However, the finding of this study is lower than the findings of previous studies done in America (72.7%) and Japan (79%) (24,29). The discrepancy in this finding might be due to differences in health care system infrastructure and absence of training and guidelines on patient advocacy practice and also high nurses to patient ratio in developing countries. i.e. Ethiopia when compared with developed countries (America and Japan). This implies that developing countries do not have adequate resources and materials that enable them to advocate as needed. Similarly, the healthcare environment of developing countries is not conducive for nurses to exercise advocacy roles as compared with developed countries.

This result is higher than a study conducted in Iran in which 32.4 % of nurses have good patient advocacy practice (17). The discrepancy might be due to the small sample size and difference in inclusion criteria. In Iran, the study is conducted on 14 hospitals and also the number of items used was different. Additionally, the cut-of-point they used to categorize the level of patient advocacy practice is different from the cut-of-point used in this study.

The study showed that respondents who had a good knowledge of patient advocacy were two times more likely to have good patient advocacy practice. This finding is similar to the finding of a study conducted in Ireland, Nigeria and Tehran(32,34,38). This might be due to the fact that good knowledge improves the confidence and readiness of the nurses for providing patient advocacy. The knowledge of patient advocacy is crucial to effective advocacy and in order to be a better advocate, nurses must improve his/her knowledge of patient advocacy. Having sufficient knowledge about advocacy would lead to a good patient advocacy practice (29). If nurses do not have sufficient knowledge patients may reject the advocacy process initiated by nurses as a result of their poor knowledge(34). Nurses are generally unprepared for advocacy unless they are educated and trained to have adequate knowledge of patient advocacy(56).

In this study, respondents who had a good attitude towards patient advocacy were three times more likely to have good patient advocacy practice. This implies that having a positive attitude regarding patient advocacy exerts a positive effect on the extent of nurses' patient advocacy practice. Nurses who have a good attitude towards patient advocacy have a big tendency to practice it. Additionally, nurses with a positive attitude are expected to provide altruistic service, compassionate care for the patient's health, love for their profession, and the ability to hold intra and extra-professional factors that help them in patient advocacy practice(47).

Similarly, this study revealed that nurses who had good relationships with patients were three times more likely to have good patient advocacy practice. This is consistent with findings of a study conducted in Sweden, Ireland, Ghana, Nigeria and Tehran which says having a good nurse-patient relationship enhances the effectiveness of patient advocacy practice(18,33,35,37,42). The possible explanation might be the development of functional nurse-patient relationships is a key factor in facilitating patient advocacy practice. Nurses should adopt an advocacy role and act on behalf of patients because they interact more closely with patients than other healthcare staff. Because having good relationships with patients creates high opportunities for nurses to listen to them carefully, understand their needs, identify their problems and do as they wish and advocate accordingly(34).

Nurses who had good interprofessional collaboration were eight times more likely to have good patient advocacy practice. This is consistent with the findings of studies conducted in Ireland, Ghana and Tehran (22,33,35). The possible explanation might be nurses and other healthcare professionals need to interact and understand the roles of other team members and appreciate their importance to contribute to patient care and then facilitate advocacy processes(22). Having good interprofessional relationships enable nurses to share their knowledge, skills and experience in patient care which in turn helps them to close communication gaps in patient care. Providing comprehensive and patient-centered care that minimizes the readmission rate of the patient finally lead to good patient advocacy practice by nurses that improve patient outcome(34). Nurses can more readily advocate when they work together as a team, nursing team spirit is the most important factor in speaking for patients and their families.

The study also showed that those who get support from organizations were three times more likely to practice patient advocacy. This is consistent with a study conducted in Tehran and Ghana (25,34). The possible explanation might be sufficient backing from nursing authorities and organization administrators coupled with the presence of policies on the kind of assistance for nurses during the

advocacy process. If nurses felt that they did not receive any support for advocacy action from managers, they do not support their patients as well. To be an effective advocate, nurses need to be supported. In addition to this, hospital managers strive to structure nursing work in a way that supports nurses being present for the patient which enable nurses to develop a relationship with those they serve and within that relationship, nurses can bring their unique knowledge and skills while delivering patient care. This means that to promote the advocacy role organizational culture should be transformed into supportive(57). Nurses need support from organizations to acquire the knowledge and skill necessary to succeed in their advocacy role(22). Support from hospital management is important to strengthen nurses to overcome these barriers, especially when dialogue during advocacy fails.

