

Barriers deterring patient advocacy in a Saudi Arabian critical care setting

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ABSTRACT

Aim: To explore the perceptions of patient advocacy among Saudi Arabian intensive care unit (ICU) nurses. **Background:** Despite advocacy being a crucial role for nurses, its scope is often limited in clinical practice. Although numerous studies have identified barriers to patient advocacy, their recommendations for resolution were unclear. **Methods:** The study employed a constructivist grounded theory methodology, with 13 Saudi Arabian registered nurses, working in critical care, in a tertiary academic teaching hospital. Semi-structured interviews, with broad open-ended questions, and reflective participant journals were used to collect data. All interviews were concurrently analysed and transcribed verbatim. **Results:** Gender, culture, education, subjugation, communal patronage, organisational support and repercussions, and role-associated risks were all revealed as factors affecting their ability to act as advocates for critically ill patients. **Conclusion:** Saudi Arabian ICU nurses in the study believed that advocacy is problematic. Despite attempting to advocate for their patients, they are unable to act to an optimal level, instead choosing avoidance of the potential risks associated with the role, or confrontation, which often had undesirable outcomes. Patient advocacy from a Saudi Arabian nursing perspective is contextually complex, controversial and remains uncertain. Further research is needed to ensure patient safety is supported by nurses as effective advocates.

Key words: Patient safety ■ Patient advocacy ■ Saudi Arabia
■ Intensive care units ■ Critical care ■ Organisational culture

Patient advocacy is not a new role for nurses, or 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 (Matthews, 2012). This is an ideal that is supported and endorsed by numerous international nursing

codes of practice (American Nurses Association (ANA), 2015; Canadian Nurses Association (CNA), 2017). Nevertheless, the decision to be a patient advocate has undeniable consequences, in that it does provide benefits for the nurse–patient partnership but also exposes the professional nurse to numerous potential barriers and challenges (McGrath et al, 2006; Matthews, 2012; Kupperschmidt, 2014). This is especially true for the nurse advocate when a duty of care requires intervention on behalf of the patient, when they are at risk or in harm's way (Matthews, 2012).

Background

Nurses in the critical care setting perform a vital role as a patient advocate to ensure that the treatment and care provided is appropriate and safe (Selanders and Crane, 2012; Canadian Association of Critical Care Nurses, 2013). However, the barriers that confront nurses as patient advocates are often problematic and well documented in the literature (Negarandeh, 2007; Davis and Konishi, 2007; Thacker, 2008; Zomordodi and Foley, 2009; Sack, 2010; Murray, 2010; Black, 2011; Davoodvand et al, 2016).

The dilemma for Saudi Arabian intensive care unit (ICU) nurses, however, is multi-dimensional, in that the concept of patient advocacy and the associated barriers has been derived primarily from the perspective of Western beliefs. This means that questions and concerns related to patient advocacy in an indigenous Islamic culture such as Saudi Arabia may be different compared with other cultures.

Methodology Design

A constructionist grounded theory design was selected for this study to explore the perceptions of patient advocacy among Saudi Arabian intensive care nurses. The essential elements included theoretical sampling, the constant comparative technique, coding and categorising, and memo writing, all of which generated data, which gave insight into the phenomenon of patient advocacy (Charmaz, 2006).

Setting of the study

This study was carried out in the critical care setting in a hospital in the Kingdom of Saudi Arabia. The patients cared for in this ICU are admitted due to illness or injury that requires nurses to provide continuous invasive haemodynamic monitoring, intravenous high-dose vasopressor and inotropic medications, high-flow oxygen therapy administration, invasive and non-

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