

# THE PYRAMID OF PATIENT ADVOCACY: A PRACTICAL MODEL AMONG MUSLIM NURSES

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## ABSTRACT

**Introduction:** Patient advocacy is a central concept for the profession of nursing as it assures patient rights and safety. This article presents the findings from a study which explored the perceptions of patient advocacy from Muslim ICU nurses. **Methods and participants:** Our study utilized a constructivist grounded theory approach. Thirteen registered intensive care nurses from an adult critical care setting in a tertiary academic teaching hospital in Riyadh, Saudi Arabia, participated in the study. The researcher employed semi-structured interviews that were digitally recorded and transcribed verbatim, with an additional data collection strategy of reflective journaling. A reflective journal was provided to all study participants following each interview. **Results:** The study generated codes which connected to vulnerable patients, and subsequently identified a core category of “Caring critically” which was exemplified by six additional inter-related advocacy categories of “Essential caring”; “Vulnerable-acy”; “Familial-acy”; “Cultural-acy”; “Religion-acy”; and “Human-acy”. These categories generated the model for patient advocacy. **Conclusion:** The pyramid of patient advocacy can be applied in clinical practice to guide Muslim nurses, in addition to being utilized in the educational setting as a standard to teach registered nurses about the role and responsibilities of a patient advocate.

**Keywords:** *Advocacy, Intensive Care, Grounded Theory, Muslim, Saudi Arabia, Nursing*

## INTRODUCTION

Historically, patient advocacy is neither a new role for nurses, nor a new obligation for the nursing profession. The role of a patient advocate is an ethical ideal for professional nurses based on the notion that nurses provide continuity of care and therefore have a greater intimacy with the patient (Mathews, 2012). Three foundings, Curtin (1979), Kohnke (1980) and Gadow (1980), proposed advocacy models which supported a nurse's duty of care for patients. The major practical limitation of these advocacy models however, was that they could not be employed for patients who were unable to communicate. While these traditional models do provide an ethical framework for the nurse to comprehend the advocacy role, it is extremely difficult to employ these models as paradigms for clinical practice. Henderson (1991) also contended that the nursing literature did not provide fitting models for nurses

coveting the responsibility of advocate. This study's conceptual model for patient advocacy supports and illustrates patient advocacy from the perspective of Muslim intensive care nurses (ICN). The advocacy model “Caring critically” (Figure 1) depicts the six essential elements required for effective advocacy, “Essential caring”, “Vulnerable-acy”, “Familial-acy”, “Cultural-acy”, “Religion-acy” and “Human-acy” which achieve the goal of providing safe nursing care for seriously ill patients.

## METHODS AND PARTICIPANTS

### Objective of the study

To explore the concept of patient advocacy among Saudi Arabian ICN in a critical care setting.

### Study design

A qualitative grounded theory design was selected