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Advocating for patient safety: Power dynamics in nurse advocacy practice in Australia—An integrative review

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ABSTRACT

Introduction: Nurses play a vital role in advocating for patient safety, yet their ability to fulfil this role is influenced by the power dynamics within healthcare systems. Understanding the relationship between power and nurse advocacy in Australia is essential to fostering a supportive environment for effective advocacy.
Aim: This integrative literature review aims to identify and examine the relationship between power and the advocacy role of nurses in Australia.
Methods: The review followed an integrative literature review design, guided by the approach outlined by Toronto and Remington. A comprehensive search was conducted in electronic databases such as Medline, CINAHL, Emcare, Scopus, ProQuest Health & Medicine, and Informit. The search terms used were 'nurse OR nursing OR nurses' AND 'advocacy OR whistleblowing' AND 'Australia.' A total of 2507 articles were retrieved, and 26 studies met the inclusion criteria, comprising 18 qualitative studies, one quantitative study, one mixed-method study, one review of existing literature, and four editorial commentaries. The search was completed in May 2023.
Findings: The findings suggest that enhancing nurses' advocacy for patient safety requires a multifaceted approach. This includes empowering nurses through professional development and leadership opportunities, fostering a culture of patient safety, and engaging in political action to advocate for policies that support advocacy efforts and patient safety. This approach aims to advance patient well-being and elevate the professional standing of nurses within the healthcare system.
Discussion: Power dynamics significantly shape nurse advocacy practices. Nurses with greater personal power are more likely to advocate confidently, while those with less power may be hesitant. Healthcare organisations can either support or hinder advocacy efforts, with unsupportive systems creating barriers and fostering a culture of silence. Whistleblowing, as a form of advocacy for patient safety, is also affected by organisational culture and power structures.
Conclusion: Power dynamics play a critical role in determining how effectively nurses can advocate for patient safety. Empowering nurses and addressing organisational barriers are crucial for promoting advocacy in healthcare. This review highlights the need for healthcare systems to cultivate environments that support and facilitate nurse advocacy.
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Summary of relevance

Problem or Issue

Nurse advocacy is critical for ensuring patient safety, yet it is often hindered by power imbalances and organisational barriers within healthcare systems. Understanding the relationship between power dynamics and advocacy is essential for improving nurses' ability to act on behalf of their patients.

What is already known

Previous research has highlighted that nurses face significant challenges in advocating for patients due to hierarchical structures and workplace cultures that may not support their advocacy efforts. Whistleblowing, as a form of advocacy, is similarly affected by these dynamics. When nurses encounter challenges in advocating for their patients, it can lead to negative consequences for patient care.

What this paper adds

This review underscores the importance of power dynamics in shaping the advocacy efforts of nurses in Australia. It reveals how organisational culture within healthcare can either empower or suppress nurse advocacy, particularly in environments where a hierarchical system prevails. Further research is needed to explore how the culture of healthcare influences the ability of nurses to advocate effectively, particularly in relation to decision-making processes and the broader structures that may limit their voices. Investigating these cultural aspects could offer valuable insights into how to foster more supportive environments for nurse advocacy, ultimately benefiting patient care and safety.

Acknowledgements

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1. Introduction

The disparity between the role or obligation of nurses to advocate for their patients and their practical ability to do so (Bartleson, 2023; Spence, 2011; Woodrow, 1997) creates a professional uncertainty surrounding this advocacy, its actual implications, and what it truly means (Cole, Mummery, & Peck, 2022; Cole et al., 2019; Darbyshire & Thompson, 2018; Ramsay, Birks, & Hartin, 2022). This uncertainty is further complicated by the often-unacknowledged hegemonic forces that pervade the wider healthcare context. These forces diminish nurses' autonomy, undermining both their individual practice and the profession of nursing (Blenkinsopp et al., 2019; Coombs & Ersser, 2004; Mannion et al., 2018).