Finally, nurses who served for greater than or equal to ten years were six times more likely to have good patient advocacy practice than those who serve for less than five years. This is consistent with the findings of the study conducted in Brazil, England, Ireland and Ghana(31,32,40). The possible explanation for this might be nurses with less work experience do not have enough experience in defending patients' rights. As the service year, experience increases nurses can learn more about themselves, their role, their understanding of the work environment and what the organization and patient expectations of them and working life that allow them to gain skills in the advocacy process and how to adapt and overcome challenging situations to succeed. And also the work experience increases trust among nurses and patients, health care professional team, maturity, independence and self-confidence help to increase the provision of patient advocacy(18).

Strengths and Limitations of the study

Strengths of the study

- The study involved both quantitative and qualitative methods of data collection to maximize the reliability of the data collected.

Limitations of the study

- The questionnaire was prone to social desirability bias; hence it was assessed by self-reported, and there might be over-reporting of a behavior. The questionnaire was also prone to recall bias.
- Since the cross-sectional design was used, the cause-and-effect relationship could not be established.
- There is also a limitation of literature on this topic in Africa in general and in Ethiopia so that comparison of study results was done with other countries where the health institutions' setup, health policy and other factors are quite different.

Implication for nursing practice

Patient advocacy is an essential part of nursing practice. This is reinforced by nursing ethics and codes of conduct and is embedded in competency standards for practice. Nursing, as one of the largest healthcare professionals, has a key role in supporting patients, families, and communities to achieve better health outcomes. This could be enhanced through advocating for patients by enhancing relationships between patients and nurses, nurses and other healthcare professionals sharing information and promoting high-quality healthcare, promoting patients' interests and rights, and advocating for the mitigation of social justice issues that impact patients and health service delivery.

The findings from this study show that patient advocacy needs to be improved in nursing practice. Findings from this study could also serve as a resource for students and nurses to enhance their roles as patient advocates. It could also encourage nurses to build therapeutic relationships with patients to enable them to identify their need for advocacy. The findings could also be used as a guideline for improving patient autonomy through the recognition of patients' choices in their care; the core aim of patient advocacy. It could also inform formulation of policy in the health sector to facilitate patient advocacy, to improve patient satisfaction and quality of care.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

Despite the fact that patient advocacy benefits patients in many ways it is not widely practiced by nurses working in Jimma Zone Public Hospitals. Longer work experience, good knowledge of patient advocacy, good attitude towards patient advocacy, good nurse-patient relationship, good interprofessional collaboration, and getting support from the organization were the identified independent predictors of patient advocacy practice.

7.2 Recommendation

Based on the study findings the following recommendations are forwarded:

Ethiopian nurses association (ENA)

- ENA should work hard in the provision of adequate and valuable information to enable nurses to have adequate knowledge about their major roles of nurses such as patient advocacy.
- Should facilitate the availability of patient advocacy guidelines in each hospital.
- Should provide great emphasis on the provision of training on patient advocacy.

Hospital Management bodies

- Hospital administrators of respective hospitals should develop various training programs on patient advocacy for nurses.
- Hospital managers should support nurses to advocate and participate in continuous education programs that will boost their competency in advocating for patients.
- Hospital managers should promote the involvement of the entire healthcare team, patients, family members and their religious leaders to promote patient advocacy practice since this study showed that advocating for patients requires interprofessional collaboration.
- The hospital management should have usual healthcare professional meetings regarding healthcare professional communication on patient care and support them to communicate openly and frankly to ease the advocacy process.

Nursing leaders (supervisor, head nurses, matron)

- ❖ Nursing leaders should create conducive environments to improve patient advocacy practice.
- ❖ Nursing leaders should support staff nurses to improve patient advocacy practice.
- ❖ Nursing leaders should encourage nurses to be ethically committed and take appropriate action if not.

Nurses professionals

- ❖ Nurses ought to update their knowledge and attitude by reading and reviewing different materials on patient advocacy.
- ❖ Those nurses who are knowledgeable about patient advocacy should share their knowledge of patient advocacy with other nurses.
- ❖ Nurses should actively exercise their advocacy role by considering it as their other major role.
- ❖ Nurses should develop strong relationships with patients to enhance patient advocacy practice.
- ❖ Nurses should work as a team with other healthcare providers to facilitate the advocacy process.

Nurse educator

- ❖ Nurse educators should give great emphasis and focus on patient advocacy during lectures.

Researcher

- ❖ Further studies are also suggested by involving patient-related factors.
- ❖ The perspectives of other healthcare professionals as well as patients concerning the advocacy role of nurses should be investigated to provide a broader picture and deeper understanding of the role.

