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Social Advocacy: The Role of the Primary Health Care (PHC) Nurse as a Community Partner and Enabler of Community Self-Empowerment.

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Abstract

Advocacy, empowerment and consumerism are popular concepts that permeate today's health agenda especially with the paradigm shift from a seemingly professional-led service to a user-led service. Nurses, over the years, have intuitively seen themselves as patient advocates, as they mediate between patient and community resources, between patient and medical services and between patient and family. This paper explores the many ways that the nurse can safeguard the interest of individual patients in health care.

Keywords: Social Advocacy, Advocacy, Empowerment, Consumerism, Nurses, Health care

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Introduction

There is a time to fight and a time to run away.
The problem is knowing when to fight and when to run away.
And how to fight without degrading the other person
And how to run away without degrading oneself.

There is a time to depend on others.
And a time to be strong so that others may depend on you.
The trick is to know when to depend on others and when to be strong.
And how to depend on others without clinging and how to be strong without diminishing others.

There is a time to give affection and a time to receive it.
The difficulty is knowing when to give and when to receive.
And how to give affection without smothering the other.
And how to receive affection without being frightened.

Anonymous

The opening poem highlights the complexity of social advocacy. Advocacy, empowerment, and consumerism are popular concepts that permeate today's health agenda especially with the paradigm shift from a seemingly professional-led service to a user-led service. Advocacy, the concern of this paper, as a social concept, is not new as it has always occurred in various forms of interactions, either socially, politically or financially, either for self, or on behalf of fellow men. What is new within nursing is an attempt to formalize it as a nursing activity. To this end, advocacy has received considerable attention in nursing literature (Paquin, 2011; Hanks, 2013: Mohamud, 2023) as well as in the scope of professional practice of the United Kingdom Central Council for Nursing. Midwifery and Health Visiting (UKCC, 1992). This emphasis of the UKCC (1992) on safeguarding the interest of individual patients places the nurse in an advocacy role.

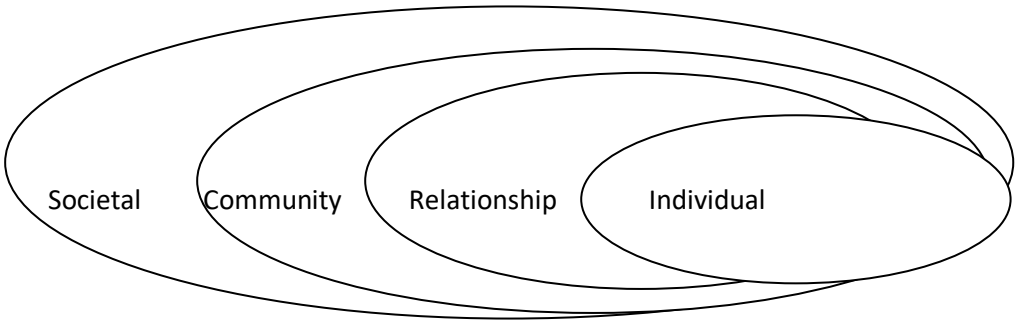
Nurses, over the years, have intuitively seen themselves as patient advocates, as they mediate between patient and community resources, between patient and medical services and between patient and family. Thus, it can be argued that when a community is able to choose strategies for health based on appropriate information, local resources, accessible support with institutional, organizational and social approval, it can be described as empowered.

In this paper, the concept of social advocacy is explored. Community/individual empowerment are discussed using the model of advocacy as advanced by Fowler (1989). The issue related to advocacy in primary health care setting are also discussed.

Conceptual Framework

According to Johns et al. (2017), Social advocacy is an extremely complex phenomenon that has its roots in the interaction of many factors; biological, social, cultural, economic and political. An ecological model is used in this presentation. The model was first developed and introduced by the Psychologist Urie Bronfenbrenner in the late 1970s for the study of child abuse (Kairam, Mercado & Summer, 2023). The major advantage of the model is that it helps

to distinguish between the myriad of influences on equity in health while at the same time providing a framework for understanding how they interact.



An ecological model (Source: WHO, 2002)

The model is composed of four levels. The overlapping illustrates how factors at each level are strengthened or modified by factors of another. The first level identifies biological and personal factors that can influence the health of an individual. These include their income and wealth, educational level, knowledge of health issues and their use of health services.

The second level deals with determinants of health that arise from inter-individual relationships. This refers to factors affecting health that are particular to the individual's position in society with respect to those around him.

