

INTRODUCTION

Advocacy has been proposed as a means of building political will and community support for mental health and reducing stigma (*Verdeli, 2016*).

Advocacy involves the process of persuading someone to at least consider one's point of view, The role of the nurse as an advocate in healthcare policy is not a new one. Historically, from the time of Florence Nightingale, the nurse has been the person who has identified patient needs and sought ways to have these needs met (*Maryland & Gonzalez, 2012*).

Many opportunities nurses have to observe first-hand the positives and negatives of the current healthcare system enable them to identify needs and concerns related to the care patients currently receive (or don't receive) (*Maryland & Gonzalez, 2012*).

According to (*Matthews, 2012*) emphasized that Advocacy refers to the act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues. It relates to the need to improve systems and societal structures to create greater equity and better health for all. Nurses endeavor, individually and collectively, to advocate for and work toward eliminating social inequities .

According to National Mental Health Statement emphasized that mental health consumers have the right to “be considered capable of a making a decision by the service or person providing care” and “have their wishes respected and taken into account” (*Gee et al., 2016*).

Although patients are not always regarded as vulnerable, the combination of hospitalization, illness and subjection to care by the health team can be a difficult situation in which to fully express their opinions and choices. Still, as the use of advanced technology and healthcare costs have ignored the autonomy and values of patients, patient advocacy have been consolidated as a purpose of nurses to engage in the resolution of healthcare system problems and possible disparities which arise (*Reed et al., 2015*).

Although, people with mental disorders still experience no treatment such as physical, mental and sexual abuse, especially in middle and low-income countries, due to poor and insufficient resources inside these institutions (*Elnemais Fawzy, 2015*).

People who are voluntarily or involuntarily introduced to a mental hospital usually suffer from lack of control of their lives living as a group, eating, sleeping, washing and spending all the day as a group, and any diversity in the behavior leads to punishment, being kept away from society and environmental stimulation which have harmful effects on their health and wellbeing (*Furner, 2017*).

According to The International Council of Nurses introduced the concept of advocacy that “in providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individuals, families and communities are respected (*Fortinash & Worret, 2014*).

Significance of the study

Patient’s advocacy exerted by nurses aims to help the patient obtain necessary health care, defend their rights, ensure quality of care and serve as a connection between patients and the health care environment. It is mainly associated by nurses recognizing their role as health advocates, considering their beliefs and actions in relation to the care they provide to patients (*Stuart 2014*).

Although, nurses provide essential services and are knowledgeable about client needs. They interact closely with healthcare consumers, including patients, families, and/or populations, in a wide variety of settings. This gives nurses a broad appreciation of health needs, an understanding of how factors in the environment affect the health of clients and their families, and insight into how people respond to different strategies and services, So that, Psychiatric mental health nurses should have knowledge and experience toward psychiatric patient’s advocacy. (*Olson, F. 2016*).

AIM OF THE STUDY

This study aim was to:

Assess nurses' knowledge & experience toward psychiatric patient's advocacy

The aim of this study will be achieved through answering the following research question:

What are nurses' knowledge & experience toward psychiatric patient's advocacy?

REVIEW OF LITERATURE

Over view of mental health advocacy

The term ‘advocacy’ has taken on a meaning beyond its legal origins and is now of importance as a concept in health and social care, within nursing, the role of advocate has been accepted as an important one, although there are arguments against nurses taking on such a role (*Rainer, 2015*).

Although nurses need to be made aware of the legal framework within which they practice, in terms of duty of care within their role of nurse advocate, maintaining standards of advocacy acceptable to their professional body, accountability relating to action and omission of actions, guidance on guarding against stepping beyond the boundaries of their professional practice of advocacy, and to have adequate knowledge of the law (*Rainer, 2015*).

According to (*Kane, 2015*) emphasized that Nurses practice with compassion and respect for the human rights of all individuals regardless of sexual orientation, gender identity, and/or expression. As expressed in nursing: scope and standards of practice, nurses are expected to provide culturally congruent, competent, safe, and ethical care to all patients across all settings to demonstrate cultural congruence and safe practice.

Nurses must advocate for patient centered treatment, equal access, equal services, and equal resources for all populations that may be adversely affected by bias or prejudice. Nurses have an ethical duty to honor and respect the identities, beliefs, values, and decisions of all patients (*Kane, 2015*).

Definitions of Advocacy:

Mental health patient advocacy refers to nurse's practice to protect a patient's rights and benefits. It is distinguished from paternalism as the advocate respects the patient's values stated explicitly or discerned through nurse's interaction with the patient (*Cole et al., 2014*).

