

# The Existence of Advocacy among Nurses Within Nursing Documentation in Malaysia: An Exploratory Study

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## ABSTRACT

Nursing documentation is vital to nursing care in hospitals. Literature suggests nursing documentation that contains evidence nursing care which has been planned and implemented have a significant relationship with nurses' practice, particularly regarding the existence of advocacy. Despite the significance of nursing documentation in nursing practice, no study has been conducted and published on this crucial aspect of nursing practice, particularly in Malaysia. Hence, a qualitative design is utilised to explore how nurses in Malaysia demonstrate the element of advocacy in the context of their nursing documentation. A total of forty semi-structured interviews were conducted with nurses involved in completing the nursing documentation. Thematic analysis was used to identify categories and themes in nurses' perceptions about the existence of advocacy in their documentation. Findings highlight that the nurses could comprehend and acknowledge the existence of advocacy within their documentation. These findings are likely to suggest to highlight the advocative roles of nursing documentation in nursing practice, besides the significance of education to improve advocacy among nurses in Malaysia.

**Keywords:** Advocacy; Nursing Documentation; Malaysia.

## INTRODUCTION

The act of supporting or speaking out for a cause being an advocate or change agent for patients, families and communities besides the profession demonstrate the element of advocacy in nursing practice (1). In the context of professionalism, advocacy is an understanding of the patient's perspective, assisting the patient with his or her learning needs, and actively participating in professional practice activities (1). This is to enhance the sense of what healthcare should be and being known as regards policies that influence the delivery of healthcare.

These actions are similar and, nevertheless, might be different in terms of the concepts, of which they integrate the patients' autonomy into the nurse-patient relationship. Bunkenborg et al. (2), for instance, imply that nurses are only able to meet the patients' best interests when they can play the role of patient advocate. For example, nurses should provide a patient with the information required for the patient to make informed choices support his/her right to make informed choices and support the patient throughout the decision-making process and outcomes. Additionally, nurses should be attentive to the patient's needs, expressed wishes and preferences, as well as ensure that these are known and implemented by other nurses and healthcare providers (3).

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As 'front liners' in healthcare teams, nurses should act as advocates or mediators in terms of inculcating advocacy into the practice and toward their patients, families, community and their organisation (4). In other words, nurses contribute to health service planning and decision-making and advocate health policy changes. This is because nurses are responsible for the delivery of the majority of patients' care and are in a position to influence patient care outcomes (5). Similarly,

nurses' relationships with patients and their families enables them to appreciate their health needs, expectations of healthcare and responses to healthcare services (6).

At an organisation level, advocacy is achieved through the responsibility of keeping abreast of developments, writing, joining unique interest organisations and be acquainted with the vital nursing positions (7). Additionally, identifying nurses in influential positions outside of nursing and learning how to communicate their positions are important parts in the policy process that nurses have to demonstrate. Nurses should also take opportunities to be involved with direct patient care at a micro-level through meso and macro-level discussions and decision-making processes within the organisation (5).

One of the more common ways of advocating for policy changes, both within and outside the profession, is by working via committees (7). This is achieved through the establishment of, and/or, access to processes to participate in or occupy roles that influence policy and practice directly and indirectly (e.g. dialogue sessions, policy workshops, co-joint policy proposal submission). Nurses also need to recognise and acknowledge each profession's scope of practice, identify and create efficient working relationships with key stakeholders, be literate regarding health policy and health system issues that are affecting patient care, and communicate the impact of these at any level of involvement (3). However, nursing practice is influenced by politics and, therefore, nurses should play the roles associated with being an informed citizen and recognise all these influences (6). For example, nurses can also teach individuals and groups to advocate on their behalf and work with communities or groups to effect change at a local level.

Therefore, the key aim of this study is to explore how nurses demonstrate advocacy within their nursing documentation from a Malaysian context. To achieve the stated aim, this study focuses on exploring the knowledge, attitudes and practice related to the advocacy of nurses and its association with nursing documentation in Malaysia. The nature of this study is significant as it provides an opportunity to explore the impact of this study on advocacy in nursing, with its professional practices rooted and grounded in diligently recorded medical documentation from a Malaysian context. Moreover, influential factors, including local and national cultural factors, and the norms and tradition of nurses' practice in completing or writing their documentation.

