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HOW HAVE NURSES PRACTICED PATIENT ADVOCACY IN THE HOSPITAL CONTEXT? - A FOUCAULTIAN PERSPECTIVE

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ABSTRACT: This study aimed to discover how nurses have exercised patient advocacy in the hospital context. A qualitative, exploratory-descriptive research was carried out at a university hospital in the South of Brazil. The respondents were 16 nurses, chosen through non-probable snowball sampling. For data collection, semi-structured interviews were conducted, recorded, transcribed and analyzed by discursive textual analysis and the Foucaultian philosophical reference framework. Two categories resulted from the discursive textual analysis: the real courage: exercise of advocacy mediated by open dialogue; strategies of resistance for the exercise of patient advocacy. It is concluded that professional stability and the institution's support help nurses to feel encouraged to exercise advocacy, even when facing with situations that are hard to deal with, using parrhesia and strategies of resistance to ensure the effective defense of the patients' interests.

DESCRIPTORS: Health advocacy. Nursing. Nursing, ethics. Power.

COMO ENFERMEIROS VÊM EXERCENDO A ADVOCACIA DO PACIENTE NO CONTEXTO HOSPITALAR? - UMA PERSPECTIVA FOUCAULTIANA

RESUMO: Objetivou-se conhecer como os enfermeiros vêm exercendo a advocacia do paciente no contexto hospitalar. Realizou-se uma pesquisa qualitativa, do tipo exploratório-descritiva, em um hospital universitário do Sul do Brasil. Foram respondentes da pesquisa 16 enfermeiros, selecionados por meio de amostragem não probabilística, do tipo bola de neve. Para a coleta de dados, foram realizadas entrevistas semiestruturadas, gravadas e transcritas, analisadas mediante análise textual discursiva e referencial teórico foucaultiano. Como resultados, emergiram duas categorias: a coragem de verdade: o exercício da advocacia mediado pelo diálogo franco; estratégias de resistência para o exercício da advocacia do paciente. Conclui-se que a estabilidade profissional e o apoio da instituição contribuem para que os enfermeiros se sintam encorajados a exercer a advocacia, mesmo diante de situações de difícil enfrentamento, utilizando-se da parrésia e de estratégias de resistência para garantir a defesa efetiva dos interesses dos pacientes.

DESCRIPTORIOS: Advocacia em saúde. Enfermagem. Ética em enfermagem. Poder.

CÓMO ENFERMEROS VEEN EJERCENDO LA DEFENSA DEL PACIENTE EN EL CONTEXTO DEL HOSPITAL? - UNA PERSPECTIVA FOUCAULTIANA

RESUMEN: Este estudio tuvo como objetivo conocer cómo los enfermeros están practicando la defensa del paciente en el contexto del hospital. Se realizó una investigación cualitativa, exploratorio-descritiva, en un hospital universitario en el sur de Brasil. Los encuestados fueron 16 enfermeros, seleccionados mediante muestreo no probalístico, del tipo bola de nieve. Para recopilar los datos, fueron realizadas encuestas semi-estructuradas, grabadas y transcritas, analizadas mediante análisis textual discursivo y referencial teórico foucaultiano. Como resultados, emergieron dos categorías: el coraje de verdad: el ejercicio de la defensa mediada por el diálogo franco; estrategias de resistencias para el ejercicio de la defensa de los pacientes. Se concluye que la estabilidad profesional y el apoyo de la institución contribuyen para que los enfermeros se sientan encorajados a practicar la defensa, mismo en situaciones difíciles de enfrentamiento, utilizándose de la parrésia y de estrategias de resistencia para asegurar la defensa efectiva de los intereses de los pacientes.

DESCRIPTORIOS: Defensa de la salud. Enfermería. Ética en enfermería. Poder.

INTRODUCTION

The practice of patient advocacy by nurses was recognized in the United States in the 1970's.¹ Today, it portrays a relatively new role of the profession,^{2,3} especially in some countries, such as Brazil, where investigations on the practice of patient advocacy by nurses are still incipient.

