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

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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.

atients 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 (Treacy & 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,

At a Glance

- Patient advocacy is defined as an iterative process of analyzing, counseling, and responding to patients' care and selfdetermination 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.

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

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