The third level explores the community context in which social relationships occur, such as schools, workplace and neighbourhood. This level also seeks to identify the characteristics of these settings that affect community midwifery practice.

The fourth level looks at the broad societal factors that help create inequality in health. These include political and environmental factors. Social and cultural norms are not left out either. Example of such factors would include the structure of the health system, norms that entrench male dominance over women and children and those that support political conflict. Large societal factors would include economic, education and social policies that help to maintain economic inequality. Underpinning the ecological approach is the general theory in which levels one to four are treated as systems with semi permeable boundary that permits the process of adaptation to other systems and environment (Martinello, 2020).

The Concept of Advocacy and Empowerment in Nursing

The word advocate refers to the one who pleads on behalf of another and often refers to courtroom situations. Fowler (1989) defined advocacy as "speaking or acting on behalf of oneself or another person over an issue with self-sacrificing vigour and vehemence". The Oxford English dictionary (Murray, 1986) gives the same meaning. Murray (1986)defined an advocate as: One who pleads, intercedes, or speaks on behalf of, another……a pleader, intercessor, defender…. The above definitions point to the legal sense of the word advocacy. Mckoy (2018) defined it as the act of informing the patient of his right in a particular situation, making sure that he has all the necessary information to make an informed decision and supporting him in the decision he makes. The legal sense of advocacy is the one that is popular in nursing literature. Fowler (1989) argues that the legal conception is less satisfactory as it is not generally the way nurses conceive the nurse-patient relationship.

Moreover, there are persons other than the nurse who are more knowledgeable and better equipped to protect the patient's legal rights. Kohnke (2002) departed from the legal context and simply defined advocacy as informing the client and supporting him in whatever decisions he makes.

Siboni, Behboudi and Carrol (2023) stated that comparing the definitions of advocacy with those of the nurse's role reveals a large measure of overlap. Virginia Henderson's famous definition of nursing as highlighted by Matt (2024), clearly suggests some notion of advocacy in the nurse's role, stating that: "the unique function of the nurse is to assist the individual sick or well in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible." The International Council of Nurses' Code of Ethics for Nurses (ICN, 2012), the Code of Professional Conduct (NMC, 2018) and the advisory document 'Exercising Accountability' (UKCC, 1989) take the same stance: all clearly expecting practitioners to accept the role of advocates on behalf of their patients, thereby ensuring that they have enough information to exercise control over their own healthcare, their legal and moral rights are respected and healthcare resources are adequate to provide an appropriate quality and quantity of care.

Empowerment in nursing has been used in several ways. Firstly, within the context of advocacy, it is often used as a strategy for equalizing the balance of power in the health care division of labour (Mohamud, 2023). Secondly, it is used as a political intervention for reducing health inequalities between social groups (Paquin, 2011). Benner (1984) redefined power from a feminine, caring perspective and urges nurses to use this caring power to empower patients and not dominate, coerce or control them.

Significance of Advocacy

Aiken (2014) identified the following societal changes as significant indicators of the need for nurses to address themselves to advocacy.

1. An increase in the proportion of the population over age 65 (these people have special needs related to choices about their health-related goals and how to achieve them).
2. Increased sophistication of the public with the rapid diffusion of scientific knowledge and culture with emphasis on selfcare.
3. Consumer outrage at the escalating cost of health care.
4. Technological advances and the accompanying need to distribute scarce resources in a just manner.

Model of Social Advocacy

Fowler (1989) describes four models of advocacy used to highlight the role of the nurse

- Guardian of patient rights.
- Preservation of patient values.
- Champion of social justice in the provision of health care.
- Conservator of the patient's best interest.

Guardian of patient rights model:

This model assumes a legalistic interpretation of patient advocacy. The nurse is involved in the defence of the patient against infringement of his or her rights, including the right to health care, information and refusal of treatment.

In recognizing the rights of the patient, the nurse can return autonomy to the patient through the process of empowerment (or self-advocacy). This involves the nurse giving information that may help the patient make decisions about his/her health care. The nurse advocate works with the community to promote social change aimed at:

- Preservation of the planet and its resources
- Healthy and safe communities.
- Healthy families.
- Equitable and accessible health care.
- Healthy ageing.
- Overcoming epidemics, and
- Addressing the needs of vulnerable groups; single parents, women, adolescents, children, migrants, the poor, the unemployed, the homeless, the isolated and the ill.