In the international scenario, patient advocacy in nursing reflects extensive and different perspectives on ethical and legal contexts and, more recently, as a philosophical foundation and an ideal for the profession practice.⁴⁻⁵ In the Brazilian context, investigations have already found that the denial of the nurse's role as patient advocate can be a major source of moral suffering.⁶⁻⁸

Although the patient advocacy has been increasingly discussed as an essential component and a moral obligation of the nurses, many definitions have been proposed in the literature, resulting in contradictions and different interpretations of this concept.² Thus, several studies have described the patient advocacy concept from the actions of nurses in different contexts, clinical or cultural and in different situations.²⁻⁴

In terms of specific actions, the role of nurses in advocacy has been defined as the voice of patients, as a behavior guideline, as a way of coping with the several challenges imposed by traditional health structures and their relations of power, as a way to empower patients to their decisions and interfere in the miscommunications between patients and other health professionals.^{4,9-12} In addition, it aims to help the patients to obtain the necessary health care, defend their rights, ensure quality of care and serve as a link between the patient and the healthcare environment,^{4,9,11} which can contribute to the recognition and appreciation of nursing.

However, when nurses advocate for patients, they may face certain risks and obstacles related to the organization and to the characteristic of power relations in the work environment. Thereby, the attempt to advocate for the patient may fail, and numerous barriers can arise when addressing the rights, choices and well-being of patients.^{4,13}

Considering Brazilian nursing, one can ask: how have the nurses been facing the barriers and difficulties to practice patient advocacy in their workplace? These barriers and confrontations lead to the understanding that the exercise of the patient advocacy is strongly articulated with the exercise of

power by nurses as a relation of forces, action and reaction,¹⁴ since the practice of advocacy requires courage to tell the truth, i.e., parrhesia,¹⁵ just like resistance strategies are needed to deal with potential barriers that are presented.

Based on the understanding that power relationships are incorporated into the daily practice of nursing, as well as other social practices, such as relation of forces, asymmetric, not fixed, with a permanent possibility of resistance,¹⁴ the following question is emphasized: have nurses been practicing patient advocacy?⁹ One can notice that, although the advocacy represents a moral ideal for the nursing practice, often, it is not translated into actions, mainly due to the fragile exercise of the nurses' power and their difficulty to resist even in situations recognized as morally incorrect.

However, considering parrhesia as a conceptual metaphor for the patient advocacy actions in nursing practice, advocacy practice can be understood as a moral obligation of the nurse, who should always tell the truth based on honesty and the exercise of their freedom.¹⁶ Parrhesia is a verbal action in which the individual reveals his personal relationship with the truth and, in saying it, he puts himself at risk, since he assumes the attitude to tell the truth as a duty to assist others and himself.¹⁵

Situations that commonly cause ethical conflicts in different care environments require nurses' moral actions, expression of truth, resistance, confrontations and, particularly, advocacy practice, given that their omissions may have a negative impact on patient care. Thus, this study is justified by the need to explore how nurses have been practicing patient advocacy in their work environments, which may result in potential benefits to patients and the profession.

Based on the above, aiming to understand the issues surrounding the patient advocacy phenomenon in the hospital context, the following research question emerged: How have nurses been practicing patient advocacy in the hospital setting? The objective is: to know how nurses have been practicing the patient advocacy in the hospital setting.

METHOD

Qualitative, exploratory and descriptive research, developed at a university hospital in the South of Brazil, which exclusively serves users of the Unified Health System. It has 195 beds and

67 nurses, mostly public servants formally hired (Single Legal Regimen) and, representing a lesser weighted quantity, employees governed by the Consolidation of Labor Laws, both with a weekly workload of 30h.

The criteria to select individuals were limited to being a professional nurse; having worked professionally for at least one year; being willing to participate in the survey; being available to answer the interview guide; not being absent, on vacation or work leave; and having a job contract bond that follows the rules specified by the Unified Legal System. This because it is believed that these nurses are more likely to practice patient advocacy in their workplace, since they have job stability, which favors the exercise of their freedom to advocate for patients.

Survey respondents were 16 nurses, selected through non-probable convenience sampling of the snowball type. Thus, based on the identification of the nurses, who were apparently recognized as advocating for patients, they were asked after their interview, to indicate another nurse with the characteristics necessary to be included in the population of interest, and so on, until the moment when the respondents indicated no new individuals in the environment selected for the research.

Data collection was carried out in January 2014, at different locations and times indicated according to the participants' preference. Semi-structured interviews, with an average duration of 40 minutes, were conducted and recorded, using closed questions, to characterize the respondents, and open questions, focusing on aspects related to the exercise of patient advocacy in nursing, mainly those related to the strategies used by nurses to advocate for patients, as well as the barriers, facilitators and possible implications of this exercise.