These challenges surrounding advocacy can lead to ethical dilemmas for nurses, who must balance their advocacy responsibilities with restricted professional autonomy, often hindering their ability to advocate effectively for patients (Bernal, 1992; Cole et al., 2019; Kalaitzidis & Jewell, 2020; Ramsay et al., 2022). Around two decades ago, the United Kingdom was rocked by a healthcare scandal at the Mid Staffordshire Health Trust, as detailed in the Francis Report (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013). This incident involved severe lapses in patient care, resulting in multiple fatalities. Interestingly, there were indications that nurses had raised concerns, but regrettably, their complaints had gone unheard and unaddressed (Calkin, 2011; Donnelly, 2017). The Forster Report (Queensland Government, 2005), which included the work of Jayant Patel who faced trial for three counts of manslaughter and other charges of grievous bodily harm in Australia (Dobinson, 2009), also had significant messages regarding nurse advocacy. In the Mid Staffordshire and Queensland instances, nurses who attempted to advocate for their patients found their voices stifled, met with resistance, or simply ignored — often facing all three challenges (Ramsay et al., 2022). This integrative review explores the relationship between power and the nurse advocacy role in Australia.

2. The review

This review is grounded in an epistemological perspective that recognises understandings as socially constructed and influenced by cultural and historical contexts. Advocacy in nursing is seen as a social activity that takes place within workplace interactions among individuals or groups (Downer, Halsall, Cole, Thomas, & Kearney, 2023; Garrett & Cutting, 2015). Traditionally, the concept of advocacy has been rooted in the Latin origins of words that imply speaking up for someone (Jumbert & De Lauri, 2020). This narrow focus has led to an overemphasis on the act of communication itself, neglecting the intricate interplay of situational, motivational, and environmental factors that shape how and why individuals use their voices to advocate for patients (Breeding & Turner, 2002; Water, Ford, Spence, & Rasmussen, 2016). This review takes a practical approach, drawing inspiration from interpretivism and constructivism, which aim to understand subjective experiences and socially constructed phenomena (Denzin, 2016; Garrett & Cutting, 2015; Mills & Birks, 2014), and build a better understanding of how these experiences shape the practice of nursing advocacy, acknowledging that advocacy extends beyond mere verbal expression and encompasses the interplay of individual motivations, environmental influences, and situational dynamics within healthcare workplace interactions.

3. Aims

The research question guiding this integrative review is: How is nursing advocacy and its relationship with power depicted in Australian literature? This study addresses a critical knowledge gap concerning the factors influencing nurses' advocacy engagement and the role of power in shaping this dynamic. While there is recognition that nurse advocacy is crucial in preventing avoidable deaths in healthcare, there is limited research on how nurses' advocacy efforts are received and their impact on future advocacy decisions. This integrative review seeks to synthesise existing research evidence on the relationship between power and the advocacy role of nurses in Australia, aiming to identify areas of research deficiency and guide future studies.

4. Methods/methodology

4.1. Design

This integrative review utilises the 'step-by-step' approach eponymously titled in works by Toronto and Remington (2020). The process consists of six steps: (i) problem formulation, (ii) literature search, (iii) data evaluation, (iv) analysis and synthesis, (v) discussion and conclusion, and (vi) dissemination of findings. This systematic approach allows for an in-depth analysis of the literature and provides a structured approach to the review process. The first four of these steps are described below, with the discussion and conclusions presented in the sections that follow. Dissemination of findings occurs through the publication of papers such as this. Where appropriate, researchers can also disseminate the outcomes of their integrative reviews through conference presentations and nontraditional outlets such as social media.

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4.2. Search methods

The following search terms were developed to capture the wider knowledge and evidence about nurse advocacy in Australia: (nurse OR nursing OR nurses) AND (advocacy OR whistleblowing). For isolating Australia in search outcomes, the Boolean phrase austral* OR queensland OR 'new south wales' OR victoria* OR Tasmania* OR 'northern territory' was also used to collect evidence that was indexed as state-based and as a result may not be included in Australia as keyword. Australian Capital Territories, South Australia and Western Australia state-based research (or indexed as such) would be captured by the search term austral*. The following electronic databases were used in the searches: (i) Medline, (ii) Cumulative Index to Nursing and Allied Health Literature (CINAHL), (iii) Emcare, (iv) Scopus, (v) ProQuest Health & Medicine, and (vi) Informit Databases.