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Annex II: Questionnaire

Information sheet

Read the statements

My name is ----------and I am from the School of Nursing of Jimma University. I am conducting a research study titled "**Patient Advocacy Practice and associated factors among nurses working in public hospitals of Jimma Zone, Southwest Ethiopia"**

Purpose of the research: This study is aimed to assess patient Advocacy Practice and Associated Factors among Nurses working in public hospitals in Jimma Zone, Southwest Ethiopia

Procedure: To collect my data, I invite you to take part. It will take you 25 to 45 minutes to participate.

Risk and /or discomfort: By participating in this research you may feel some discomfort especially on sacrificing your time otherwise, no risk in participating in this research, so your response provides important input to show the gap and means to improve patient advocacy practice.

Benefits: If you will be participating in this research, the output of the study will have both direct and indirect benefits for you

Incentives/payments for participating: You will not be provided any incentives or payments to take part in this research.

Confidentiality: The information collected from this research project will be kept confidential and information about you that is collected by this study will be stored in a file, without your name, but a code number assigned to it.

Right refusal or withdrawal: You have the full right to refuse from participating in this research.

Person to contact: If you want more information, you can contact; bontumathewos26@gmail.com or +251979625741

With the due understanding of the mentioned information, are you willing to participate in the study?
a. Yes b. No

If yes Signature of the participant----------date----------

Consent form

The above information regarding my participation in the study has been made clear to me. I have been given a chance to ask questions which, have been answered to my satisfaction. I am voluntarily participating in this study. I understand that my records will be kept private and that I can leave the study at any time. I understand that my participation doesn't affect me

If you agree to participate, put your signature below

Signature _____ date _____

PART I: Socio-demographic characteristics

This section asks about your socio-demographic and other relevant information.

Instruction: Read the questions carefully and encircle your choice and fill the black space for the questions which have no alternative.

S.N	**Questions**	**Response**	
101	Sex	1. Male 2.Female	
102	Age in years	----------	
103	Ethnicity	1. Oromo 2.Amhara 3.Tigray 4. Gurage 5. Other (specify)…	
104	Religion	1. Orthodox 2.Muslim 3. Protestant 4. Other (specify)……	
105	Marital status of respondents	1. Single 2.Married 3. Divorced 4. Widowed	
106	The highest educational level	1. Diploma 2. Degree 3.MSc and above	
107	Position at work	1. Staff nurse 2. Head nurse 3. Matron 3. Supervisor nurse	
108	Years of work experience	----------	
109	Salary/month in ETB	----------	
110	Current working unit	1. Surgical ward 2. Medical ward 3. Emergency ward 4. Outpatient department(OPD) 5. Gynecology and obstetrics ward 6. ICU ward 7. Ophthalmology ward	8. Pediatrics ward 9. Psychiatric ward 10. Neonatology 11. ART clinic 12. Oncology ward 13. Dental and maxillofacial ward 14. OR

PART II: This section asks about nurse-related factors that can affect patient advocacy practice and other relevant information

Instruction: Read the questions carefully and encircle your choice.

a. Nurse's knowledge of patient advocacy

S. No	Statement	Responses
201	Have you heard of patient advocacy previously?	1 Yes 2. No
202	What does it mean to be a patient advocate? **(multiple answers are possible)**	1. Mediating between the patients and health caregivers 2. Soliciting on behalf of the patients 3. Serving as an intermediary between patients and their families or significant others 4. Championing social justice to ensure universal access to adequate nursing care 5. Safeguarding patient autonomy 6. Promoting self-determination 7. others(specify)----------
203	Nurses can provide patient advocacy for whom?	1. For inpatient 2. For outpatient 3. For critical patient 4. For all kinds of patients patient
204	What benefit does patient advocacy have for the patient? (**multiple answers are possible**)	1. To improve patient safety 2. It helps patients in decision making 3. Development of a sense of self-determining and empowering 4. Improving collaboration among patients, families, and the healthcare team among the patient

		5. It reduces patients' unnecessary hospital stays and enhances patients' willingness to live. 6. others(specify)_____

b.Nurses' attitude toward patient Advocacy

This section is about nurses' attitudes toward patient advocacy which has five measurement scales that range from 5 for SA (strongly agree) to 1 for SD (strongly disagree).

