NURSE ADVOCATE: PAST PRESENT AND FUTURE

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ILARO

PRESENTED BY

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DEFINITION OF TERMS

NURSE: A person trained to care for the sick or infirm, especially in a hospital.

ADVOCACY: Has been defined as an active process of supporting a cause or position (Illustrated Oxford Dictionary, 1998).

“It is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. promote social inclusion, equality and social justice“

PAST: The time before the moment of speaking or writing.

PRESENT: Existing or occurring now.

FUTURE: A period of time following the moment of speaking or writing; time regarded as still to come.
INTRODUCTION

Justina Ejelonu, a graduate of Ebonyi State University who died last year from the deadly Ebola Virus.

Apart From Nursingworld Nigeria, who amongst us sitting at this gathering could boldly say he or she remembered her? How many of us have said anything concerning her either publicly or privately in the last one year. That is the basis for advocacy.

Today's health care system is in trouble and in need of change. The experiences of many nurses practicing in the real world of health care are motivating them to take on some form of advocacy role in order to influence a change in policies, laws, or regulations that govern the larger health care system.

This type of advocacy necessitates stepping beyond their own practice setting and into the less familiar world of policy and politics, a world in which many nurses do not feel prepared to operate effectively. (Abood, 2007).

REASONS FOR ADVOCACY

1. INDEPENDENCE: Structurally independent from statutory organisations service provider agencies. The advocacy scheme will be as free from conflict of interest as possible

2. EMPOWERMENT: The advocacy scheme will support self-advocacy and empowerment through its work.

3. EQUAL OPPORTUNITY: Recognizes the need to be proactive in tackling all forms of inequality, discrimination and social exclusion

4. COMPLAINTS: The scheme will enable people who use its services to access external independent support to make or pursue
5. **PUTTING PEOPLE FIRST:** The advocacy scheme will ensure that the wishes and interests of the people they advocate for direct advocates’ work. Advocates should be non-judgmental and respectful of peoples' needs, views and experiences. Advocates will ensure that information concerning the people they advocate for is shared with these individuals.

6. **ACCESSIBILITY:** Advocacy will be provided free of charge to eligible people.

7. **CONFIDENTIALITY:** Information known about a person using the scheme is confidential to the scheme and any circumstances under which confidentiality might be breached will be in policy

**TYPES OF ADVOCACY**

a. **Non Instructed Advocacy: The Watching Brief;** You could think about the quality of my life and think about how changes or decisions about my life will affect me. You can ask questions of powerful people who are making decisions about me to make them really think about the decision from my point of view – this keeps me at the centre of the decision. (Andy Bradley Action for Advocacy 2008)

b. **Non Instructed Advocacy: Human Rights Based Approach;** ‘You could think about my rights (which are the same as yours!) and make sure I get what I am entitled to, that I’m safe and that my rights as a citizen and user of health and social care services are upheld. If you think something is happening in my life which breaks a law or infringes my rights you may need to get legal advice or representation’. (Andy Bradley Action for Advocacy 2008)
### 8 Domains of Quality Life

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<tr>
<th>Domain</th>
<th>Definition</th>
<th>Focus</th>
<th>Avoidance</th>
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<tr>
<td>Competence</td>
<td>to have a level of skill to be able to be as independent as possible</td>
<td>learning and developing skills which lead to a greater independence or allow minimal support dependence and inactivity</td>
<td>having to rely on others, not taking risks or allowing people to do things by themselves</td>
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<td>Community Presence</td>
<td>having a sense of belonging to a local area by means of access and use</td>
<td>encourage a high frequency of use and involvement in local public facilities and amenities</td>
<td>using segregated services or not using local facilities enough</td>
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<td>Continuity</td>
<td>having a past, present and future with key people and events in your life</td>
<td>meaningful relationships which last over time planning out your life’s hopes and ambitions</td>
<td>stagnation and loss no past and no future, only the present</td>
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<td>Choice and influence</td>
<td>being able to determine the course of events, looking at situations from your perspective</td>
<td>self determination, self advocacy, asking your own decisions and choices because you want to</td>
<td>domination over protection, no involvement in the way your life is directed</td>
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<td>individuality</td>
<td>a unique person in your own right</td>
<td>individual needs and wishes, support that is responsive to individual demands</td>
<td>grouping and labelling</td>
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<td>status and respect</td>
<td>having value in the eyes of others</td>
<td>raising others expectations and the removal of social stigma and prejudice</td>
<td>not placing value on a person by degrading them by age, culture or activity</td>
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<td>partnership and relationships</td>
<td>having meaningful interaction with other people</td>
<td>valuing interaction and friendship, promoting social networks</td>
<td>having no one in your life who is important, only associating with other devalued people</td>
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<td>well-being</td>
<td>having a state of physical, psychological and social health</td>
<td>to maintain a balance between all health needs, to promote health</td>
<td>accepting illness and disability, not securing appropriate health support and treatment</td>
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PAST NURSE ADVOCATES

FLORENCE NIGHTINGALE: Nightingale wished for meaningful work and began to imagine herself caring for others, defying her parents’ desire that she marry into a socially prominent family. On at least three occasions she declined proposals, indicating that she could not pursue her own goals as a married woman (Gill, 2004). By the age of 25 she had identified nursing as the means to fulfill this mandate.

