

Nursing Advocacy in North Carolina

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. What are some examples from our own experience or setting that match or expand on the article's definition of advocacy?
2. Identify at least three situations in our unit's experience that indicate successful advocacy or highlight cases when advocacy activities would have been useful.
3. Are the resources identified in the article available to our unit? Do we have additional resources that were not mentioned?
4. Are any of us members of ONStat or grassroots representatives?
5. How many of us have written to our senators or representatives about a healthcare issue? What mechanisms did we use?
6. What are our personal barriers to increasing our advocacy efforts? Can we identify any institutional barriers?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To identify the ways oncology nurses in one state advocate for patients, as well as the resources they use to do so.

Design: Descriptive, cross-sectional survey.

Setting: North Carolina.

Sample: 141 RNs in North Carolina who were members of the Oncology Nursing Society (ONS).

Methods: Subjects completed a two-page, self-administered questionnaire comprised of fixed-choice and open-ended questions.

Main Research Variables: Demographics, frequency of advocating for patient services, and awareness of ONS resources.

Findings: Nurses in North Carolina advocate for patients in a variety of ways. A need exists to develop ongoing methods to keep nurses up to date on advocacy issues, as well as to establish mentoring opportunities for them. Nurses believe that they are most challenged in addressing patients' financial and insurance concerns.

Conclusions: Oncology nurses frequently advocate for patients' needs. The findings provide direction for future initiatives to educate nurses about their role in patient advocacy and available resources.

Implications for Nursing: Ongoing education and research are needed to enhance the role of oncology nurses as patient advocates.

Key Points . . .

- Nurses advocate for individual patients and the oncology population in general.
- Resources for patients vary depending on practice setting.
- Oncology nurses are not aware of all available resources.

complex needs of patients and their families. Understanding how nurses advocate for patients and how they use available resources can facilitate the development of strategies to improve patient care. The specific objectives of the current study were to identify the ways in which oncology nurses advocate for patients, as well as the resources they use to do so.

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In North Carolina, approximately 38,210 new cases of cancer are diagnosed each year (Jemal et al., 2007). Patients facing diagnosis of cancer in North Carolina may receive treatment at comprehensive cancer centers, community-based cancer programs, or freestanding centers. Changes in healthcare reimbursement have led to blending of healthcare providers' roles and of resources available to patients in all practice settings. Oncology nurses, who once may have had the support of social workers, case managers, and others, now find that they are serving in those capacities to meet the