4.3. Inclusion and/or exclusion criteria

This review includes studies that examine instances where nurses or nursing are mentioned in relation to or in the context of advocacy or whistleblowing to better understand the relationship between power and the advocacy role of the nurse in Australia. For the purposes of this study, such instances may include but are not restricted to cases where nurses have advocated or had plans to do so, spoke up for or otherwise defended their patients, or identified and escalated reports of poor standards, malpractice, fraud, or incompetence, as well as cases of whistleblowing, disclosure, and system failure identification (Benner & Shobe, 2003; Shoemark & Foran, 2021; Spence, 2011; Vaartio & Leino-Kilpi, 2005).

Table 1 indicates the Inclusion and Exclusion criteria used in the searches.

4.4. Search outcome

An overview of the screening process is provided by the PRISMA flowchart (Page et al., 2021) and can be seen in Fig. 1. Much of the exclusion and inclusion was filtered by reading the titles and abstracts allowing for the identification of studies that, although not explicitly focused on advocacy, may have touched upon or addressed related issues during the extraction or analysis of data (Toronto & Remington, 2020). This approach facilitated a nuanced exploration, enabling the detection of advocacy-related content even in articles where the title might not explicitly suggest it.

4.5. Quality appraisal

In evaluating the data sources for inclusion in the review, several key aspects were considered. Methodology, data collection, analysis, results, and overall quality were all taken into account (Remington, 2020). The methodology of each study was assessed to ensure its appropriateness for the research question and objectives, including the study design, data collection methods, and analysis techniques. The robustness and appropriateness of the data collection methods used in each study were examined, including the validity and reliability of the tools and techniques. The analysis of data in each study was evaluated for rigour and comprehensiveness, including the appropriateness of the analytical techniques and result interpretation. The relevance and contribution of the results of each study to the research question were reviewed, considering the significance of the findings and their implications for nursing advocacy. Finally, the overall quality of each study was considered, taking into account factors such as methodology and the credibility of the findings.

4.6. Data abstraction

Various study designs, such as randomised controlled trials, longitudinal studies, cohort studies, cross-sectional studies, and qualitative studies, were considered to gather data on nurse advocacy. Importantly, this review goes beyond the extraction of data solely related to advocacy outcomes. It adopts an inclusive approach, aiming to identify and synthesise studies that explore nursing's role, clinical context, and capacity to advocate for and support patients. Furthermore, the review encompasses literature referencing nurses in relation to advocacy or whistleblowing, providing a broader understanding of the cultural and contextual aspects in which nurses and advocacy events intersect. To facilitate this process, NVivo qualitative data management software was used to organise and manage the data (Tonin et al., 2023). Later, the use of NVivo software provided a structured framework that facilitated the integration of the findings from the evaluation phase, identifying commonalities, differences, or relationships between the findings across the identified studies. Such synthesis generated an overarching perspective to the research question (Cronin & George, 2023).

4.7. Synthesis

Stage 5 of Toronto and Remington's (2020) approach for integrative reviews emphasises that a researcher conducting such a review should not only summarise the extracted data but also provide a broader context, creating a discussion and conclusions for that data. Developing themes were grouped under the domains of Power dynamics in healthcare, System of healthcare, and The Nurse. These domains are worth noting as they serve as a framework for expressing and examining the data in this review. They also play a crucial role in advancing the argument that these three domains collectively help define the context in which nursing advocacy takes place.

4.7.1. Domain One: Power dynamics in healthcare

This domain encompasses the intricate network of power relationships within the healthcare system, delineating how authority, influence, and decision-making are distributed among various stakeholders. It involves the interactions between nurses, physicians, administrators, and other healthcare professionals, which can affect the extent to which nurses can advocate for their patients. Understanding and navigating these power dynamics are crucial for effective nursing advocacy.

4.7.2. Domain Two: System of healthcare

This domain pertains to the overarching structure and organisation of the healthcare system, including hospitals, clinics, and

Table 1
Inclusion and exclusion criteria.