In 1852, Nightingale was offered the superintendence of a small hospital on Harley Street in central London (Verney, 1970). During her twelve months in this position, she developed effective administrative skills, identified appropriate qualifications for those employed as nurses, and affirmed her belief that egalitarian and competent care were basic human rights for all people (Selanders, Lake, & Crane, 2010; Verney, 1970).

On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare. Her establishment of the Nightingale School in London in 1860, and the distribution of trained nurses abroad established the basis for nursing education worldwide (Baly, 1986; Godden, 2010).

Through the support of Queen Victoria and Prince Albert she was able to design improvements for the British military and establish public health standards in India (Dossey, 2000; Mowbray, 2008).

Additionally, her lifetime of work and her passion for improving healthcare provided nursing with a foundational philosophy for practice (Selanders, 2005a).

In 1900 Robb stated: “Above all, let [the nurse] remember to do what she is told to do, and no more; the sooner she learns this lesson, the easier her work will be for her, and the less likely she will be to fall under severe criticism. Implicit, unquestioning obedience is one of the first lessons a probationer must learn, for this is a quality that will be expected from her in her professional capacity for all future time.... (Hamric, 2000, p. 103).

While Nightingale expected obedience in following the rules and medical direction, her intent was to allow nurses the autonomy of purpose to advocate for
patients and the profession (Nightingale, 1893). It is probable that she would have disapproved of Robb’s emphasis on obedience.

Since 1973 advocacy has been considered a major component of nursing practice - politically, socially, professionally, and academically. Despite the seeming lack of a professional focus on advocacy before the early 1970s, it is argued that Nightingale implicitly laid the foundation for nurse advocacy and established the expectation that nurses would advocate for their patients.

Her expressions of advocacy grew with age, experience, and public acceptance of her as both nurse and expert.

OTHER PAST NURSE ADVOCATE

Chief Dr. (Mrs.) Kofoworola Abeni Pratt; She was also referred to as the African Florence Nightingale.

- First African female matron at University College Hospital, Ibadan.
- Commissioner for Health in Lagos State.
- 3rd Vice President of International Council of Nurses.

Mrs. Victoria Gowon; who was expected to be one of the alumni of the School Of Nursing, University College Hospital, Ibadan but her alma mater now on the internet is Royal Military Academy Sandhurst, London.

- During her husband’s tenure as the Military President of Nigeria in 1971 she stopped a proposed national industrial strike due to segregation in health sector as compared to British Nurses which lead to the highest payment Nurses ever had. Many Nurses resulted in buying Volkswagen car at that time which also improved the images of Nurses.
- The Carter Centre (TCC) Atlanta, Georgia in 2012 reported on her as a major health advocate in African continent.
- She was the major support for Roll Back Malaria (RBM) program in Nigeria which is a grant from the UNICEF and WHO.

- In 2002, she attended a conference at the Institute of Global Cultural Studies, Binghamton University with the theme, “Is Globalization a Dialogue of Civilizations?”

HRM Oba Moses A. Olabode; He was one of those that critically analyzes unquantifiable loss Nurses suffered during the Udoji Award of 1976 because of the different types of associations that existed then and hence pioneered the unification of the formation of the National Association Of Nigeria Nurses and Midwives (NANNM). He was also the first Executive Secretary of the Association.

- He organized an international seminar in 2001 called International Nurses Summit where a lot of international participants attended with a goal of achieving a status for Nigerian Nurses.

- He is a mentor to a lot of very vibrant Nursing Leader with one of them being the current National President of NANNM (Com. Rafiu Adeniji)

Other Past Nurse Advocate We Must Also Mention Were;

1. Comrade Lawrence O. Awowoyin  
2. Comrade Pat Emembolu Eze  
3. Comrade Linus Abdulkadir Sabulu of blessed memory  
4. Comrade F. O. Omorogbe  
5. Comrade Lawal Hussaini Dutsinma

The above leaders held the position of the National President of National Association of Nigeria Nurses and Midwives at one point or the other and did their best that this presentation may not be able to accommodate. Can we now ask ourselves why we have not been able to see or feel the difference???????
STUDENT PAST NURSE ADVOCATE

There has never been a smooth and remarkable story for Nurse advocate when Student Nurses were assessed due to frustration and victimization experienced by the students in the hands of most especially Nurse Educators and Heads of Schools. The only story that I could tell is during my tenure in 2000 – 2001 as the National President; National Association Of Student Nurses and Midwives of Nigeria.