The analysis process of the data obtained by means of the transcripts of interviews was performed, using the discursive textual analysis technique, which is a qualitative data analysis method that aims to produce new insights on the discourse and phenomena by inserting them between the extremes of content analysis and discourse analysis.¹⁷ Three stages were followed: unitarization of the texts; establishment of the relationships; and capture of the new that emerged, focusing on the construction of a self-organized process.¹⁷

The unitarization consisted of the researcher's immersion in the transcripts of the interviews con-

ducted, resulting in the deconstruction of the text and capture of elementary units and constituent units, which originated the units of meaning. After the completion of unitarization, the articulation of similar units of meaning was carried out, which is the process of establishing the relationships.¹⁷

During the establishment of the relationships or categorization, comparisons were made between the units of meaning in the light of the Foucaultian theoretical reference, revealing two final categories. The last stage of the analysis, capture of the new that emerged, included the description and interpretation of the senses and meanings constructed based on the text, which permitted the production of new understandings on the patient advocacy phenomenon in nursing.¹⁷

Ethical aspects were observed, according to the recommendations of National Health Council Resolution 466/12, and the study was approved by the local Ethics in Research Committee (Opinion number 97/2013). The nurses' statements are identified by the letter E, followed by a sequential number (E1 to E16).

RESULTS

From the characterization of sixteen nurses, it was found that: their age ranged from 30 to 56 years; 14 were women; seven nurses had specialization course as the highest academic degree, four had a master's degree and only one nurse had a doctorate degree; the length of professional practice ranged from six to 30 years.

Based on data analysis, in response to the open questions, two categories emerged, which are presented as follows: The real courage: the advocacy practice mediated by open dialogue; and Strategies of resistance for the practice of patient advocacy.

The real courage: the advocacy practice mediated by open dialogue

In this category, it is clear that the patient advocacy is carried out by the nurses, mainly through open and genuine dialogue, whether with patients or with health professionals, in an attempt to help patients in their decisions and ensure the quality of care, even with the risk of possible break ups in their professional relationships.

Thus, the nurses seem to advocate for the patient in their work environment, especially when they identify which patients did not seem suffi-

ciently informed about the care for their own health to practice their autonomy. Thus, mediated by the open dialogue that may often counter the interests of the health care team or facility, the nurses choose to tell the truth and advocate for patients, meeting a moral duty to ensure their autonomy and assisting them in their decision-making.

Often the patient is being pushed on a path that is not the only one, and you can guide him so he decides what he wants within what he has as possibilities; so I think I practice the patient advocacy when I leave the patient fully aware of the possibilities to decide what he wants (E2).

I guide all patients about their rights and our obligations, even if I have to stand against the system [of work], but I am able to put into practice what I believe that should be done; I go home with a clear conscience, because the system is made to satisfy the institution, to satisfy workers, but not always aims for the patient's best (E16).

By understanding the practice of telling the truth as a moral duty inherent in their actions, nurses also use the open and courageous dialogue with their health care team to practice the patient advocacy, whether manifesting the exercise of power or emphasizing and prioritizing the actions that are beneficial to the patient, coping with situations recognized as morally inadequate. Thus, by clearly expressing their beliefs about the care they provide to patients or even advising or criticizing a health staff member about his misconduct, nurses advocate for the interests of the patients opting to exercise the power and not remaining indifferent and conniving with what they witness.

We seek the professional or category involved and try to talk, trying to clarify what is not being properly performed and when we identify that the patient needs clarification; we need to talk clearly about everything that is going on (E13).

I advocate every day when, for example, I question a doctor's prescription, when I believe that it is not in accordance with what the patient needs, when discussing if it is worth to continue investing in that patient; I always tell the team my point of view in relation to a certain patient (E14).

By choosing to establish a real relationship with the patient or with the other members of the health team, in defense of the patient's interests, even in a dialogical dimension, nurses recognize their exercise of power and, consequently, the possibility of triggering a conflict in their profes-

sional relationships with the risk of discomfort and disruption.

The fact of telling someone of the team that he is wrong, performing inappropriate practices and that he has to change, always generates indifference, but you need to tell, so that he internalizes by himself what needs to be improved in his care practices. The fact of going home with a clear conscience for having advocated for the patient exceeds any momentary disagreement (E5).

Nevertheless, when situations recognized as inappropriate are not solved through open dialogue with the healthcare team, nurses report to advocate for patients, especially through complaints, demonstrating courage by trying to break away from everyday situations that often are not modified or even questioned in their work environments. By breaking away from such situations, nurses report the feeling of relief, despite the conflicts and distress apparently inflicted.

