

Advocacy in nursing: a gadamerian philosophical analysis

O exercício de advocacy no âmbito da enfermagem: uma análise filosófica gadameriana

El ejercicio del advocacy en enfermería: un análisis filosófico gadameriano

Daniel Pinho Mendes^I; Edison Luiz Devos Barlem^{II}; Jamila Geri Tomaschewisk-Barlem^{III};
Janaína Sena Castanheira^{IV}; Grazielle de Lima Dalmolin^V; Clarice de Oliveira Teixeira^{VI}

ABSTRACT

Objective: to know nurses' perceptions about the practice of advocacy from a Gadamerian philosophical perspective. **Method:** descriptive study with qualitative approach, based on the Philosophical Hermeneutics' theoretical framework. Thirteen nurses from two inpatient units at a teaching hospital in southern Brazil participated. Data collection took place between April and June 2019, using the semi-structured interview technique and treated by discursive textual analysis. **Conclusion:** vocational training and practical experience are the basis for the practice of advocacy in nursing, strengthening with the consolidation of knowledge and the time of professional practice.

Descriptors: Health advocacy; patient advocacy; ethics; nursing; patient rights.

RESUMO

Objetivo: conhecer as percepções de enfermeiros acerca do exercício de *advocacy* sob perspectiva filosófica gadameriana. **Método:** estudo descritivo, com abordagem qualitativa, com base no referencial teórico da Hermenêutica Filosófica. Participaram treze enfermeiros de duas unidades de internação de um hospital de ensino na região sul do Brasil. A coleta de dados ocorreu entre abril a junho de 2019, com utilização da técnica de entrevista semiestruturada e tratados por análise textual discursiva. O estudo foi aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** da análise dos depoimentos emergiram duas categorias: formação ética e o exercício de *advocacy* por enfermeiros: fragilidades ou fortalezas? e situações de conflitos emergentes do exercício de *advocacy*. **Conclusão:** a formação profissional e a experiência prática constituem a base para o exercício de *advocacy* em enfermagem, fortalecendo-se com a consolidação de conhecimento e o tempo de atuação profissional.

Descritores: Advocacia em saúde; defesa do paciente; ética em enfermagem; direitos do paciente.

RESUMEN

Objetivo: conocer las percepciones de las enfermeras sobre la práctica del *advocacy* desde una perspectiva filosófica gadameriana. **Método:** estudio descriptivo con enfoque cualitativo, basado en el marco teórico de la hermenéutica filosófica. Participaron trece enfermeras de dos unidades de hospitalización de un hospital universitario en el sur de Brasil. La recopilación de datos tuvo lugar entre abril y junio de 2019, utilizando la técnica de entrevista semiestructurada y tratada mediante análisis textual discursiva. **Resultados:** del análisis de los datos surgieron dos categorías: la formación ética y la práctica de la defensa de las enfermeras: ¿debilidades o fortalezas? y situaciones de conflicto que surgen de la práctica del derecho. **Conclusión:** la formación profesional y la experiencia práctica son la base para la práctica del *advocacy* en enfermería, fortaleciéndose con la consolidación del conocimiento y el tiempo de la práctica profesional.

Descriptores: Defensa de la salud; defensa del paciente; ética en enfermería; derechos del paciente.

INTRODUCTION

Discussions concerning advocacy and its relationship with health workers date back to the late 18th and early 19th centuries concerning child exploitation in factories' production processes as a labor force¹. This movement promoted the practice of advocacy focused on maternal/child health and was later expanded to the defense of vulnerable groups and individuals^{2,3}.

In 1979, a book addressing nursing advocacy and its philosophical foundations was published. Its authors argued that the primary basis of nursing was to defend patients, within a movement opposed to the biomedical model, grounded on the philosophy of care and moral art, but not on the simple delimitation of care actions⁴.

^I Enfermeiro. Doutor. Universidade Federal do Rio Grande. Brasil. E-mail: mendes.dp@hotmail.com

^{II} Enfermeiro. Doutor. Professor Adjunto. Universidade Federal do Rio Grande. Brasil. E-mail: ebarlem@gmail.com

^{III} Enfermeira. Doutora. Professora Adjunta. Universidade Federal do Rio Grande. Brasil. E-mail: jamila_tomaschewski@hotmail.com

^{IV} Enfermeira. Doutora. Professora Adjunta. Universidade Federal do Rio Grande. Brasil. E-mail: janaenf@hotmail.com

^V Enfermeira. Doutora. Professora Adjunta. Universidade Federal de Santa Maria. Brasil. E-mail: grazi.dalmolin@gmail.com

^{VI} Graduanda de Direito. Universidade Católica de Pelotas. Brasil. E-mail: cot_teixeira@yahoo.com.br

In this sense, an understanding of advocacy practiced by nursing workers is a philosophical principle of ethical action resulting from the nursing/patient relationship. From this involvement emerges the most varied descriptions of nursing advocacy, namely: ensuring the rights of patients and their families; quality of healthcare delivery; maintenance of routes of communication; educating patients and allowing for patient autonomy⁵.