We had the total support of Nursing and Midwifery Council of Nigeria leadership (Mr. P. N. Ndatsu), and the National President, National Association of Nigeria Nurses and Midwives Comrade Pat Eze.

PRESENT NURSE ADVOCATE

Com. Abdurauf Adeniji; National President: National Association of Nigeria Nurses and Midwives who is presently working tirelessly on improving the image of Nurses in Nigeria

Com. Abiodun Olakanmi; Ogun State Chairman, National Association of Nigeria Nurses and Midwives. He is a comrade that is ready to put in all he has in promoting the welfare of Nurses.

National President; National Association of Student Nurses and Midwives of Nigeria

FUTURE NURSE ADVOCATE

The future of advocacy in Nursing is really deem. Nurses tends to be overwhelmed by their desire to make advocacy for patients to the detriment of professional growth.

While most nurses readily embrace the mandate of the professional nurses’ advocacy role as it applies to patients, the expectation for advocacy on behalf of
RECOMMENDATIONS

Acquisition of skills: The skills include service to the profession through teaching, mentoring, peer review, involvement in professional associations, community service, and knowledge development/dissemination.

The ability to successfully support a cause or interest on one’s own behalf or that of another requires a set of skills that include:

- Problem solving,
- Communication,
• Influence, and
• Collaboration.

**Problem solving:** It is focused on addressing problems or issues in need of a solution. The steps in the advocacy process are first to identify the issue(s) to be addressed and develop goals and a strategy to address the issue(s). This involves approaching decision makers with requests for action to address the identified issue. However, it is important to take the time to develop a compelling request and to identify the appropriate time and individual to whom to make the request.

**Communication:** Most advocacy initiatives involve bringing individuals and groups together to address an issue or concern. Advocates need to communicate clearly and concisely and to structure the message to fit both the situation and the intended audience. They must be comfortable with verbal, written, and electronic formats. Communication regarding the issue should be factual and consistent. While it is important to be prepared to discuss the specific facts and data associated with the issue, it is equally important to discuss the impact of the situation on those involved.

**Influence:** To facilitate change or solve an issue, the advocate must be able to influence others to action. Influence is the ability to alter or sway an individual’s or group’s thoughts, beliefs, or actions; (Merriman-Webster, 2009b). Influence is built on competence, credibility, and trustworthiness. Keeping the best interests of those involved in the situation builds trust and credibility. An effective advocate influences decision makers by building a case for the desired change, backing the case with facts and data.

**Collaboration:** Is working with other individuals or groups to achieve a common goal. It differs from cooperation which involves groups working together to achieve their own individual goals. In collaboration, the individuals or groups involved develop common goals, along with common strategies and activities that will achieve that goal. The end result of groups collaborating to achieve a common goal can be greater than that which each group could accomplish independently. It is necessary, during this process, to work with those people (the stakeholders) who are affected by the issue.
NURSE EDUCATOR’S ROLE IN ADVOCACY

- Nurse educators are pivotal in the formation and continued development of nurses’ professional identity as advocates, an identity that transcends their entire career.
- It is essential that we prepare nurses now with the advocacy skills they will need to bring about this new world of healthcare.
- Achieving the best possible future requires that nurses be prepared to advocate for nursing and for their professional roles.
- Every nurse in every setting has the opportunity to make a positive impact on the profession through advocating daily for nurses and the nursing profession.
- Training and practice should not go beyond the unified Nursing and Midwifery Council Procedure Manual. What is high wall dusting, gratis and environmental sanitation where students will be forced to cut grass in uniform. These must stop if we intend to breed good future Nurse Advocate

FINAL WORDS

- Allowing or encouraging all students in schools of nursing to belong to the only recognized student union body (National Association of Student Nurses and Midwives of Nigeria) and their counterpart in the university (National University Student Nurses Association). It should also be one of the criteria for schools accreditation by Nursing and Midwifery Council of Nigeria.
- Constituting a monitoring team by National Association of Nigeria Nurses and Midwives and supported by Nursing and Midwifery Council on how to put an end to all dehumanizing training in most especially Schools Of Nursing.
- Talk one-on-one. The most important step in bringing nurses together is personal, one-on-one discussion. Take the time to connect with your colleagues. Have discussion groups outside the hospital setting. Get to know what’s on each other's minds so that you can speak with a more unified voice.
✓ Find the natural leaders. Support your vocal leaders. Don’t let your colleagues go out on a limb. Stand behind them.
✓ Get others involved. Encourage colleagues to get involved in creating change. An easy first step is to start your own newsletter so that everyone can stay informed.
✓ Build on your success. Most movements grow because of the success of one small victory after another. These victories give us the confidence that we can do more. Don’t be afraid to start small! (Vonfrolio, 2006).

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