Inclusion	Exclusion
Publication date January 2003 to May 2023	Published before 2003 or after May 2023
Published in English	Published in languages other than English
Study context Australia	Studies not situated in Australia
Primary research, Secondary research, Opinion, editorial.	Unpublished material.
	Poverty, energy, food, global activism and animal advocacy.

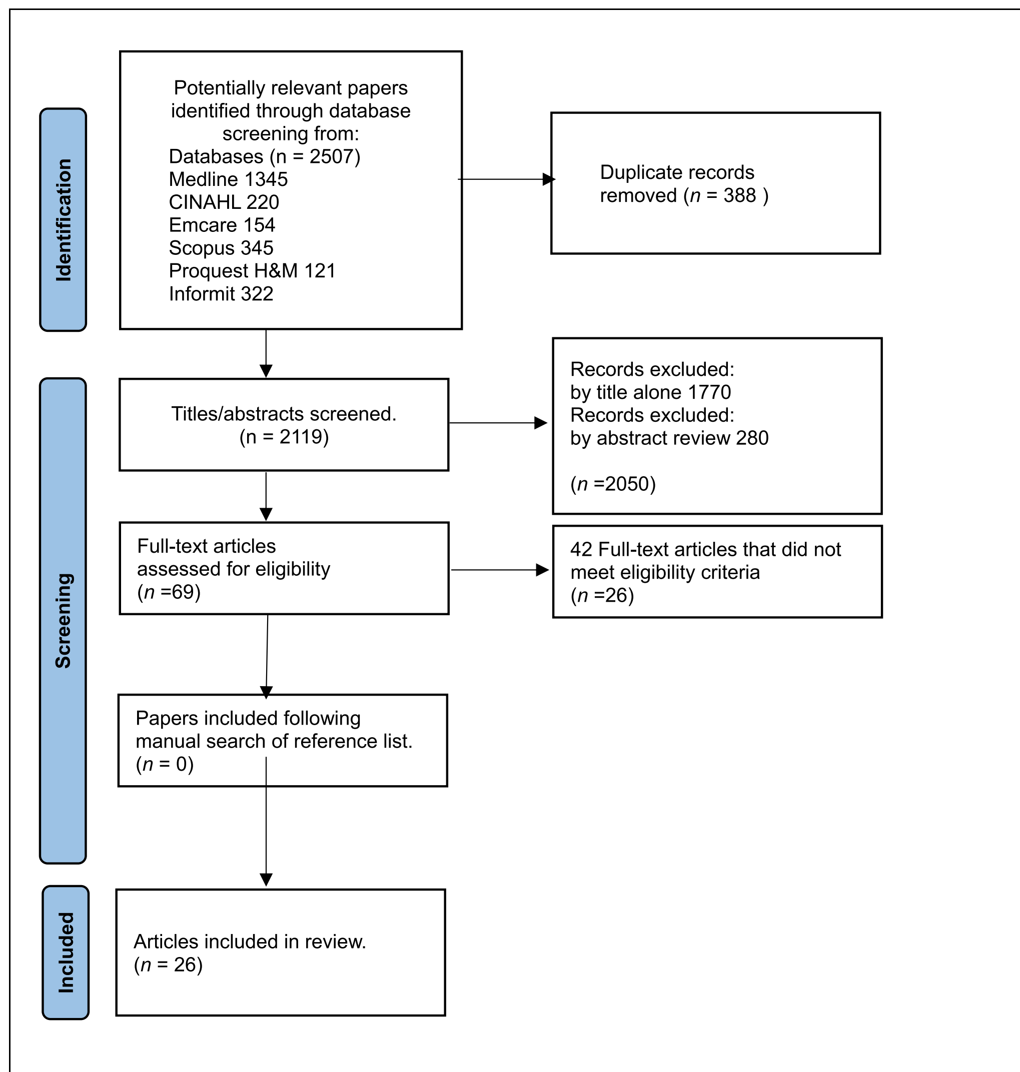

Fig. 1. PRISMA flowchart summarising search and outcomes.

healthcare institutions. It involves the policies, procedures, and cultural norms within these organisations that either support or hinder nurses in their advocacy roles. It also considers factors like resource allocation, staffing levels, and the emphasis on patient safety within the healthcare system, which can impact the ability of nurses to advocate effectively.