Instruction: Read the questions carefully and encircle your choice

Note: **SA**-Strongly agree, **A**-Agree, **N**- Neutral, **D**-Disagree, **SD**-Strongly Disagree

S.No	**Statement**	**Responses**				
		SA	A	N	D	SD
205	Patients need nurses to act on the patient's behalf	5	4	3	2	1
206	As a nurse, I keep my patient's best interests as the main focus of nursing advocacy	5	4	3	2	1
207	Nurses that act as patient advocates are acting as the patient's voice	5	4	3	2	1
208	I am advocating for my patient when I protect my patient rights in the healthcare environment	5	4	3	2	1
209	I scrutinize circumstances that cause me to act as a patient advocate	5	4	3	2	1
210	Vulnerable patients need my protection from harmful situations	5	4	3	2	1
211	Nurses that speak out on behalf of patients may face retribution from employers	5	4	3	2	1
212	Nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers	5	4	3	2	1
213	I am not an effective advocate because I am suffering from burnout	5	4	3	2	1
214	When nurses inform and educate patients about the patient's rights in the clinical setting, the nurse may place her/employment at risk	5	4	3	2	1
215	When nurses act as patient advocates, they are not supporting patients	5	4	3	2	1

216	Nurses can protect patients from harmful situations by physically barring a procedure to occur	5	4	3	2	1
217	Nurses are acting as advocates when nurses protect the right of the patient to make his/her own decisions	5	4	3	2	1

c. Nurse's ethical commitment

There are four measurement scales to choose from that range from 4 to 1 for always to never, with the value changing for negative statements.

Instruction: Read the questions carefully and encircle your choice

	statement	always	Frequently	sometimes	seldom	never
218	Have an ethical duty to advocate for patients	5	4	3	2	1
219	How often do you assist patients in making healthcare decisions, including ensuring that they understand the risks and benefits?	5	4	3	2	1
220	How often do you tell patients about the Affordable Care Act's benefits and rights?	5	4	3	2	1
221	Do you hesitate to practice because of fear of advocacy risk?	1. Yes 2. No				

Part III: Interpersonal factors which include Nurse -patient relationships' and interprofessional collaboration that can affect patient advocacy practice

a. **Nurse-patient relationship**

There are four measurement scales that range from 4 for always to 1 for never

Instruction: Read the questions carefully and encircle your choice

Nurse -patient relationship		**Always**	**Usually**	**Sometimes**	**Never**
301	How often do you develop trusting relationships with the patient?	4	3	2	1
302	How often do you focus on the patient and give them one's undivided attention?	4	3	2	1
303	How often do you understand the patient's needs during care?	4	3	2	1

304	How often do you communicate with patients freely and ask for a translator If there is a language barrier?	4	3	2	1
305	How often do you give an opportunity for the patient to enhance their self-care abilities?	4	3	2	1
306	How often do you treat and prevent complications for your patient?	4	3	2	1
307	How often do you speak freely about their feelings and emotions with the patient?	4	3	2	1
308	How often do you help the patient to set realistic goals for their health situation?	4	3	2	1

b. Interprofessional collaboration

This section is about nurses' interprofessional collaboration in patient advocacy practice which has four measurement scales that range from 4 for always to 1 for never.

Instruction: Read the questions carefully and encircle your choice.

	Items	**Always**	**Usually**	**Sometimes**	**Never**
309	How often do you have a good understanding with the doctors about your respective responsibilities?	4	3	2	1
310	When you are confronted with a difficult patient, how often do you discuss with physicians and another health care professional how to proceed?	4	3	2	1
311	How often do you exchange important health information with other healthcare providers to improve your patient's health and well-being?	4	3	2	1
312	How often do you have a good understanding of your respective responsibilities with allied health care professionals?	4	3	2	1
313	Allied health staffs are usually willing to take into account the convenience of the nurses when planning their work.	4	3	2	1
314	When it comes to patient care, how often does the medical staff ask for nurse input	4	3	2	1

Part IV: Organizational related questions

This section asks about some question on organizational related factors

Instructions: Read the questions carefully and encircle your choice.

	Variable s	Responses
401	What is your level of hospitals	1.Primary 2.General 3. Referral
402	Do you have sufficient time for providing patient advocacy in your daily practice?	1. Yes 2. No
403	Is there a code of ethics in your hospital?	1. Yes 2. No

a. A belief that hospitals empower the patient

This section asks about the belief that hospitals empower patients which has five measurement scales that range from 5 for always to 1 for never.

Instructions: Read the questions carefully and encircle your choice.

The belief that hospitals empower the patient						
404	How often do you think that your hospital help patients empower themselves to the following site	always	Frequently	sometimes	seldom	never
	Internet sites	5	4	3	2	1
	Spiritual support	5	4	3	2	1
	Other patients	5	4	3	2	1
	Evidence-based information	5	4	3	2	1
	Professionals who can give them second opinions	5	4	3	2	1
	Community	5	4	3	2	1

b. Support from an organization

This section asks about support from an organization that has four measurement scales that range from 4 for always to 1 for never.

Instructions: Read the questions carefully and encircle your choice.