Mental health nurse patient advocacy is generally described as defending the rights and property of others (*Kalaitzidis & Jewell, 2015*).

An advocate nurse is a "supporter, believer, sponsor, promoter, campaigner, backer, or spokesperson" (*Matthews, 2012*).

Advocacy is to act on patients' unmet needs. This may include speaking for patients and acting against incomplete and unethical treatment, and monitoring the nursing process. Patient advocacy can be considered to be an important nursing action (*Josse-Eklund et al., 2014*).

History of nursing advocacy :

The concept of patient advocacy can be traced to the Crimean War that occurred between *1853 and 1856*, during that time, Florence Nightingale described the importance of creating a healthcare environment that promoted ventilation, cleanliness, comfort, and sanitation. Promoting these conditions provided patient care settings that led to improved health outcomes (*Fawcett, 2015*).

In 1926, the *American Nurses Association* presented nursing's *Code of Ethics* that established the goals, values and obligations of this profession. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient (*Stuart, 2014*).

In 1976, the *American Nurses Association Code for Nurses* was changed to emphasize the need for nurses to become more autonomous in their provision of patient care and less as extensions of physicians and code alterations included the statement: In the role of client advocate, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical or illegal practice(s) by any member of the healthcare team or the healthcare system itself (*Matthews, 2012*).

Since these changes, nurses have continued to refine their patient advocate role to include responsibilities such as protecting patient rights, informing patients about healthcare options, and respecting their patient's healthcare decisions, nurse scientists have created philosophical models that reflect the importance of the professional nurse in the patient advocacy role (*Priest, 2013*).

In 1973 advocacy in nursing ethics has been discussed since first appearing in the literature when it was added into the Professional Codes of the International Council of Nurses (*Hanks, 2013*).

In 1992 Patient advocacy as a central nursing role was identified in the Code of Professional Conduct of the United Kingdom Central Council for Nursing and the nursing profession in the United States has dominated the influence of the acceptance of the role of nurses as patient advocates in the United Kingdom (*Ronnebaum & Edward, 2015*).

In 2007, it was recognized that outreach to most patients who would need personal assistance from health advocates would have to come from the private sector (*Hanks, 2013*).

In 2008 The *Visiting Nurse Associations of America* is also a nonprofit association which is a health advocate for its nonprofit visiting nurse agencies and home health providers (*Priest, 2013*).

Advocacy barriers and facilities:

Barriers to advocacy

The practice of patient advocacy faces numerous barriers that may prevent nurses from fulfilling their roles as patient advocates. These barriers also prevent nurses from realizing they have a responsibility as defenders, which in turn hinders decision-making in their work (*Haas, 2013*).

The main barriers to patient advocacy in the field of nursing include: the medical staff, lack of time, work overload, difficulties communicating with patients or healthcare staff, lack of knowledge, powerlessness, fear of taking risks, fear of conflict, lack of autonomy, lack of power to make decisions, and lack of support on the part of the institution (*Hanks, 2013*).

Regarding to the constraints imposed by the medical staff, nurses often need to question and challenge decisions based on established medical authority in order to efficiently practice patient advocacy. Even though the medical staff is known for being one barrier to patient advocacy, the nurses themselves do not question or challenge unacceptable decisions nor seek to establish alliances with physicians in order to jointly develop strategies to defend patients (*Choi, 2015*).

Nurses often avoid scrutinizing the decisions or actions of physicians, abdicating their responsibilities as healthcare professionals, reinforcing the conception that barriers to advocacy do not reside only in physicians' disregard for nursing knowledge, but also in the attitudes and practices of the nursing professionals themselves. Hence, helplessness, lack of autonomy, and poor exercise of power when nurses make decisions reinforce an imbalance of forces with physicians (*Water et al., 2016*).

Although patient advocacy implies taking a stand that may lead to conflicts between nurses and the remaining health workers. Due to its nature, advocacy may trigger differences of opinion concerning what is in the patient's best interest, leading to imbalance in power relationships, especially between doctors and nurses. When these differences are left unresolved, they may lead to conflicts that become obstacles to patient advocacy (*Cohen & Ezer, 2013*).

These conflicts pose some risk to nurses, such as that of losing their jobs or being labeled negatively, which may inhibit their attempts to exercise their power and defend the rights of patients in healthcare settings. Nurses seem to be risk-averse, as there is a culture of silence and conformity at the expense of conflict or confrontation, a culture that reinforces constraints that need to be overcome for nursing advocacy to be implemented (*Cohen & Ezer, 2013*).