## METHODS

This study employs qualitative approach, which explores nurses' perceptions of advocacy in nursing and its relation to nursing documentation in a Malaysian context. The qualitative approach in this study led to recognise the subjective experience of the participants and how it regularly produces unexpected insights into the respondents in this study through an open approach to research, and moreover, enables an inside perspective on different social worlds focuses on the existence of advocacy in their documentation (8). Qualitative approach also offers a rich and rigorous descriptive base data of the respondents' experiences, beliefs and attitudes and illuminates the processes of change, both at individual and organisational levels in relation to the existence of advocacy in their documentation (9).

Purposive sampling was used for this study where the researcher selects respondents from unknown population, according to his or her own discernment regarding which respondent will be most informative (8). Forty respondents who were registered nurses, handling documentations in the wards were purposefully recruited across five hospitals, covering seven different disciplines. Forty semi-structured interviews were conducted individually with the respondents from the five participating hospitals. The semi-structured interview was chosen because the researcher could explore, probe and ask questions that illuminate a certain subject, and the respondent is able to determine the kinds of information produced pertaining to the subject, and the relative importance of each of them (10). Respondents were approached individually, at an agreed time before or after their shifts. No interview was conducted during the respondents' short break from their duty or while they were working. This rationale of not interviewing respondents during their break is to allow nurses to have a proper, short and valuable break from their long working hours. Witkoski & Dickson (11) suggests that nurses who work long hours require breaks to sustain their maximum level of cognitive, psychomotor and affective functions when delivering care to their patients. Interviews were recorded and subsequently fully transcribed and translated into the Malay language, Bahasa Melayu to allow for an excellent rapport between the respondents and the researcher/interviewer. An interview guide was formulated to guide the interviews in this study.

This study obtained full ethical approval from the School Research Ethics Committee, School of Human and Health Sciences, University of Huddersfield on 20 April 2013. Subsequently, this

study was registered at the National Medical Research Registry (NMRR), Ministry of Health, Malaysia. The proposal was later submitted to the Malaysia Research Ethics Committee (MREC), to gain approval from the Ministry of Health Malaysia. A letter of approval from the National Institute of Health (NIH) and the Malaysia Research Ethics Committee (MREC) was obtained prior to analysis of documents in the case notes beginning. Prior to that, this study had obtained written approval from the directors and the matrons in charge of the participating hospitals.

Subsequently, the directors, heads of departments, matrons, sisters, nurses in charge and staff nurses of the participating wards were briefed about this study. A copy of an information sheet explaining this study was distributed to each of them, besides the other medical personnel and affiliated members of the participating hospitals. Meanwhile, informed consent was sought from nurses acting as respondents prior to their interviews. This process will be explained later in this section.

Informed consent was obtained prior to the interview. Informed consent is vital in any form of research, seeing as it is valid evidence that the potential respondents understand and that they are willing to contribute or participate in a study (8). The respondents were informed that all related information and outcomes from the interviews conducted in this study are confidential (8). Seeing that the interview was conducted on a voluntary basis, the respondents/interviewees have the right to withdraw from the study at any point. Prior to their interviews, the respondents were briefed about the research and consent forms completed before any data was collected. It should be noted that the interviews were recorded via digital voice recorder and transferred immediately onto a password-protected computer after every session.

Several briefing sessions with prospective respondents and the hospital's administrators were conducted. This exercise was conducted to ensure that they would have a clear understanding of this study, besides the measures taken by the researcher to ensure respondents' confidentiality, anonymity, in addition to protecting the interests of the respondents throughout this study. No data that can identify either the patients receiving care or health workers providing the care were collected. Prior to the analysis, the respondents were identified by ways of assigned pseudonyms or fictitious names to ensure confidentiality.

At no time either during the interviews or resulting from the nature and demands of this study, were any of the respondents subjected to any stressful

episodes which could cause them psychological distress. The researcher ensured that the settings for the interview sessions were comfortable, calm and quiet. Moreover, the interviews were not conducted on the ward or when the respondents were performing a task or procedures. This was to avoid any unforeseen circumstances that could occur which could interfere or delay the respondents' task in giving care to their patients.