There was a coworker who neglected the nursing care, and I registered a complaint as recommended, but I do not regret for having advocated because I was right and I would do it all again if I knew that patients are being poorly attended (E13).

If I have to refer someone to the Public Prosecution, to the Procuracy, I'll do it. Actually, I've been a member of these organs [...] so I can go home and sleep peacefully for having done the best for the patient, regardless of the distress that it causes me; if you ask me now if I'm tired, I'll answer you that I am very tired, because advocating for the patient involves constant conflict (E16).

Resistance strategies for the exercise of patient advocacy

This category covers the coping strategies nurses adopt to practice patient advocacy, particularly the coping ways used for facing the barriers that arise in the practice of patient advocacy. By using strategies and finding opportunities to resist in their workplaces, the nurses intend to strengthen their exercise of power, strengthening the actions to protect the interests of patients.

The exercise of autonomy and the option to persist in advocating for patients were observed as important coping strategies used by nurses, despite the barriers that may hinder or prevent the advocacy practice. By exercising their autonomy and showing courage to persist, nurses primarily aim at helping the patient to obtain the necessary health care and ensure the quality of care.

There is great resistance from the professionals when I advocate for patients, they complain about all I ask, for offering the patient more comfort. Some physicians complain when someone suggests some evaluation or asks for examination, but I have been successful in coping with these situations through persistence. I did not give up and continue to advocate in the best possible way with the possibilities I have (E12).

I feel autonomously and I stand by what I consider correct, if I get heard, it is already something, but to practice advocacy is not a problem; I cannot stop trying, I always argue and thus I advocate for the patient (E14).

Similarly, the search for and expansion of knowledge, mediated by training and professional qualification, enables the nurses to resist in situations recognized as inappropriate, arguing in defense of patients, building strategies to promote the exercise of power in the environments in which they work. Therefore, when using the knowledge as a strategy to advocate for patients, nurses strengthen the exercise of their autonomy and the exercise of power, often challenging decisions based on medical authority.

We must study and empower ourselves continuously, because I have found some professionals who believe that certain things cannot be told to the patient because the doctor is the one who talks, in a very subordinate position, not assuming their professional role. So, the fact that I know that the patient has the right to know things, right to be clarified, this will all encourage me so that I practice patient advocacy (E6).

When you show your knowledge to the team, they start to trust you and, then, it is easier to perform actions for the benefit of the patient, because who does not have knowledge does not advocate (E2).

Another resistance strategy used by nurses to advocate for patients refers to the need for better work conditions, whether due to the small number of professionals in the teams, the scarcity and precariousness of material resources, or even the absence of protocols, standards and routines. Thus, nurses claim to accomplish confrontations in an attempt to modify and qualify the environments they work in, advocating indirectly for the patients, through the search for assurance in the quality of the care provided.

While we are fighting so that things show good progress, for better working conditions, we are advocating for the patient; after all, our work is for patients, a better or worse response of this service is for customers (E4).

In any sector of the work, the nurse is always taking care of any problem identified, by which the patient is being harmed, is not being well served or is subject to some risk, and we interfere in this reality somehow trying to change behaviors, procedures, protocols and ways of working [...] so, in these situations I am advocating for patient. I see the advocacy as a way to solve certain situations, aiming at implementing protocols, training professionals, establishing a culture of care so that the patient can be benefited, and this is what I've been working on at this time (E7).

In this way, often, nurses appeal to the nursing coordination or the institution's management, whether to demand better work conditions, or to claim so that their responsibilities and decisions are supported, especially when the frank dialogue does not seem enough or when they are not able to overcome the barriers that compromise the exercise of patient advocacy. Therefore, the support from management, as well as the health institution, were highlighted as important to strengthen the resistance, by allowing nurses to feel encouraged to practice patient advocacy.

I know I'll have to deal with confrontations that I'll not be able to solve alone, because they are institutional issues; one swallow does not make a summer, you can define your position, but this will keep going until the moment you can not deal with it anymore; then some confrontations need to be solved institutionally (E6).

When I cannot advocate for the patient, either due to medical limitations or limitations of the nursing staff or other workers, my strategy is to go after the management or the coordination to solve the problem, always trying to resolve the situation [...] and, moreover, we have stability, we the support from the leadership, freedom to dialogue and it makes me more confident to advocate for the patient (E5).

