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Advocacy: The Tool of a Hero

Kathryn Schroeter

Advocacy is a topic that encompasses myriad issues, not all of which can be addressed here. However, it is important to examine advocacy as a concept in its relation to the discipline of nursing because it presents as a common theme throughout the current literature. Primarily, it has been argued that the ethical constraint facing nurses is that they are not free to be ethical because they are dispossessed of the free action of moral agency, the ability to act independently for one's patient(s), and this includes the ability to advocate for one's patient(s) as well.

Speculation might offer that the frustration that nurses experience when attempting to function in the role of patient advocate reflects the confusion between advocacy and empowerment. Nurses must feel a level of empowerment that will allow them to take action(s) as appropriate to provide safe, competent, and ethical patient care. The concept of advocacy reflects the confusion, and potential conflict, between the responsibility of the nurse to support the patient and the institution, but it also brings in the factor of nurses in support of themselves.

In the discipline of nursing, advocacy is often viewed as a duty or obligation. The duty of patient advocacy is manifest in the American Nurses Association Code of Ethics statement: "as an advocate for

the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice."¹ This duty arises from the nurse's role as continual observer of the patient's condition.

Nurses care for patients 24 hours a day, 7 days a week, 365 days a year. Depending on the setting, trauma nurses can also provide care for the same amount of time; for example, a level 1 trauma center operating room, by definition, must provide in-house care around the clock. In essence, the nurse must be ready at any time to care for the emergent patient. In addition, although such nurses are not directly at the bedside 24 hours a day, when they are at the patient's side, they focus their attention on the care of that particular patient for the extent of that patient's stay in the trauma environment. Thus, trauma nurses are available to patients to hear their concerns and wishes. Nurses have always been on the frontline and, in that position, are often the first to advocate for their patients.

In the real world of healthcare, nurses may realize that it is within their role to advocate for patients, but they may not always have the administrative authority or power within the institution to achieve this goal. If advocacy is an expectation of the nurse's role, then there must be something within nurses' authority, inherent in their role, to ensure that their patients' needs are met. Nurses must do whatever they can to seize advocacy as a patient care tool. The nurse as patient advocate is a role for a hero.

Trauma nurses are often put in the role of "heroes" as they function, on a daily basis, in a critical environment, which can truly be described as encompassing "life-and-death" situations. In this healthcare environment, advocacy stems from the impact of illness on an individual's autonomy and ability to make decisions. Because the trauma patient is, in most cases, perceived as extremely vulnerable, for example, often unable to participate in his or her own healthcare decision making, the role of advocacy is viewed as even more important to this aspect of patient care.

In the early 1970s, Marvel Comics published a short series of comic books entitled *Night Nurse* ([Figure 1](#)).² On every cover were the words "Enter the world of danger, drama and death," as this was the world in which "Night Nurse" provided care for her patients. (Does this world of nursing practice sound similar to that of the trauma nurse?)

[Figure 1:](#) Night Nurse #3 (March, 1973).



Night Nurse was pictured on the cover as protecting her patients, and indeed, on 1 cover, she was putting her body in front of a bullet intended for her patient. She was portrayed as the ultimate patient advocate.

This is not to say that all nurses must take a bullet for their patients, but as patient advocates, nurses are often placed in the "line of fire." Nurses may opt to take the proverbial "bullet" for many different reasons, for example, duty, personal values, professional ethics, and others-but the important thing is that nurses *do* step in to advocate for their patients.

For the past several years, the American public has perceived nurses as being one of the most honest and ethical professions in the country, and because of this perception, the public trusts nurses.³ They (the public) believe that nurses will "take the bullet" for them. They believe that all nurses are Night Nurses. They believe that nurses have the inherent ability to be real-life heroes and that they will step in on their behalf to help "save the day" when needed. That is why patients feel comfortable telling nurses their concerns and asking for them for help. Whereas a patient may not want to "bother the doctor" with questions, that same patient will have no problem seeking out a nurse with whom he or she can discuss any concerns or fears. What other professional in healthcare can boast that all a patient has to do is "push a button" and, just like a superhero, a nurse will appear?

As far as this author can tell, trauma nurses have no difficulty filling the role of patient advocate or even that of an "everyday" hero. Trauma nurses step in to advocate for their patients during a highly stressful time of patient care. They have the ability to empower themselves with all that is inherent to the profession of nursing. Trauma nurses can truly call themselves Night Nurses.

REFERENCES

1. American Nurses Association. *Code of Ethics for Nurses With Interpretive Statements*. Washington, DC: American Nurses Publishing; 2001:5-7, 14.
2. Thomas J. *Night Nurse* 3. Magazine Management Co, Inc, Marvel® Comics Group; New York, NY. 1972. Available

at: <http://community.nursingspectrum.com/MagazineArticles/article.cfm?AID=20916>.

Accessed January 22, 2007.

3. Saad L. Nurses Top Gallup Poll for Eighth Straight Year as Most Honest and Ethical Profession [press release]. Lydia Saad Gallup News Service. December 15, 2006.