Nursing advocacy does not represent an appropriation of the exercise of law; rather, it is a practice that differs from that performed in other professions. It emerges from the daily work performed by nurses who act as advocates for patient rights as an ontological, epistemic, and volitional basis of nursing.

Even though the meaning of the term “advocacy” in Portuguese is linked to the defense of rights, it cannot be confounded with the term *advocacia*. The traditional definition of the term *advocacia* in Portuguese has its historical origins in the law, so that the use of the term “advocate” to denote a practice outside the legal sphere may elicit contradictions. For this reason, establishing the boundaries of advocacy is a challenge in any discipline. Advocacy in the health field, however, refers to actions that focus on defending the health rights of individuals, directly contributing to a democratic experience and the dissemination of knowledge of different conceptions of health, which can and should coexist in pluralistic societies⁵.

The theoretical foundation of philosophical hermeneutics and the practice of nursing advocacy converge in the need to understand others; that is, both principles are constituted from the intermediation between interpreter and object, as well as on the relationship between nurse and patient^{4,6}. In this relationship, the hermeneutic dialogue that emerges from the fusion of perspectives within nursing practice in concrete situations of ethical action may result in understanding oneself and others⁶⁻⁸. Hence, this study is justified by the need to investigate and interpret the phenomenon of advocacy in the practice of nursing and its ethical dimensions.

Given the previous discussion, we ask: how do nurses perceive the exercise of advocacy during the development of their professional tasks? In order to answer this question, we aimed to identify the perceptions of nurses regarding the exercise of advocacy from Hans-Georg Gadamer’s philosophical perspective.

THEORETICAL REFERENCE

This study is based on the theoretical conception of the philosophical hermeneutics defended by Hans-Georg Gadamer, who grounds the hermeneutic dialogue, understanding, and language in establishing relationships between conversation, tradition and interpreter⁶. In this context, an interpreter only understands something about another person based on his/her own experience of being in the world, in the relationship between individuals, in concrete situations constituted by transmitted traditions and understood in the exercise of language⁶.

This is not a simple means of understanding, but is found in mutual rapport in the community and, consequently, in the conception of world⁶. Therefore, the multiplicity of language structures does not relativize a worldview, but reveals our behavior towards the world⁶.

In an increasingly polarized time, the appropriation of hermeneutics is necessary so that understanding occurs when perspectives are fused during the ongoing formation of the present and past, recognizing the interpreter’s tradition and others⁶⁻⁷. In this sense, the hermeneutic dialogue provides a way to understand patients and needs to practice nursing advocacy based on mediation and defense of justice^{8,9}.

METHODOLOGY

This qualitative and descriptive study was conducted between April and May 2019 in a university hospital located in southern Brazil. This hospital facility has a unit with 211 nurses and capacity to accommodate 225 beds.

The inclusion criterion was having at least six months of experience in the study’s hospital. Workers on sick leave, vacation or any other type of leave during data collection were excluded. Study settings included the surgical and medical clinics because patients hospitalized in these units usually remain hospitalized for longer periods.

Thirteen participants were included in the study: five of these were from the surgical clinic; one worked on the day shift and four worked on the night shift. Eight participants were from the medical clinic. Three of these worked on the day shift and five on the night shift.

Data were collected using a semi-structured interview, the script of which contained open-ended questions. The interviews lasted 25 minutes on average and were recorded in a digital file and transcribed verbatim. Later, data were treated in light of Gadamer’s theoretical reference and discursive textual analysis^{6,10}.

Data were analyzed using hermeneutic investigation in four stages: transcribed texts were disassembled; relationships were established; new emerging meanings were captured; and a self-organized process was developed. The hermeneutic nature of the discursive textual analysis corresponded to a sequence of spiral reconstructions of understandings emerging in the language of countless voices, capable of overcoming the researcher's superficial understanding, moving towards new levels of understanding¹⁰. Two categories emerged from discursive textual analysis: *ethics training and the practice of nursing advocacy: weaknesses or strengths?* and *conflicting situations emerging from the practice of advocacy*.