4.7.3. Domain Three: The nurse

This domain focuses on the individual nurse and their unique qualities, including personal attributes, professional skills, and lived experiences. It encompasses the courage, moral conviction, communication skills, and determination that nurses bring to their advocacy role. Furthermore, it takes into account the nurses' past experiences, such as education, training, and work history, which shape their ability to advocate for their patients.

5. Results/findings

Table 2, below, provides a summary of key findings from various studies on the relationship between power and nursing advocacy in Australia. The studies highlight the complexity of advocacy in nursing, influenced by personal, systemic, and cultural factors.

5.1. Power dynamics in healthcare

The power dynamics in the healthcare setting play a crucial role in influencing the advocacy efforts of nurses (Anonymous, 2006b; Bull & FitzGerald, 2004; Cleary & Duke, 2019). Nurses with strong personal power are more likely to engage in patient advocacy as they possess the confidence and determination to overcome resistance (Berner et al., 2004; Bickhoff et al., 2016; Breeding & Turner, 2002). Conversely, when nurses lack personal power, they may hesitate to speak up, fearing the consequences (Bridges et al., 2013; Broom et al., 2016; Cleary & Duke, 2019). In some cases, a highly driven nurse with low power in the system can lead to nurses using multidisciplinary team (MDT) approaches or clinical pathways to navigate around resistance (Berner et al., 2004; Broom et al., 2016; Bull & FitzGerald, 2004). Nursing students, although robust advocates, often recognise the potential repercussions of confronting subpar practices, emphasising the need for courage and moral conviction in the profession (Bickhoff et al., 2016; Callaghan, 2011; Jack et al., 2021).

5.2. System of healthcare

The healthcare system itself can pose resistance to nurse advocacy (Berner et al., 2004; Bickhoff et al., 2016; Blenkinsopp et al.,

Table 2
Database articles reviewed.

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Berner, Ives, & Astin, 2004)	Quantitative	Likert scale Survey	90 nurses	Patient expectations in critical care settings require nurses to serve as dedicated advocates, demanding courage in their role. Furthermore, the discussion highlights the notable trend of experienced nurses displaying stronger advocacy beliefs while also emphasising the resistance encountered by doctors regarding nurses' decision-making in this critical environment.	**Power** - Nurses personal power effects likelihood of advocacy - Strong nurse with power can overcome resistance. **System** - Medical system resistance to nurse advocacy **Nurse** - Courage and age increase advocacy belief - Patients expect nurses to advocate. - Use MDT / Clinical pathways to overcome resistance
(Bickhoff, Levett-Jones, & Sinclair, 2016)	Qualitative	Interview	10 Nursing Students	Nursing students demonstrate the potential for robust patient advocacy, even as they acknowledge the potential consequences of challenging subpar practices. The nursing profession itself thrives on individuals who are willing to question established norms and exhibit moral courage, ensuring the maintenance of elevated practice standards and patient well-being.	**Power** - Nurses personal power effects likelihood of advocacy - Equality of Status increases confidence. **System** - Works against nurses who speak out **Nurse** - Courage increase advocacy belief - Patients expect nurses to advocate. - Feeling affirmed doing the right thing, regardless of consequences. - Strong nurse can overcome system - Tactic, feigning innocence/ignorance to promote discussion.
(Blenkinsopp et al., 2019)	Literature review	Review	UK with Australian experiences captured in review].	To promote the open voicing of concerns in healthcare, it is imperative to reframe whistleblowing as a solution rather than a problem in addressing safety and quality issues. While research has traditionally concentrated on the act of whistleblowing, the focus must shift towards fostering positive organisational responses, which play a pivotal role in resolving patient-related concerns. The prevailing culture that inhibits nurses from reporting concerns underscores the need for a transformative approach that empowers nurses to question superiors, enhancing patient safety and well-being.	**Power** - Culture influences whistleblowing decisions **System** - Organisational procedures less important than culture, - Culture that suppresses nurse also erodes confidence to take on the system too. - Strong nurse with power can use under the radar tactics to overcome [systemic] resistance. - Lack of system response discourages advocacy - System which supports related bullying discourages advocacy. **Nurse** - Blame the whistleblower - Nurse can still be silenced [even] when motivated to speak out.