According to (*Hanks, 2013*) emphasized that Nurses can overcome these barriers, especially by seeking and improving their knowledge, which can be acquired through training, professional qualification and continuing education, enhancing the autonomy of nurses to advocate for their patients. In the same way, nurses can establish alliances with psychiatrists, and share the same values and goals focusing on the care provided to patients and promote advocacy, which can minimize potential conflicts.

Therefore, for nurses to play an efficacious role as advocates, they need to recognize themselves to be at the same level of the other members of the staff and seek the support of their employers and the institutions at which they work (*Gerber, 2018*).

Advocacy facilitators

the adoption of patient advocacy as an element of an institutional nature can be an important strategy for nurses to feel supported when advocating for their patients, as their fears concerning the risk of losing their jobs or having a negative image among colleagues are minimized. Hence, support from health institutions may give nurses greater autonomy to advocate for the rights of their patients and encourage them to seek qualification to make better decisions (*Water et al., 2016*).

Demanding better working conditions based on appropriate staffing levels, on the availability of material resources, and on the development of standards and routine protocols, can change and improve settings in which nurses work and contribute to patient advocacy, ensuring quality care and overcoming barriers that impede patient advocacy, such as work overload (*Gerber, 2018*).

The efficacy of patient advocacy efforts does not depend only on the nurses' traits, skills, and the knowledge they hold as advocates, but also on a receptive environment. Therefore, it is important to note that advocacy always occurs in a social environment so that the identification of the characteristics of such an environment that can facilitate patient advocacy is essential (*Sanford, 2012*).

In the other hand psychiatrists as a colleague, this means that taking team approach to coordinating patient care and services are reported as a crucial factor. The importance of developing a relationship with Psychiatrists as a helpful strategy and mutual collaboration between nurse and Psychiatrists usually culminates in patient advocacy (*Davoodvand et al., 2016*).

Although knowledge and skills are essential to advocacy, Clinical knowledge and some skills were reported as crucial factors to effective advocacy, to be better advocate, the nurse must improve his/her knowledge, and advance braveness and self-esteem. The nursing staff and head nurse are also considered important elements facilitating patient advocacy, to the extent they reinforce and support the actions developed by nurses seeking to practice patient advocacy (*Josse-Eklund et al., 2014*).

Therefore, the nature of the relationship with other members within the health staff is a powerful influence on the role nurses play as advocates, especially when values and goals concerning care delivery are shared and reinforcing the importance of multidisciplinary teams and effective communication (*Josse-Eklund et al., 2014*).

Types of advocacy

Types of advocacy have different forms as: professional advocacy, citizen advocacy, self-advocacy subordinate advocacy and workplace advocacy (*Ife, 2012*).

Professional and legal advocacy

Professional advocacy has clear distinguishing features. It emerges in varying forms in the legal, social work, medical and nursing professions. The most widely recognized professional advocacy is legal advocacy which is based on the principle that lawyers have a principal responsibility and duty to act for the best interest of their clients (*Pavlish et al., 2012*).

Legal advocacy is the act of putting one's case in a most persuasive manner, involving presentation of relevant facts and principles of law so arranged as to have maximum impact on the mind of the audience, designed to attract a favorable decision, This form of advocacy is concerned with establishing peoples' rights by defending their conduct (*Pavlish et al., 2012*).

Citizen advocacy

Citizen advocacy, sometimes called lay advocacy and occasionally independent advocacy or volunteer advocacy, is a process through which concerned citizens enter into relationships with, and advocate for, other citizens who are experiencing difficulties or who are otherwise disadvantaged (*Jansson et al., 2015*).

These models are independent of healthcare institutions and employ independent advocacy workers to facilitate and support the scheme with advocacy workers offering their services on a voluntary basis (*Jansson et al., 2015*).

Patient/client concerns and complaints in hospitals, independently from the ward staff. This reflects the growing demands of the public for rights within the healthcare system. Therefore; citizen advocacy means not only building relationship with isolated persons but also engaging in a diverse range of activities together with clients and working towards constructive change towards independence (*Jansson et al., 2015*).

A strategy used in many rehabilitation wards and units argue that the citizen advocate role entails not only befriending individual residents within the context of a hospital but also opening up possibilities for the wide range of expressive relationships which most people experience in the community (*Watterston & Caldwell, 2011*).

Self-advocacy

Self-advocacy concentrates on the learning of self-advocacy skills by people who are perceived as not being proficient in them. Self-advocacy involves people asserting their own rights, expressing their needs and assuming their duties of citizenships to the extent of their capabilities (*Jansson, 2011*).