Information from the interviews was later transcribed and categorised into appropriate themes which were relevant to this study. This step was undertaken using a thematic content analysis approach, which according to Anderson (12), is the most foundational of qualitative, analytical procedures and, in some ways, informs all qualitative methods. The collected information was sieved, sorted, grouped and assembled according to the question numbers that acted as the coding system. NVivo version 10 software was employed to create a systematic analysis of the transcripts. The translations and interpretations that were undertaken after the analysis were checked by two bilingual Malaysian nursing academics. In addition, two English postgraduate researchers from universities in the UK examined the transcripts with the analysis of the findings to confirm that data in this study is thorough and transparent to others. Additionally, the researcher sent the transcripts to the respondents to encourage them to read, amend and verify the accuracy of the interview dialogues. This step ensures rigour by establishing the reliability and validity of the interview data (8). Eventually, the transcripts were emailed to the respective respondents before and after the translations to affirm their agreement concerning the content.

## FINDINGS AND DISCUSSION

The findings of this study reveals the nurses' perceptions and their understandings on the essence of advocacy that could elicited from the ways and the approaches when preparing and completing their documentation. Several themes were constructed such as the aptness in assessing patients' conditions, ensuring patients' care and treatments are delivered and; prioritising patients current and individual needs.

### The aptness in assessing patients' conditions

All respondents in this study expressed the importance of being attentive to their patients to retrieve the exact information regarding the patient's issues and needs which is needed to complete their documentation. This information eventually helped them to facilitate the formulation

of individualised nursing care for their patients. Each patient requires special attention and care depending on their current conditions.

Therefore, these respondents placed great emphasis on the significance of conducting their own assessment, particularly by interviewing the patient individually and routinely. These steps are to ensure that the primary source of information is adequately recorded in the documentation.

*"Nursing shift report, for example, we have to look at the patient's needs ... Every patient has different needs and problems. That's why when we tend to write our nursing shift report, we have to do it in front of the patient. Not just sit in one corner, because you don't know what happen to your patient, and you do not know what you going to write."*

(Saptuyah)

Three respondents argued that nurses should also include patients' personal requests in the documentation. This inclusion, according to the respondents, will not only assist patients in fulfilling their physiological needs, but also their psychological needs. Hence, patients' personal requests or needs should not be ignored but instead be recorded in the documentation.

*"Some patients say, I want to wait for my family, so we have to call the doctor, inform our doctor, then inform the family to come and meet them la. We have to write in the report"*

(Rohana)

Concurred to Cribb & Gewirtz (4) arguments, the information from the assessments helped the respondents to construe their justifications for the next and most appropriate nursing actions. In other words, the findings from the assessment can be argued as an appropriate medium which represent the 'voice' of the patients. Furthermore, the nurses are perceived by the patients as their safeguard and the health care personnel that they have entrusted more than the rest (13). This form of perceptions established from the presence of nurses in the ward substantially felt by the patients.

### **Ensuring patients' treatments and care are delivered**

Five of the respondents in this study stated that the nursing documentation could demonstrate the nurses' ability to ensure that the individualised needs of the patients are always included in the content of their documentation. Jamayah mentions how the documentation can play a role as a source of confirmation of the treatment and/or care that has been offered or planned for the patients throughout the patients' hospitalisation.

*"All the way until the patient is discharged, as a nurse, we have to keep on looking at the documentation. If the treatment or care is not enough or adequate, we shall continue."*

(Jamayah)

These understandings portray that these respondents acknowledged the significance of ensuring that the patients' needs and rights are fulfilled. Battie and Steelman (14), for instance, explain that all the above values can be achieved through the nurses' ability to speak up on behalf of the patient in situations when issues regarding safety arise. Speaking up needs to be conducted in a respectful, yet assertive manner that promotes high quality care from the entire team.