DISCUSSION

It was observed that the practice of patient advocacy by nurses in their work environments include actions involving courage to tell the truth and resist when facing morally inappropriate situations that commonly reverberate negatively on patient care. In this way, advocate for the interests of patients requires the practice of parrhesia the from nurses, as a manifestation of exercise of power, revealing truths that often remain hidden in their workplaces,^{7,15} which may counteract the interests of the staff or the health institution.

In this sense, considering that the nurses surveyed have been practicing the patient advocacy, mainly mediated by the open and genuine dialogue, it is clear that the role of the nurse as patient advocate can be compared to a parrhesiast, by recognizing that they need honesty and truth to tell what they know, as well as perception of duty incorporated into their actions and courage to assume such a dangerous role.¹⁶

It was observed that, often, nurses report using open and genuine dialogue with patients to inform them about their rights and ensure that they exercise their autonomy in decision-making, as they may not prove sufficiently informed as a result of restrictive practices and policies from health institutions. Similar results were found in studies about the practice of advocacy in different nations and cultures, showing that advocacy actions include, in particular, to inform and warn patients in order to ensure their right to self-determination and quality of care.^{2,18-20}

In addition, the recognition of the condition of patients as individuals with the right to exercise their autonomy and the omission of the nursing regarding the non-claim the rights of patients can result in moral suffering, as already identified in Brazilian studies.⁷⁻⁸ Thus, by opting for the truth and honesty in their relationships with patients, nurses exert power and challenge institutional practices that often are not questioned, but which, if modified, can reflect on benefits to patients, ensuring their autonomy and minimizing the possible occurrence of moral distress among nurses.

Recognition of inappropriate practices by other health professionals also seemed to trigger in the nurses the need for the exercise of parrhesia, manifested by criticism regarding the conduct of these professionals or even the denunciation of such practices. As evidenced in studies with Japanese and Iranian nurses, the exercise of the patient advocacy is especially true when nurses protect them from the incompetence of other health professionals, assuming risky behaviors to defend them in unethical situations.^{18,20} In this way, it is observed that the patient advocacy practice involves constant ethical judgments, which often involves questioning and confronting the values, norms and practices, to ensure that the rights of patients are respected.

Criticism and denunciation of situations recognized as morally inappropriate represent the exercise of power, showing that parrhesia can be

considered an important tool to break away from such situations and thus benefiting patients and the nursing profession. However, it is emphasized that advocacy practice mediated by the parrhesia always implies in a position-taking that can generate risks and conflicts, since it triggers differences of opinion about the best interests of the patient, unbalancing the relations of power between nurses and other health care professionals.²¹

These conflicts can bring risks to nurses, such as job loss or being labeled with a negative image, contributing so that feel inhibited to exercise power and advocate for the patients' rights in their work environments.^{4,20} However, for the nurses in this study, who have job stability, the risks associated with the advocacy practice were related to possible discomfort in their professional relations, which was not observed as a barrier to advocacy, since nurses report feeling relieved by defending the interests of patients.

It is considered that there are always personal implications for any nurse who, by advocating for a patient, inquires on the practices of other professionals and the health institution policy.⁵ However, similarly to the findings of another study, it is observed that, by successfully advocating for patients, nurses can increase their job satisfaction, self-confidence and visibility of nursing,⁵ as well as minimize the possibility of the occurrence of moral suffering in their professional experiences.

Thus, as identified in Brazilian studies about the experience of moral distress, the exercise of the patient advocacy, in ethical conflict situations, can generate relief for the nursing staff or, in contrast, more intense moral suffering when the professional nursing can not play a role accordingly to his ideals.⁶⁻⁸

It is emphasized that, even if the parrhesia is present in the everyday actions of nurses, the exercise of patient advocacy inevitably carries the risk of failure, since the barriers for its exercise are obvious, and are based on the actual structure of the health organizations and in the relations of power between the medical and nursing staff. These barriers challenge and discourage nurses to act according to their knowledge, beliefs and values, leading them to the experience of moral suffering.

However, from Foucault's perspective, there is no relationship of power without resistance, without the possibility of an inversion in the intensity of the relations of force.¹⁴ Accordingly, every rela-

tion of power implies at least the desire to fight, in the confrontation that aims at establishing a new relation of power, breaking down barriers through strategies of resistance.^{6,14}

Nevertheless, the difficulty to exercise power and to establish points of resistance in the relations of power can also lead nurses to moral suffering,^{14,22} undermining the exercise of patient advocacy. In this sense, the nurses surveyed revealed important strategies and areas of resistance in the face of barriers that can undermine the advocacy practice in their work environment, showing that they choose not to remain indifferent, but exercise power and advocate for the interests of patients.

