

**ASPMN Advocacy Survey  
ASPMN Annual Meeting  
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**ASPMN Research Committee  
Membership**

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**Purpose of Survey**

- Survey ASPMN membership about pain management advocacy activities
- Identify advocacy roles of pain management nurses and the willingness to expand current role
- Identify educational needs and barriers related to advocacy
- Pilot test the pain advocacy instrument and to determine psychometric properties of the tool

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## Significance

- Responsibility in ANA Code of Ethics with interpretive statements
- State Nurse Practice Acts
- ASPMN Advocacy Task Force (Workgroup of ASPMN Government Relations Committee February, 2006)
- Pain Care Bill of Rights
- International Council of Nurses Position Paper, 2000

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## Background

- Limited empirical work concerning role of nurse as advocate (Malik & Rafferty, 2000) while philosophical debate/conceptual information is plentiful (Hewitt, 2002)

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## What is advocacy ?

- The act of speaking or writing in favor of something or someone (Webster's)
- Acting to provide for the client's interests and needs as the client defines them (Dubler, 1992)

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## What is advocacy?

ASPMN Advocacy Task Force, 2006

### ■ Helping patients to:

- \* Say what they want
- \* Obtain rights
- \* Represent views of another, without judgment, regarding a situation that affects them, in order to influence others
- \* Gain services and practical support

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## Attributes of Advocacy

Balwin, 2003, p. 35

- Therapeutic nurse-patient relationship in which to secure patients/ freedom and self determinism
- Promoting and protecting patients' rights to be involved in decision-making and informed consent
- Acting as an intermediary between patients and their families or significant others, and between them and healthcare providers

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## Literature Review

How nurses can advocate for patients in pain

- Communication with patients/families, health care professionals and society
- Teaching patients/families, health care professionals and society
- Collaborating with patients/families, health care professionals for effective pain management
- Addressing pain management barriers
- Developing pain guidelines and protocols
- Developing public policy at state and federal level

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### Research Questions

1. What is the degree of participation in pain management advocacy activities that address “public awareness” concerns ?
2. What is the frequency of “going beyond the limits” to advocate for patients ?

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### Research Questions

3. What is the degree of nurses’ proficiency (knowledge and skills) in advocating for the pain management of patients ?
4. What social/political activities /interventions do nurses perform to facilitate pain assessment and treatment ?

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### Research Questions

5. What are nurses’ educational needs related to advocacy activities?
  - What type of instruction is most helpful?
  - What are barriers related to advocating for patients?
6. What is the influence of demographic variables on advocacy activities?

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## Procedure

- Descriptive/Correlational study

- Online survey

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## ASPMN Advocacy Survey Instrument (AASI)

ASPMN Research Committee, 2007

- Sources used to develop pain management advocacy instrument
  - Pain Management Nursing Role/Core Competency A Guide for Nurses (Maryland Board of Nursing)
  - Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2005)
  - The Nurse as the Patient's Advocate, Richard Ingram, Thesis, 1988

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## ASPMN Advocacy Survey Instrument (AASI)

- 8 parts
  - Demographic data
  - Personal advocacy (12 items)
  - Public awareness advocacy (7 items)
  - Nurse perceptions about advocacy (4 items)
  - Knowledge/skill proficiency related to advocacy (10 items)
  - Social/political advocacy activities/interventions (21 items)
  - Educational needs (6 items)
  - Barriers (14 items)

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## Results

Total sample size

N = 188

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## Demographics

Female 97.9%

White/non-Hispanic 91.9%

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## Current Age

20-29 years	1%
30-39	7.0%
40-49	30.5%
50-59	49.2%
60-69	12.3%

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### Years in Practice / Highest Degree

Years in Practice	%
0-9 years	6.5
10-19	16.1
20-29	40.3
30-39	37.7
40-49	5.4

Highest Degree	%
Diploma	7.5
Associate	14.0
Bachelors	30.1
Masters	37.1
Doctorate/PhD	4.8
Other	6.5

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### Place of Employment

Hospital	59.7%
Out-patient	13.9%
SON	4.8%
Hospice	2.7%
Long term care	2.3%
Other	16.1%

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### Professional Role

Pain Management Nurse	30.9%
Staff Nurse	17.8%
CNS	10%
Nurse Manager	9%
Staff Development Educator	4.8%
Educator in SON	4.3%
Patient Educator	0.5%
Other	22.9%

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## Current Knowledge/skill level

0=not proficient, 5=proficient (% rating 4-5)