Another interesting finding was when Cindy shared her opinion on how the nurses are to be responsible for ensuring that all the patients' needs and problems are addressed, intervened and recorded in the documentation. This, according to Cindy, has been enacted in the nursing act or policies. She states that:

*"It is already mentioned in our nursing policies ... errrr ... the nursing acts, that we have to serve our patient and try our best to help the patients ... make sure that care is given and their needs are fulfilled ... It is just like you, when you are at the government counters, the individuals who serve you at the counter should serve you nicely ... professionally ... so, our patients are also our patients ... because it is in our policy, we have to write or record it, to prove that we did it ..."*

(Cindy)

Cindy's excerpt could portray an indication that she is aware and understands that the care that she provides to patients is parallel to Malaysia Nursing Board's acts and policies. These responses explain how advocacy is concerned with the capability of a nurse to speak up on behalf of the patient in situations when there are safety concerns (14). Battie and Steelman (14) further argue that the role of nurses is to verify that the correct patient is present, the correct procedure is performed and that it occurs at the correct site.

### **Prioritising patients' current and individual needs**

Furthermore, nine respondents in this study expressed how nurses have to be a patient's advocate when it comes to identifying the patient's current and individual needs. This is illustrated in one of the excerpts from a respondent's interview:

*"... when you write your nursing report, you have to go and ask the patient first. Do not simply write. You have*

*to get the information from the patient first hand. Ask the patient what treatment and medication he has had. If he has had a bath and what he has eaten. ... From this kind of information, you know whether the patient is being taken care of. ... If there are things that still need doing then you need to do it or ask a colleague to do it ... Sometimes, patients also complain that the doctor did not come and see them, so we have to write this in the report and inform the doctor."*

(Dewi)

From the above excerpt, it could be noted that the respondent was able to acknowledge and act on the patients' interests, needs and problems. As they are at the forefront of providing healthcare, nurses should be able to convey the patients' interests, needs and problems to other healthcare providers to ensure that patient care is undertaken holistically (15). Furthermore, The Nursing Board of Malaysia (16) highlights the roles of advocacy in professional practice in its Code of Professional Conduct for nurses. The document states that nurses must act to promote and protect the interest of the patients when the patients are incapable of communicating their needs and protecting themselves.

Hence, it is important for nurses to be sensitive and to recognise the individual patient's views regarding their own condition and the treatment, even though the care is governed by a standardised care plan. In a way, the standard care plan should be flexible and may need to be adjusted according to patients' wishes and needs (12). This argument agrees with Liza, one of the respondents in this study. She argued,

*"One patient's needs are different to another patients' needs. As a nurse, we have to look at the patients owns needs and problems first ... You cannot see all patients as the same ... they are different from one to another ... So, that means, when you want to write in the case notes, you have to write down what the patient needs, their problems, because different illnesses will have different impacts on the patients. Patients' conditions are not the same, even though they are on the same ward."*

(Liza)

To ensure the nurses are able to meet the patients' best interests and act as the patient's advocate, it is important for nurses to complete the admission form along with the orientation form (2). For instance, nurses should provide a patient with the information required for making informed choices, supporting their right to make informed choices and supporting them throughout the decision-making process and the outcomes. Furthermore, nurses should be attentive to the patient's needs, expressed wishes and preferences, and ensure these

are known and implemented by the nurses besides other healthcare providers (1). The present findings seem to be consistent with Blake-Mowatt and Bennett's (17) study, which demonstrates that most nurses followed the documentation guidelines for admission by recording the patients' past complaints, medical history and assessment.

## CONCLUSION

The findings of this study offered an understanding on how the element of advocacy can be demonstrated and to be presented through nursing documentation from nurses' perceptions. Nurses perceive nursing documentation, on the other hand, provide evidence of noting nurses' voices to speak on behalf of the patients. This study had emphasised the significance of nurses to prepare patient-driven or focused nursing documentation to achieve the level of care that society and organisations expect. Generally, the existence of the element of advocacy in nursing practice in Malaysia, it is a distinct entity greatly influenced by Malaysia's diverse backgrounds. The awareness of the unique entity of advocacy among nurses in Malaysia should not avert the nurses from demonstrating advocacy in their practice but, instead, encourage them to be more advocating competent and, at the same time, consciously considering the elements of culture into their practice. The ability to demonstrate advocacy, while being culturally competent, creates a desired appreciation and recognition from society together with nurses' colleagues and patients.

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