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Table 2 (*continued*)

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Breeding & Turner, 2002)	Qualitative -Phenomenological	Interview	5 x Australian Critical Care Nurses [experience of advocacy].	Nursing advocacy is an integral component of daily practice and is influenced by power dynamics and relational imbalances, leading to a lack of consensus on its precise definition. However, nurses universally recognise its importance, prompting a call for collaborative efforts among nursing organisations, theorists, and clinicians to clarify the essence and responsibilities of advocacy within Australian nursing.	**Power** - Culture influences whistleblowing decisions **System** - Organisational responses inform future decisions by nurses - procedures less important than culture - Lack of system response discourages advocacy. **Nurse** - Nurses do it every day, almost automatically. - Nurses with [high] confidence can advocate.
(Bridges et al., 2013)	Qualitative- Meta-ethnography	18 Studies	Australian Critical Care Nurses experience the nurse-patient relationship.	Nurses are often capable of forming close relationships with patients to advocate for them in treatment decisions, but whether they can fulfill this role depends on their relationship with medical colleagues.	**Power** - Relationship with influential doctors important **System** - Organisations can help support strong therapeutic relationships with patients. - Lack of system response discourages advocacy. **Nurse** - Nurses need to have more control over the conditions of where they work.
(Broom, Broom, Kirby, & Scambler, 2016)	Qualitative	Interview	Australian hospital-based nurses- n=30	Nurses using 'backstage' strategies to circumvent organisational constraints. Doctors regard RNs as 'just nurses'. RNs felt the precariousness of "overstepping that little line". Nurses conceive of themselves as counterbalances to the influence of medicine.	**Power** - Power that suppresses nurses also erodes confidence to take on the system too. **System** - Discouraged from advocacy due to lack of support system. **Nurses** - Nurses conceive of themselves as counterbalances to the influence of medicine. - Use MDT / Clinical pathways to overcome resistance - Use 'under radar' tactics - Nurse can still be silenced [even] when motivated to speak out.

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Table 2 (*continued*)

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Bull & FitzGerald, 2004)	Qualitative	Ethnographic study, semi-structured interviews	Australian hospital–based nurses –Operating department.	Advocacy in operating dept is complex. Patients are vulnerable, deserve to be protected, but there are structural and organisational barriers.	**Power** - Powerful nurse can overcome system, overcome resistance [confidence]. **System** - The medical profession should reflect on their own contribution to nurse advocacy. - Culture that suppresses nurse also erodes confidence to take on the system too. - Discouraged from Advocacy due to Lack of support System. **Nurse** - Nurse advocacy is often nurses reminding others of their duty of care in the Operating Department. - Use 'under radar' tactics. - Use MDT / Clinical pathways to overcome resistance.
(Callaghan, 2011)	Qualitative	Interviews.	Australian undergraduate students. n=6	Tension between task priorities and advocacy exists. Patient advocacy not consistently observed. Patients referred to as an object rather than a patient.	**Nurse** - RN inconsistency in Perception of role as advocate. - Can overcome resistance with 'confidence'. **System** Lack of system response discourages advocacy.
(Cleary & Duke, 2019)	Qualitative	Critical Case Study Methodology.	Case Study: Safety concerns of nurses from Bundaberg Base Hospital and Macarthur Health Service.	It is crucial for managers who are responsible for clinical governance to be aware of mechanisms that might blind them. Positive news is preferred by humans, and conflict is avoided at all costs. Managers should be more aware of the competing emotions that arise in response to ethical challenges, such as whistleblowing. The unconscious mind stopping thoughts of speaking out before they have even formed ['Confirmation Bias', 'Motivated reasoning'] is well expressed here and explored and discussed multiple times in the article.	**Power** - Culture of silence - Poor workplace culture for advocacy, Powerlessness - Playing the game to work around doctors. - Organisation protecting the powerful - RNs against the powerful **Nurse** - RN protecting the patient from system. - RN navigating the system with the patient. - Nurse Disengagement. - Nurse can still be silenced [even] when motivated to speak out. **System** - -Previous poor handling inhibits advocacy. - -Reporting System issues. - -Leadership can encourage advocacy - -Financial economisation of resources can inhibit advocacy. - -Nurses often fear organisational retaliation.