Preservation of patient values model

This is like the previous model as it takes the form of decision counselling. However, in this model, it is the nurse who makes the decisions, based on the patient's recognition and clarification of his or her individual values. The decisions made by the nurse serve to uphold these ideals to preserve patient autonomy. Advocacy within this context implies cultural sensitivity, respect and dedication to helping a community achieve its unique goals.

Champion of social justice in the provision of health care model

This model of advocacy is based on the inconsistency in the provision of health care resources at all levels. It is an attempt by nurses to bring equality of care as inequality in health may be linked to social class, with those in lower classes suffering more frequently from illness. This is in line with the findings of Agbedia (2001), that this group underutilize welfare facilities through ignorance and stigma.The idea of inequality existing in health care provision and availability conflicts with the idea of 'parity of care' propounded by the Royal College of Nursing and with the ethos of the 'Patient's Charter', which state that patients have the right to receive health care according to need and not according to ability to pay for service provided (Agbedia, 2001). The nurse advocate, employing the champion of social justice model of advocacy would be dedicated to eradicating the health care injustice and inequality of society through political, social and economic means, which makes this model differ from others that deal with advocacy for individual patient.

Conservator of patient's best interest model

Within this model, the nurse seeks to preserve or increase patient autonomy wherever possible. To practice advocacy with this model, the nurse needs to be familiar with the health care system to understand the political and economic processes that govern resource allocation and a working knowledge of mechanisms for developing healthy public policies. This can be achieved by:

- being aware of common issues
- monitoring and evaluating issues and programmes

- writing letters of the editor on health-related issues
- encouraging politically active colleagues
- Lobbying public officials
- participating in policy making
- joining political interest groups
- supporting elected officials sympathetic to community health, and
- standing for public office.

Issues Related to Advocacy

Several issues need resolution before nurses can fully embrace a commitment to client advocacy. The traditional public view of the physician as sole authority and decision maker in health care is an obvious obstacle and also lends strong support to the need for advocacy. Physicians tend to view patients as their exclusive domain. There is a definite foundation for this view in the real world, given that the patient's admission, diagnosis, treatment and discharge are physician controlled in most settings. In such a scheme, the nurse advocate may be viewed as a troublemaker rather than a meaningful contributor to patient welfare.

Lack of authority or power is a further deterrent. Most nurses would identify the client as the first priority. However, there are strong competing loyalties to physicians and employing institutions. The nurse is often seen as a "double agent" attempting to represent both patient and physician. Furthermore, patients come and go while employing institutions and colleague relationships remain and loyalty to the latter is acknowledged by most persons (including nurses) as a virtue.The biggest barrier of all is the complete unsuitability of nurses to the role of advocate in some uncertain clinical situation. This is due to the dichotomy between work and care that may arise for an employee, leading to the patient perceiving the nurse feeling threatened by the responsibility that advocacy brings.

Implication for nursing

For nurses to become more effective advocates, there should be:

- A radically different health care system where the nurse is employed by the client rather than an institution.
- A system in which collegial respect and mutuality are the underpinnings rather than a hierarchical system in which physicians are viewed as gods or kings over consumers and health care provides alike. Although this may be helpful, however, it is not realistic.
- Clarification of the meaning of advocacy and the degree of nurses' commitment to its practice.
- Need for nurses also to broaden their socio-political knowledge base to achieve a better understanding of the bureaucracy in which they function. Based on this knowledge, nurses must seek more viable individual and collective roles in social and political spheres. This includes speaking out on consumer issues, continuing and expanding attempts to influence legislation and increasing nurse membership on governmental health policy-making boards and councils.

Conclusion

From the above presentation social advocacy is a natural outgrowth of nursing tradition of holism and "care more than cure". Several factors are seen to be impeding nurses in their

implementation of advocacy, chief among them is the perceived obligation of loyalty to an employing institution and the physician which may at times conflict with loyalty to the client. However, the role of the primary health care (PHC) nurse is that of a community partner and enabler of community self-empowerment; an advocate who encourages community involvement and intersectoral collaboration in the planning, developing and delivery of equitable health care. It is a multidimensional role.

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APPENDIX

Abridged Version of Patient Bill of Right.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care programme.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services.
8. The patient has the right to obtain information as to any relationship of his hospital with other health care and educational institutions insofar as his care is concerned.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care (Jenny 1979:178).