This study was approved by the local Institutional Review Board (opinion report No.53/2019, April 16, 2019). All the participants signed free and informed consent forms. In order to ensure the confidentiality of the participants' identities, reports were identified by letter the *I* (interview), followed by a number and ending with the letters *SC* (surgical clinic) or *MC* (medical clinic), i.e., I1SC or I1MC.

RESULTS AND DISCUSSION

A total of 13 nurses participated in the study: nine women and four men, aged between 27 and 59 years old, while professional experience ranged from three to 20 years.

Ethics training and the practice of nursing advocacy: weaknesses or strengths?

This category addresses the perceptions of nurses concerning ethics training as a teaching-learning process to practice advocacy in professional practice. In this study, the perception of dualism between ethics training and advocacy stood out, in that the participants report that poor ethics training was provided, while some report that training is the basis for the practice of patient advocacy.

Ethics training is intended to build a critical basis for the moral and ethical development of students, preparing them for future situations faced in the routine of professional practice^{11,12}. In this context, nursing practice has the peculiarity of moral complexity in the routine of multiple relationships between nurses, patients, family members and other health workers^{13,14}. Hence, the participants consider the academic training provided to support ethical actions and the practice of advocacy to be a weakness.

Academic training does not prepare you, [...], the theoretical part is excellent [...]. (I5MC)

I see many issues that involve theory, [...] to the theoretical issue, [...] but contact needs to be improved, [...] to touch, feel and talk (I1MC)

[...] you have your human side that will tend to advocacy. It will always tend to patient advocacy. [...]. But there is no point in only talking about it, only talking about laws. (I2MC)

The fact that academic training is not seem as the basis for ethical actions from a perspective of patient advocacy elicits a perception that there is a gap between training and practice. This perception is understandable considering that the practice of advocacy is a moral action linked to professional practice, that is, a concrete situation^{15,16}. Practical situations experienced within professional practice demand an ethical stand, which may generate fear and insecurity among recently graduated nurses¹⁷. These perceptions, however, trigger a need to seek knowledge in order to alleviate the feeling of insecurity^{18,19}.

Psychology is not addressed during training, though the practice of advocacy improves over time, with experience! (I4SC)

Very frequently, recently graduated nurses [...] take mistaken stands [...]. But it changes with time [...] professional practice and ethics improve the practice of advocacy. (I3SC)

Recently graduated nurses don't know what to say, they have no practice [...] experience. You have to have knowledge to take a stand (I5MC)

Regardless of how distance training and practice may seem, it is during training that one acquires knowledge concerning concrete situations⁶. One has to acknowledge the strange and the adverse to move towards understanding, overcoming the unknown and making it personal, appropriating the object⁶. For this reason, the strong relationship between the development of professional praxis and concrete situations in constant strangeness and appropriation of the practice of nursing advocacy stands out.

Other participants report discontent with academic training and professional practice. Such a perception may be associated with a potential alignment with teaching based on the old model of disciplines focused on the legal aspects of professional practice¹². The complexity of ethical actions is based on critical and reflective behavior, without discarding professional guidelines and standards, rights and the principle of humanity.

It is difficult to find a critical-reflective worker. I see many workers who are extremely mechanical [...]. It requires a professional with appropriate training. (I7MC)

Contemporary healthcare environments are increasingly complex for health workers and, consequently, there is a need to prepare workers to anticipate, recognize and solve problems that emerge in the practice of nurses. The reports corroborate that inefficacious ethical training is provided during nursing education for nurses to deal with ethical issues faced during the routine of nursing¹³.

An efficient educational system, however, can strengthen the development of ethics training in the nursing field, based on programs that address the dilemmas experienced during professional practice^{12,20}.

Being able to deal with ethical issues allows building a framework of professional knowledge, ethical strengthening, professional autonomy, exercise dialogue/communication, and particularly for the real understanding of nurse/interpreter and patient^{13,21}.

Academic training with multidisciplinary ethical-moral bases do not ensure that professionals will act ethically, considering that teaching cannot reconstruct the experience of ethical dilemmas of concrete cases but can expand the perception of future situations that may emerge in professional practice^{2,22}.

As evidenced by the aforementioned authors and according to the following perception:

We establish our professional behavior [...] know what your professional ethics expects from you, you have to have knowledge. (I2SC)

We sometimes do not recognize the importance of ethics training. Ethical behavior includes theoretical and formative knowledge during practical experience^{20,23}, that is, "the one who must make moral decisions is someone who has learned something. S/he is determined by her/his upbringing and origins so that, in general, s/he knows what is right"^{6:417}.