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Table 2 (*continued*)

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Anonymous, 2006a)	Editorial	Commentary on The 2005 Davies Report	Review of an enquiry into the Queensland Public Hospitals, [which focused on Jayant Patel's conduct]	Enhanced monitoring and accountability in doctor performance, along with changes to whistleblower protection, including expanding the categories of persons protected, is highlighted. The text emphasises the historical presence of a culture of concealment within and around Queensland Health, calling for significant reforms to promote transparency and patient safety.	**Power** - -Organisation protecting the powerful - -Mission statements not backed up [Culture of silence] - -Whistleblowing advocacy didn't work - -RN against the powerful **System** - Leadership can encourage advocacy - Workplace culture important **Nurse** - Lack of Org support on role clarity - RN navigating the system with the patient. - RN protecting the patient from system. - Nurse self-belief ability and courage. - Nurse can still be silenced [even] when motivated to speak out.
(Fedele, 2019)	Editorial Investigation	Editorial on nurses who have gone public / Blowing the whistle.	Australian nurses	In the event that nurses blow the whistle, they are isolated and bullied. It has created a culture of fear among nurses, and if they are afraid to report, their patients' health will suffer. Personal and professional costs are associated with blowing the whistle.	**System** - Fear of retaliation from peers and from system - Previous poor handling inhibits advocacy **Power** - Organisation protecting the powerful - Mission statements not backed up [Blame the whistleblower & Culture of silence] - Whistleblowing advocacy didn't work-powerlessness - RN against the powerful **Nurse** - RN Self-image as advocate - RN protecting the Pt from system. - Nurse self-belief ability and courage - Against workplace norms - Negative effects on family - Negative effects on nurse health - Nurse whistle blew because advocacy didn't work. - Nurses Feeling affirmed doing the right thing, regardless of consequences [speaking up is not the wrong thing to do].
(Firtko & Jackson, 2005)	Review of Existing knowledge	Review of whistleblowing in nursing.	Australia-based authors.	Varied definitions of whistleblowing, often closely linked to [failed] advocacy, with consequences such as reprisals and workplace violence. It highlights the need for a more appropriate and effective mechanism for healthcare workers to raise concerns, as they are currently socialised into a culture of silence due to fear of reprisals. Establishing a mechanism to address issues without creating public panic is crucial for safeguarding the rights of healthcare workers, reflecting on and rectifying unacceptable practices, and rebuilding trust within the healthcare system.	**Power** - Culture of Silence, blame the whistleblower - Mission statements not backed up. - RNs against the powerful - Organisation protecting the powerful **System** - Retaliation from Peers and Organisation [or fear of] - Previous poor handling inhibits advocacy - Trauma / Bad experience of using the system to report -Poor reporting system **Nurse** - Negative effects on nurse health - Lack of Org support-role clarity - Whistle blew because advocacy didn't work.

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Table 2 (*continued*)