Pt/family communication R/T pain tx	85.3
Pain care management	84.8
Pt/family decision making Re: pain tx	79.3
Ethical issues R/T pain care	77.7
Interdisciplinary coordination of pain care	77.6
Application of best evidence R/T management/tx	74.3
Legal issues R/T pain care	62.3
Conflict management R/T advocacy	61
Legislative issues R/T management/tx	37.5
Media Training	22.3

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## Social/political Advocacy/interventions

% yes responses

Registered to vote	93.6
Comfortable if disagree with MD	92.4
Talking with administrators	86.9
Get a message to political leaders	81.7
Informed voter on pain issues	67.6
Member of ANA	22.6
Contact at ASPMN if asked for interview	17.1
Written editorial/op-ed/letter to editor	16.6
Official media training	16.6
Disciplinary action/left a position	13.6
Personal/profession relationship with reporters	9.1

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## Social/Political Advocacy/Interventions

% yes responses

Pts have rights to any/all information re; pain	97.8
Respect pt. cultural orientation even if conflicts with own	97.3
Should patients refuse treatment	96.8
Encourage pt/family to ask questions	95.2
"Never ever quit" philosophy	79.7
Prepared to deliver key messages	41.1
Comfortable with press interview	35.8
Participated in television/radio interview	32.1
Contact legislators about pain concerns	28.1
Work/volunteer for candidate/campaigns	12.4

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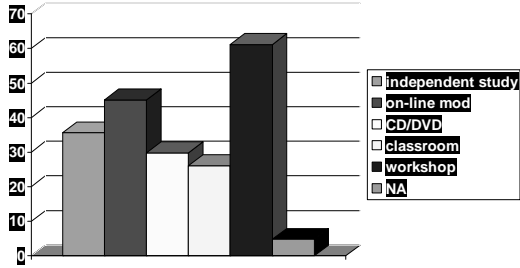


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## Preferred Type of Education for Advocacy Training




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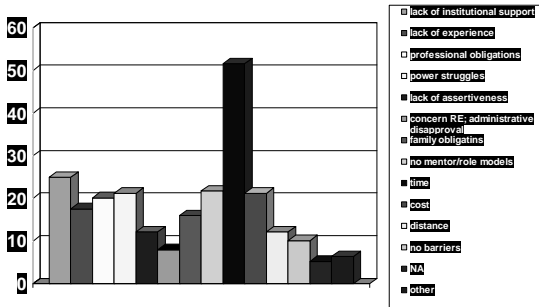


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## Barriers Related to Advocacy




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## Influence of demographic variables

- There was no difference in advocacy activities in relation to pain management certification, gender, or race/ethnicity.
- There was a significant difference in personal and public awareness advocacy in regards to place of employment where hospice/home health scored higher both and LTC nurses scored higher in personal advocacy.

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## Major Conclusions

- All “Personal Advocacy” activities were accomplished completely or almost completely by the majority of nurse respondents (57% to 88.5%).
- Nurses perceived that they were strong advocates for the patient.
- Public awareness advocacy (e.g., working with the media, participating in health policy) had lowest level of involvement (32% to 55%).

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## Major Conclusions (Con't.)

- Assessment of knowledge/skills showed greatest needs were related to media training and legislative issues.
- Social/political advocacy-related findings emphasized need for working with the media and communicating pain issues to the public.
- Time (51%) is the greatest barrier to advocacy followed by lack of institutional support (25%). Other issues, such as lack of mentors/role models, cost, power struggles, and lack of professional clinical experience, were also identified.

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## Major Conclusions (Con't.)

- The *ASPMN Advocacy Survey Instrument (AASI)* demonstrated strong psychometric properties with this sample. Reliability estimates (Cronbach's alpha) for the subscales (with continuous ratings) were
  - Personal advocacy (12 items)  $\alpha = .92$ 
    - Factored into 2 dimensions:
      - (1) Addressing individual patient needs ( $\alpha = .89$ )
      - (2) Education and planning ( $\alpha = .85$ )
  - Public awareness (7 items)  $\alpha = .92$
  - Nurse perceptions (4 items)  $\alpha = .81$
  - Knowledge/skill proficiency re advocacy (10 items)  $\alpha = .88$

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## Identified Successful Actions

- Patient
- Health Care System
- Public Policy

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## Identified Learning Needs

- Patient
- Health Care System
- Public Policy

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## Implications

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Knowing is not enough; we must apply

Willing is not enough; we must do

*Johann Wolfgang von Goethe*

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Questions ?



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Thank-you!

Thank-you to the ASPMN members

who completed the

Advocacy Survey

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