Nursing philosophers have suggested that a patient’s dignity is realized through the nursing practice of patient advocacy (Curtin, 1979; Gadow, 1980; Kohnke, 1982).

Patient advocacy in nursing is theoretically defined as safeguarding a patient’s autonomy, acting on a patient’s behalf, and championing social justice (Bu & Jezewski, 2007).

Examples of nurses advocating for patients include:
- Participating in shaping unit policies that provide good care based on evidence (Bu, 2005)
- Raising questions regarding routine orders or treatments that may cause harm to a patient (Bu, 2005).

Kohnke (1982) suggested that to be a patient advocate, the nurse must have, or know how to obtain information. Being a patient advocate requires evidence based practice being incorporated into nursing care (Kardong-Edgren, 2001).

However, Fink et al. (2005) and Grace (2001) identified that nurses feel powerless within the organization to change practice even when the proposed change is based on research.

According to Barrett (1983, 2010) power is not just participating in change, but participating in a knowing manner in the change process.

Method

This poster will provide an overview of the literature that explores nurses’ perceived barriers to research utilization encountered in practice with the concept of power as knowing participation in change. A major tenet of the Science of Unitary Human Beings (M. Rogers, 1992) is that a unitary human being cannot be viewed as separate from his or her environment.

Data Sources: CINAHL, EBSCO, Sage, MEDLINE, Science Direct.

References

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