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Advocacy—The Power to Influence

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Do you have questions on how to improve your leadership skills? Do you have a management or administrative problem that stumps you? Have you developed unique insights that helped you improve your leadership skills? If so, consider writing for this column dedicated to improvement of leadership skills at all levels. For more information, e-mail Associate Editor Colleen L. Corish, RN, MN, OCN®, at corishcl@musc.edu.

Advocacy can be stated simply as standing up for what one believes in—for self or for others. Appropriately, advocacy is one of the seven core values of the Oncology Nursing Society. Pope John Paul II demonstrated the ability to influence in such a manner. He was able to have an impact on many diverse people while advocating for the poor and the disenfranchised. Former President Jimmy Carter demonstrated his ability to advocate for human rights throughout the world after leaving the presidency. Although these individuals used their formal and informal power to advocate, influence rather than formal power is necessary for advocacy. As nurses, we have many opportunities to advocate for our patients. We assist our patients in deciding whether aggressive treatment or a more palliative approach is best, how to choose home health or hospice care, and what kinds of pain medications are most helpful. To be effective and impartial when influencing others, we must stay informed about the most current interventions, treatments, and options available.

Foley (2004) defined advocacy in nursing as representing patients when they are not able to speak for themselves. She further stated that advocacy is a necessary component of nursing education and development and that the nurturing of advocacy by nurse administrators may be crucial to retaining young nurses. A patient advocacy issue has been identified at academic medical centers: Whom should RNs call when patients are in crisis during off shifts? Less experienced nurses may not have had any practice calling more experienced physicians when necessary. Nurse leaders can assist nurses develop this skill by incorporating it into orientation immediately. Nurse leaders also can identify more senior nurses to demonstrate "scripting" appropriate to communication regarding advocating for patients. As leaders in oncology nursing, we often influence others' decisions. Nurses who learn to be a strong advocates early in their careers become strong voices for the entire profession.

Every week, as I performed rounds with the oncology nurses, I witness them advocating for their patients. They collaborate with members of the healthcare team to coordinate discharge plans for patients. I observe them advocating on behalf of patients who want to stop receiving aggressive therapy. Listening to patients, nurses help develop plans that are directed by patients, which nurses then put into action. Nurses set up meetings with primary caregivers and assist patients in initiating discussions with families and physicians. Nurses then stay with patients to help them make their choices and are supportive with a silent presence or, if necessary, an active voice.

Nurses advocate successfully all of the time and across many boundaries. However, as Phillips (2004) noted, nurses usually do not like to talk about their successes. As a profession, we need to support each other openly and loudly in situations of advocacy. Assigned leaders such as managers and clinical nurse specialists need to nurture new nurses' first forays into advocacy. Hellquist and Spector (2004) focused on networking and relationship building as methods to influence diverse groups and individuals in an organization. In addition, assigned leaders must help their nursing staffs understand the difference between aggressive and assertive advocacy. Staff nurses often are with patients more than any other nursing professionals, so they need tools and guidance to be effective advocates for patients and their profession.

When making difficult decisions, individuals frequently choose not to make a choice because "there is no choice." We all have witnessed such a reaction. Just think about how people respond to national and local elections or how some choose not to take a particular position on a "hot topic" political issue. They say that neither choice is what they want, so they remain silent and do not take a stand. Being an advocate never has been easy. We, as oncology nurses, must assist patients and each other and make choices every day. Frankly, some decisions often seem like "no choice." An effective advocate knows whom to contact to initiate action plans. Being a leader is synonymous with being an advocate. In the future, if you believe that you have no choice on an issue, reevaluate the information and make knowledgeable decisions. Choosing to not make a choice is just the easy way out.

References

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