



មេរីសណ្ឋាគសុខភាពនគរូបាណកម្ម
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Nurses as patient advocates- what does the research literature tell us?

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"Advocacy is not something nurses do; it is something they are: Advocates." Ramsay et al. 2025

Definition: Nurses "represent and support those who cannot advocate [speak up] for themselves, ensuring patients' needs and rights are upheld" ICN (White et al. 2025).

Introduction - Nurses as Patient Advocates

- as nurses spend time with patients, they can inform doctors and health care professionals about the needs and situation of the patient.
- they build trust with patients and their families to help communication.
- can bridge the gap that can be created by difference in status or education (hierarchy), particularly supporting the doctor-patient relationship.
- they can recognise barriers experienced by patients and promote ways to overcome these
- advocating for patients can significantly promote patient safety and patient rights

Examples:

1) Post-Op Case (Dr & Nurse)

(Nurse) អព្យាប្រសិទ្ធភាពក្រឹត! អ្នកដើរីក្រាយវេចណាត់ (វេចណាត់សុវត្ថិភាព) មិន អី ឲ្យខ្ចាង ក្នុង ត្រួតលេខ១១។ ក្រាយអោយ ថ្វា Paracetmol 1g IV ៣០ នាទីហើយគាត់នៅតើលើ (4/10 Pain score)។ តើលេកក្រឹត គួរបន្លំមថ្មាំបំបាត់ការឈើចាប់ផ្សេងទៀតសំរាប់ជួយគាត់ទេ ពីព្រះគាត់កំពុងលើ? (ត្រួតពេញ) អវគនោដើរបានប្រាបខ្ញុំអំពីការឈើចាប់របស់គាត់ អព្យីង ស្ថិមអោយ Tramadol 100mg IV បន្លឹមដឹងគាត់តម្លៃនេះ: ហើយស្ថិមប្រាបខ្ញុំអំពីការឈើចាប់របស់គាត់ នៅពេលនាទីក្រាយទៀតបន្ទាប់ពីថ្មាំនេះ: ហើយ អវគនោជាបីន។

2 Patient education and health promotion (Nurse & Patient)

(Nurse) ដំប្រាបស្ថិមឱ្យ! តើត្រួតពេញប្រាប់ចុរាសលិត្តនានាការណាត់ដី និងការព្យាពាលដី ដីលំអ្នកមិនទេ? បើមានចម្លាប់បុសនូវរឡើត ខ្ញុំអាចពន្លាលីបន្លឹម និងអាចស្ថិមត្រួតពេញបន្លំមសំរាប់អ្នកមិនបាន។

(Patient) ចាស អវគនោណាលាស់អ្នកត្រឹត! ត្រួតពេញប្រាប់អស់ហើយ តើចុរាសលិត្តនានាការណាត់ដី និងអ្នកត្រួតពេញបន្លំមសំរាប់អ្នកមិនបាន។ ដីលំអ្នកមិនបានកំបន្លំម អំពីថ្មាំទៀតក្រោម និងលើសលាយម តើត្រួតពេលបន្ទាប់មេចន្ទះ: ដីលំអ្នកអោយបានត្រឹតរៀបចំ?

Summary of the Literature Review

*In a recent systematic review of nursing research in Australia, researchers identified that "power dynamics significantly shape nurse advocacy practices" Ramsay et al. 2025.

Organizational and systems factors can enable or restrict advocacy.

*In a systematic review of 9 research studies about patient safety practices within East Asia, four significant areas were identified, each with factors affecting nurses acting as advocates. These areas included the individual, the team, the organizational and sociocultural factors.

* In a small integrative review of patient advocacy and safety culture of perioperative context, 10 research papers from 4 developed countries, identified the significance of: reducing hierarchy; increasing open communication and promoting non-punitive approaches to

reporting. Research identified the significance of nurses building trust with patients and advocating patient safety through discussion with the surgeon. Competent experienced nurses are more confident to raise concerns.

Limitations-

Small literature review with very few studies from Asia (none from Cambodia), more is needed (Fontaine et al. 2024). There are few research studies about nurses as patient advocates from low income countries. Contextual significance of sociocultural and education factors impacting patient advocacy have not been explored in Cambodia.

Key factors identified from the literature review:

<i>Barriers to nurse advocacy</i>	<i>Promoting factors of nurse advocacy</i>
<p><i>Hierarchy (cultural/societal)- nurses have lower status or less opportunity to voice opinions (Lack of authority)</i></p> <p><i>Expectations (cultural/societal)- Doctors direct patient care which nurses follow.</i></p> <p><i>Knowledge (self: education) is power- the link between power and advocacy- ‘culture of silence’ (Ramsay et al, 2025)</i></p> <p><i>Organisational/systemic barriers (environment).</i></p> <p><i>Fear of blame (self confidence).</i></p> <p><i>Time (environment)- service demands can inhibit nurses advocating for patients.</i></p> <p><i>Lack of awareness, experience or capacity (self confidence and/or education) of individual nurse</i></p> <p><i>Nursing workforce in Cambodia has fewer senior and highly educated nurses to promote confident patient advocacy (historical factors).</i></p> <p><i>Limited understanding of critical thinking among Cambodian nurses</i></p>	<p><i>Organisational values- valuing every team member and their ideas</i></p> <p><i>Seniority of nurses (age, competency and nominated role) are more respected within the hierarchy</i></p> <p><i>Education- nurses with more training and understanding of healthcare, medical diseases and their nursing role</i></p> <p><i>Self confidence/Self esteem of the individual nurse</i></p> <p><i>Positive interpersonal relationships within the team or organisation</i></p> <p><i>Doctors are open to nurse’s input and encourage them to speak up</i></p> <p><i>Patients trust nurses</i></p> <p><i>Create culture where patients rights and safety is highly valued</i></p> <p><i>Nurse leaders and managers support junior nurses</i></p> <p><i>Link between professionalism and advocacy- as nurses claim professional identity and self value, advocacy increases</i></p>

Discussion

- ★ *What are the different ways that we can ‘speak up’ for patients in Cambodia?*
- ★ *What opportunities are there as leaders and managers to create supportive environments that help nurses to advocate?*
- ★ *What education opportunities can nurses access that will build up our knowledge, skills and confidence, so that we will speak up?*
- ★ *Is patient advocacy a valued part of the role of Cambodian nurses included within nurse training in Cambodia?*

Goal/Recommendation:

- Competent and confident nurses- with knowledge, skills and attitude (KSA) to perform professionally (Carraccio et al. 2002).
- Supportive workplace environment- senior managers who recognise and promote nurses as patient advocates
- More research is needed among Cambodian nurses about patient advocacy.
- The organization (Hospitals, Clinics, Health Center setting) will uphold patient values and ensure a high standard of care.

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