With regard to autonomy and persistence in advocating for the interests of the patient, verified as strategies of resistance, it is highlighted that impotence and lack of autonomy from the nurses to make decisions, strengthen the imbalance of forces with the medical team, which may be the main barriers to the practice of advocacy.²⁰ Contrasting the results of this study, it is observed that, in many contexts, nurses are still immersed in the risk aversion, in the acculturation of silence and in the compliance, rather than conflict or confrontation,²⁰ which is possibly related to the fact that the study participants had job stability, favoring the exercise of their autonomy and their freedom to exercise power and advocate for patients.

In addition, often, it is observed that nurses avoid confronting the decisions and actions of the medical staff, renouncing their responsibility as health professionals, which reinforces the idea that the barriers to advocacy are not related only to disregard of the doctor on the knowledge of nursing, but also to the attitudes and practices of the profession itself, compromising the exercise of the patient advocacy. However, as observed in this study, the knowledge and skills of nurses are considered determining factors in the advocacy practice in health, which can be developed during training or work experience through continuing education programmes, providing them an adequate training^{19,23} to deal with situations that require the defense of patients' rights and favoring the exercise of power and advocacy in health in the environments in which they work.

With regard to demands for better working conditions, verified as a resistance strategy, when nurses demand better organizational work conditions, they are indirectly advocating for patients.²⁴⁻²⁵

Moreover, by requesting support from the health institution for their ethical and professional responsibilities, nurses may be performing important actions to advocate for patients.⁵

Therefore, as verified in this study, the direction of the institution and the nursing coordination can be considered important places of resistance, since they reinforce and support the actions performed by nurses, encouraging them in the practice of the advocacy in health.¹⁸ In other contexts, on the other hand, nurses are frequently able and prepared to advocate for their patients, but are not able to defend them due to how health institutions are organized, and possibly due to the imbalance of power experienced in the work environments and concerning the management.²⁴

Thus, in order to act as effective advocates in health, nurses need to request support from their employers and employment institutions since, individually, nurses are able to recognize and advocate for the local problems of their patients, but it is virtually impossible to confront and promote changes in systemic problems affecting their patients, which could cause them unnecessary suffering.⁵ The expression of patient advocacy as a collective element, institutional and inseparable from the professional nursing practice, can create opportunities to overcome the barriers that hindered nursing to promote changes in the health context, culminating in the effective defense of the patients' interests.

FINAL CONSIDERATIONS

Due to their job stability and by experiencing greater freedom to dialogue with the institution, the nurses interviewed seem to feel encouraged to advocate for the interests of patients, even when situations are difficult to face, using parrhesia and strategies of resistance to ensure the best interests of patients.

The parrhesia, manifested by the open dialogue, courage to tell the truth and break away from situations apparently considered as unquestionable in the work environments of the nurses, seems to contribute so that patients are sufficiently informed to exercise their autonomy and defend themselves against improper practices by other health professionals. However, when the parrhesia does not seem to be enough for the practice of advocacy in health, nurses seem to use coping strategies such as strengthening ways of their exercise of power, facing barriers that may compromise the exercise

of patient advocacy, and which based primarily on professional autonomy and knowledge, demanding better working conditions and support from the nursing institution and coordination to advocate effectively for the interests of patients.

It is also emphasized that job stability and freedom to dialogue with the institution, besides favoring the exercise of power of nurses and their freedom to advocate for patients, can minimize the occurrence of moral suffering resulting from difficulties to resist and face those who represent the power in their work environments. Consequently, the support from the leadership and recognition of the patient advocacy as part of the work can stimulate the practice of advocacy in the environments where nurses work, benefiting patients and professionals and avoiding implications, such as the moral suffering.

Finally, it seems relevant to ask: would the results of this study be similar in other hospitals? How have nurses with no job stability exercised the patient advocacy in their workplace? These questions lead to the need to and the importance of continuing to conduct studies on the practice of patient advocacy in other contexts, in particular, investigating whether nurses without job stability are also able to exert power and advocate for patients, based on parrhesia and adoption of strategies of resistance to overcome the barriers that may compromise the practice of advocacy in health.

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