

Protective Nursing Advocacy: Translation and Psychometric Evaluation of an Instrument and a Descriptive Study of Swedish Registered Nurse Anesthetists' Beliefs and Actions

Ann-Sofie Sundqvist, MSc, RNA, Agneta Anderzén-Carlsson, PhD, RN, Ulrica Nilsson, PhD, RNA, Marie Holmefur, PhD, Reg OT

Purpose: To translate and adapt the Protective Nursing Advocacy Scale (PNAS) into a Swedish version (PNAS-Swe), evaluate its psychometric properties, and describe registered nurse anesthetists' (RNAs) advocacy beliefs and actions from a protective perspective.

Design: A cross-sectional design was used.

Methods: First, the PNAS was translated into Swedish. Next, the content and construct validity of the PNAS four subscales was evaluated. Finally, the PNAS-Swe was used to describe Swedish RNA beliefs and actions regarding protective nursing advocacy.

Finding: The final PNAS-Swe has 29 items in four subscales. The RNAs reported that they feel that they should provide protective nursing advocacy for their patients. There were no differences in gender, or associations with age, or work experience regarding their advocacy beliefs or actions.

Conclusions: The PNAS-Swe is valid for use in a Swedish context. Protective nursing advocacy is important to the RNAs, which is in congruence with earlier qualitative studies.

Keywords: nursing advocacy, Protective Nursing Advocacy Scale, psychometrics, Rasch analysis.

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THIS STUDY FOCUSES ON PROTECTIVE NURSING advocacy within the perioperative setting. Advocacy, a theoretical concept used within health care sciences, is practiced by various health care professionals^{1,2} and is considered to be

one of the key elements of the nurses' professional role.^{1,3-5}

Nursing advocacy is multifaceted and has been defined as guiding the patient through the health

Ann-Sofie Sundqvist, MSc, RNA, PhD student, School of Health Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden and Department of Cardiothoracic and Vascular Surgery, Faculty of Medicine and Health, Örebro University, Örebro, Sweden; Agneta Anderzén-Carlsson, PhD, RN, Associate Professor; School of Health Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden and Centre for Health Care Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden; Ulrica Nilsson, PhD, RNA, Professor; School of Health Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden; and Marie Holmefur, PhD, Reg OT, Associate Professor; School of

Health Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden.

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Address correspondence to Ann-Sofie Sundqvist, Department of Cardiothoracic and Vascular Surgery, Örebro University Hospital, S-701 85 Örebro, Sweden; e-mail address: ann-sofie.sundqvist@regionorebrolan.se.

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care system,^{6,7} acting as an intermediary between the patient and health care professionals by translating information given to the patient⁸⁻¹⁰ and helping the patient to find strength and meaning in illness.⁸ In addition, some actions have been further determined as protective aspects of nursing advocacy,² including informing patients,^{2,6,11-13} supporting patients emotionally,^{9,14} preserving patients' dignity,^{9,11,14} acting against unethical and incompetent treatment,^{15,16} speaking up for patients,^{1,6,7,12,17} and protecting patients from harm.^{6,7,11,14,17} The actions taken in protective nursing advocacy range from supporting the patient in a passive fashion to more powerful actions such as safeguarding the patient's interests or acting as a whistleblower on the patient's behalf.^{12,15} Because protective nursing advocacy implies taking action on behalf of another^{12,15} and protecting the interests of patients who are unable to speak for themselves,¹⁸ this is especially appropriate to study in the perioperative environment. In this setting, patients might be unable to speak for themselves because of sedation or general anesthesia.^{17,19} Registered nurse anesthetists (RNAs) have identified themselves as protectors who are responsible for the patient's well-being during anesthesia.²⁰

Nursing advocacy has previously been studied using various methods in different cultures and contexts. Qualitative approaches have been used in several studies describing the nurses' views of advocacy,^{1,5,6,12,15,19,21,22} and a few quantitative studies have been carried out with the main focus of measuring nursing advocacy from the nurses' perspective.^{18,23-26} Two instruments for measuring nurses' attitudes toward patient advocacy from a relatively broad and nondefined perspective have been translated and adapted into Swedish,^{22,27} but neither of these has an explicit focus on measuring nursing advocacy from a protective perspective. The only identified instrument for determining protective nursing advocacy is the Protective Nursing Advocacy Scale (PNAS), developed in the United States by Dr Robert Hanks. The PNAS focuses on nurses' advocacy beliefs and actions from a protective perspective.²

The research regarding Swedish RNAs' perception of advocacy from a general perspective is limited to two qualitative studies.^{9,20} Because no large-scale studies of Swedish RNAs' views of protective nursing advocacy have been performed, there is a

lack of knowledge in this area. Such knowledge is important for the further development of the profession, especially because RNAs in different countries have varied roles and responsibilities.^{28,29} An instrument that measures nursing advocacy from a protective perspective would therefore be helpful for describing Swedish RNAs' beliefs and actions. The PNAS would potentially be a useful instrument for such purposes if it was available in a Swedish version. To be able to use an instrument in populations in a new language and culture, it is necessary not only to translate and adapt it, but also to evaluate its psychometric properties.³⁰ The aim of this study was therefore to translate and adapt the PNAS into a Swedish version, evaluate its psychometric properties, and use it to describe Swedish RNAs' advocacy beliefs and actions from a protective perspective.

Methods and Findings

This study was conducted in three different phases: (1) translation of the PNAS into Swedish, (2) psychometric evaluation of the PNAS regarding content, face and construct validity, and finally, (3) description of the Swedish RNAs' advocacy beliefs and actions from a protective perspective.

The original PNAS is composed of 43 items, with each item rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) with the scale steps; 2 (moderately disagree), 3 (neither agree or disagree), and 4 (moderately agree) in between. Thirty-seven of the items make up the four subscales of *Acting as advocate* (16 items), *Work status and advocacy actions* (five items), *Environment and educational influences* (eight items), and *Support and barriers to advocacy* (eight items). Six items are not included in the four subscales of the PNAS.² An overview of the subscales and items is shown in [Table 1](#).

Ethical approval was obtained from the Regional Ethical Board of Uppsala (no. 2013/242).

Phase I: Translation of the PNAS into Swedish

Permission to translate and use the PNAS was obtained from Dr Robert Hanks, the originator of the instrument, and from the journal owning the

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