Support from organization		always	Frequently	some times	seldom	never
405	Do you believe administrators are aware of unresolved patient problems?	5	4	3	2	1
406	Does your supervisor encourage you to engage in patient advocacy?	5	4	3	2	1
407	Do you fear supervisors will not come to your defense when you are criticized for patient Advocacy?	5	4	3	2	1

Part VI: patient advocacy practice

This section asks about patient advocacy practice by nurses. There are five measurement scales that range from 5 for always to 1 for never.

Instruction: Read the questions carefully and encircle your choice.

S. no	How often have you engaged in patient advocacy to address a patient's unresolved problem related to each of the numbered issues below?	Responses				
		always	Frequently	sometimes	seldom	never
501	Providing informed consent to a medical intervention	5	4	3	2	1
502	Providing information about the patient's diagnosis, treatment, and prognosis	5	4	3	2	1
503	Providing information in patients' preferred language	5	4	3	2	1
504	Suggesting alternatives to healthcare for the patients	5	4	3	2	1
505	Providing information about the discharge program	5	4	3	2	1
506	Keeping the confidentiality of medical information of the patient	5	4	3	2	1
507	Maintaining patient privacy	5	4	3	2	1
508	Communication with those who are illiterate or don't know much about	5	4	3	2	1

	health					
509	Tracking any medical errors that may be occurred	5	4	3	2	1
510	Protecting patients from incompetency or misconduct of co-workers and other members of the healthcare team	5	4	3	2	1
511	Acting according to the patient's values, culture, beliefs, and preferences	5	4	3	2	1
512	Enabling patients to make decisions freely	5	4	3	2	1
513	Providing chronic disease care	5	4	3	2	1
514	Improving access to health and social services for the patients	5	4	3	2	1
515	Coverage from private insurance companies for the patient	5	4	3	2	1
516	Screening and giving treatment for the specific mental health conditions of the patient	5	4	3	2	1
517	Follow-up treatment for mental health conditions after discharge	5	4	3	2	1
518	Correcting any form of inequalities in the delivery of health services	5	4	3	2	1
519	Referrals to services in communities	5	4	3	2	1
520	Reaching out to referral sources on behalf of the patient	5	4	3	2	1
521	Acting as a liaison between patient's families, and healthcare professionals	5	4	3	2	1

Annex III: In-depth Interview Guide

A. English version of In-depth Interview Guide

PART I:- Background information				
❖ Hospital ❖ Date: ❖ Start time ❖ Finish time:				
PART II:- Participant information				
Participant's reg. No	**Age**	**Position**	**Year of work experience**	**Ethical consent**
				Verbal

Key informant interview (KII) for nurses

1. Can you explain about patient advocacy in your hospital
2. Can you explain your perception of patient advocacy in your hospital?
3. What are the factors affecting patient advocacy practice in your hospital?

B. Afan Oromo version of in-depth interview guide

PART I:- Background information				
❖ Hospitaala ❖ Guyyaa ❖ Yeroo itti jalqabame ❖ Yeroo itti xumurame				
PART II:- Participant information				
Lakk	**Umurii**	**aangoo**	**Waggaa tajaajilaa**	**Hayyama hirmaachuu**

1. Waa'ee abukaatummaa dhukkubsataa hospitaala keessan keessatti ibsuu dandeessu?

2. Ilaalchi hojjettoonni abukaatummaa dhukkubsataa irratti qabdu ibsuu dandeessaa?

3. Wantoota hospitaala keessan keessatti hojii abukaatummaa dhukkubsattootaa irratti dhiibbaa geessisan natti himuu dandeessaa?

C. Amharic version of in-depth interview guide

ክፍል አንድ፡- ዳራ መረጃ				
❖ ሆስፒታል ❖ ቀን፡- ❖ የመጀመሪያ ጊዜ ❖ የማጠናቀቂያ ጊዜ;				
ክፍል II: - የተሳታፊ መረጃ				
ቁጥር	**ዕድሜ**	**ኃላፊነት**	**የሥራ ልምድ ዓመት**	**የሥነ ምግባር ስምምነት**

ጥልቅ ቃለ መጠይቅ ለማድረግ የተዘጋጀ መመሪያ

1. በሆስፒታልዎ ውስጥ ስለ ታካሚ ጥብቅና ማብራራት ይችላሉ?

2. በሆስፒታልዎ ውስጥ ለታካሚ ድጋፍ ያለዎትን አመለካከት ማብራራት ይችላሉ?

3. በሆስፒታልዎ ውስጥ የታካሚዎችን የጥብቅና ልምምድ የሚነኩ ነገሮችን ሊነግሩኝ ይችላሉ?