Hence, nursing advocacy is based on the perspective of establishing a human relationship with patients, as a philosophical principle of nursing, which through patient-centered nursing actions enables strengthening patient advocacy and patients' autonomy to make decisions⁴.

Conflicting situations emerging from the practice of nursing advocacy

Ethical issues emerge in the practice of the nursing profession, requiring nurses to advocate for patients, which may lead to conflicting situations^{24,25}. The tension that is created involves the fact that one has to take a stand in the face of given conduct that is potentially harmful to a patient. In this study, participants reported their perceptions regarding nursing advocacy when facing tense and conflictive situations:

[...] there were situations, [...] situations when we called the physician [...], and the physician took too long [...] Unfortunately, I'll have to report it in the system [...]. The patient was in need of your assistance. (I1MC)

[...] I won't perform procedures [...] in order to favor patients [...]. I won't administer a given medication to an elderly patient with a high dose of analgesic. (I1MC)

In this sense, understanding is essential for a better practice of advocacy^{25,26}. Thus, studies show that nursing has in its professional essence an advanced capacity to establish better understanding of care and patient advocacy²⁴⁻²⁶.

Understanding the precepts, traditions and preconceptions of all those involved, in the hermeneutic dialogue, means recognizing that human beings are composed of a historical past that is linked to the present, a constant fusion of the most diverse perspectives⁶. A close relationship between nurse and patient enables understanding the recipient of care, his/her history, dilemmas, needs and desires. For nursing workers to construct a common understanding with patients, they first need to identify their traditions and precepts in order to distinguish between knowledge that emerges from the relationship with a patient and the imposition of beliefs. In this sense, one interviewee identified the following as essential:

Don't judge or go with you your preconceptions [...] at the time you are providing care to patients (I6MC)

Such positioning is important to developing mutual understanding between nurses and patients, as it avoids superficial understanding, not consistent with a patient's understanding. Based on this understanding, it is possible to recognize the existence and understanding between oneself and another⁶.

The practice of nursing advocacy is based on the process of understanding a patient's priorities and acknowledging his/her uniqueness. This scenario positions the patient as integrating part of the decision-making regarding his/her care and health, rather than imposing the precepts of health agents through gentle paternalism²⁷.

The perception that a particular action may generate conflict is seen as a fact that hinders advocacy actions. Refusal to recognize a patient's participation in health delivery, as well as alternative means to ensuring patients' rights, is to abdicate the exercise of nursing and patient advocacy²⁷.

I haven't said anything because I may cause conflict [...], if there's a movement in favor, I'm all in (I2SC)

The practice of nursing advocacy may be limited to normative organizational behaviors that delimit patient care. When, however, organizational flow hinders the process or is inactive, unable to protect vulnerable patients, the study's participants stated that it is necessary to break the limitations presented within the hospital sphere.

I've referred many people to Public Prosecution, [...] the Ombudsman [...], constantly facing conflicts with other workers. (I4SC)

[...] we try to convince in every way [...] even if we have to resort to the Public Prosecution service, [...] a patient's right is greater than his/her family decision. (I2SC)

Overcoming conflict implies collaboration among health workers and establishing consensus among actions focused on a patient's care delivery and rights, in order to ensure improved quality of care delivery and nursing care^{28,29}.

Therefore, the practice of nursing advocacy requires strong ethics training to perform nursing praxis, as well as understanding of patients. For this reason, nursing advocacy emerges from the recognition of actions necessary to protect patients who are in a vulnerable situation or when they are exposed to harmful actions²⁹, while at the same time one seeks to ensure quality care and patient autonomy^{27,28}.

CONCLUSION

This study's limitations are its qualitative nature, which does not allow for the generalization of results, as well as the fact it was conducted in a single setting. The study's results are divided into two categories: ethics training and ethics training for the practice of advocacy and the practice of nursing advocacy: *weaknesses or strengths?* and *conflict situations that emerge from the practice of nursing advocacy*. The findings show that the participants' perceptions regarding the ethics training received during undergraduate studies are that training was controversial such that they do not recognize it to be sufficient to ground patient advocacy or nursing practice.

Evidence shows conflictive situations because, at times when patient advocacy is necessary, nurses are required to take ethical actions in favor of patients, adapting to the needs of each situation faced in a nurse-patient relationship. The perceptions of nurses regarding nursing advocacy within the hospital setting reveal that academic training does not recognize conflict and is distant from the practice of advocacy and ethical actions.

In this context, nurses are required to work as interpreters during the nurse/patient relationship, identifying patients' needs and appropriate advocacy actions in order to ensure patient autonomy.

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