Nurses as Patient Advocates in Oncology Care: Activities Based on Literature

Heli Vaartio-Rajalin, RN, PhD, and Helena Leino-Kilpi, RN, PhD

This article will explore oncology nurses’ patient advocacy activities and compare those activities with patient advocacy activities defined in an earlier study by the authors. Data were collected from 42 English-language peer-reviewed articles published from 2000–2010. Search terms used included cancer care and advocacy and oncology nursing and advocacy. According to the findings of the reviewed articles, oncology nurses promote the interests of their patients by analyzing patients’ psychosocial and physical distress and care plans, particularly at the beginning of the illness trajectory. Oncology nurses also are instructed in the literature to educate patients about cancer management prior to the first treatment and during cancer management to promote informed consent, but not to analyze patients’ information or self-determination preferences. Oncology nurses do, however, advocate for their patients by presenting and raising awareness of patients’ needs and preferences in regard to the healthcare system. To some degree, this advocacy can be seen as responding to patients’ care and self-determination preferences. Oncology nurses’ patient advocacy activities are similar to advocacy activities defined in the context of procedural pain care but are more focused on the beginning of the illness trajectory. However, care and self-determination needs, information needs, and advocacy needs of patients with cancer vary during the illness trajectory. Those needs should be analyzed and responded to systematically.

Patients with life-threatening diseases, such as cancer, have a vast range of needs varying from alleviation of emotional distress to guidance regarding self-care. The cancer treatment and care process usually includes contact with several healthcare professionals during the illness trajectory. To involve patients with cancer in decision making concerning their care, those healthcare workers must analyze and respond to patients’ information needs and self-determination preferences on an individual basis. Tailored education has been shown to correlate with improved patient outcomes (Trecacy & Mayer, 2000), and involvement in decision making is a central factor in an effective and equal care process (Act on the Status and Rights of Patients, 1992).

At the beginning of the illness trajectory, patients’ information needs concern the illness, its treatment, and the prognosis (Cramer Bertram, 2008). Patients usually require educational information on treatment options put forth by a physician. However, misunderstanding this information (when provided) is common because a patient’s cognitive capacity may be compromised by the illness (Perrin et al., 2006). In addition, patients initially may

At a Glance

- Patient advocacy is defined as an iterative process of analyzing, counseling, and responding to patients’ care and self-determination preferences.
- Oncology nurses’ analyzing, counseling, and responding advocacy activities should be further explored and promoted in the context of oncology nursing care.
- A need exists for a structured and validated instrument to measure information and advocacy needs of patients with cancer during different phases of the illness trajectory.

Heli Vaartio-Rajalin, RN, PhD, is a senior lecturer in the nursing program at Novia University of Applied Sciences in Piispanristi, Finland, and Helena Leino-Kilpi, RN, PhD, is the head of the Department of Nursing Science at Turku University and a nurse manager in the South West Hospital District of Finland, both in Turku. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. (Submitted December 2010. Revision submitted February 2011. Accepted for publication February 11, 2011.)

Digital Object Identifier: 10.1188/11.CJON.526-532