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Flannery, Peters, & Ramjan, 2020)	Qualitative	Interviews intensive care unit.	Australian hospital-based nurses. n=12	Study reveals contrasting perspectives between doctors and nurses in the intensive care unit when making end-of-life decisions, with doctors prioritising family needs and nurses advocating for the patient's interests. The findings emphasise the need for improved communication and recognition of the valuable contributions of nurses in decision-making processes.	**Power** - Workplace culture - Naivety thinking system will welcome RN advocacy or USES nurses without acknowledgement. **System** - System issues-nurses voices sometimes heard but not acknowledged. - Culture that suppresses nurse also erodes confidence to take on the system too. **Nurse** - RNs role perception-as advocate.
(Hannan-Jones, Mitchell, & Mutch, 2021)	Qualitative	Interviews	Queensland Nurse Navigator service nurses n=3	Nurse navigators play a pivotal advocacy role within the nursing profession, addressing care barriers, instigating system improvements, and coordinating treatments across providers. Their integral role emphasises their significance as advocates, working seamlessly within the nursing profession to bridge gaps in patient care and support both patients and their families.	**Power** - Culture of silence **Nurse** - Overcome Power and System- 'confidence' - RN Navigating System with patient - RN Protecting the patient from system - Self-Image as advocate **System** - Navigators use MDT, clinical pathways to overcome issues. - Overcome Power and System- 'confidence'.
(Jack et al., 2021)	Qualitative	Interviews	UK and Australia–based research: n=14	Supporting nursing students in fostering positive change remains a significant challenge. Universities must focus on developing comprehensive curricula and tailored interventions that not only address ethical considerations but also empower students with effective communication tools to advocate for change within the healthcare system.	**System** - Lack of system response discourages advocacy. **Nurse** - Nurse disengagement. - Self-belief RNs own morals ethics. - Advocacy against workplace norms. - RN protecting the system. - Overcome Power and System- 'confidence'. - RNs affirmed by doing the right thing.
(Jackson et al., 2011)	Qualitative study	Interview:narrativ-e inquiry	Impact of whistleblowing on nurses who manage. n=18 (all nurses)	Organisational confidentiality requirements hindered open discussions among nurses, leading to the proliferation of rumours and a lack of support within their collegial networks. The strict secrecy surrounding whistleblowing events exacerbated their professional isolation, rendering their individual struggles largely invisible to the healthcare community.	**Power** - RNs against the powerful - Culture of silence - Organisation protecting the powerful **System** - System uses confidentiality clauses / HR to silence nurse who make initial reports. - Previous poor handling inhibits Advocacy. - Fear or actual retaliation from Organisation - System blames the whistleblower **Nurse** - Neg effect on RNs health-Whistle blew because advocacy didn't work.

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Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Jackson et al., 2010b)	Qualitative	Interview, narrative inquiry.	n=18 (nurses)	Healthcare systems face significant pressure, and whistleblowing events are expected to persist. The study underscores the urgent need to foster a supportive climate in which nurses and other healthcare professionals can raise concerns without fear of reprisals, dispelling the negative perception of whistleblowing as an act of revenge or sedition.	**Power** - The powerful blame the Whistleblower - Workplace not supportive of Advocacy, culture of silence - Uncivil behaviour - RN in conflict with Dr **System** - Fear or actual retaliation from Organisation - Previous poor handling inhibits advocacy - Fear or actual retaliation from peers **Nurse** - Lack of Org support-role clarity
(Jackson et al., 2010a)	Qualitative	Interview, narrative inquiry.	Australia-based nurses. n=11	Nurses in this study perceived whistleblowing as a manifestation of their duty of care, highlighting the importance of clarifying nurses' roles as patient advocates. To enhance the advocacy aspect, it is crucial to establish clear guidelines for nurse voice opportunities, ensure timely and appropriate responses from healthcare systems, and create a safe environment that encourages nurses to raise concerns.	**Power** - Organisation protecting the powerful - Culture of silence - Blame the whistleblower **System** - Previous poor handling inhibits advocacy - Whistleblowing advocacy didn't work -powerlessness - Fear or actual retaliation from peers - Trauma / Bad experience of using the system to report. - Fear or actual retaliation from Organisation **Nurse** - RNs role perception - Negative effects on nurse health & Family
(Johnstone, 2005)	Opinion Editorial	Whistleblowing and accountability	Based on Australian cases.	Nurses who blow the whistle on patient safety issues, even when their concerns are well-founded through legal investigations, often face significant personal and professional risks. The case of Toni Hoffman illustrates the challenges whistleblowers may encounter, as she persistently attempted to draw management's attention to her concerns with limited success.	**Power** - Culture that suppresses nurse also erodes confidence to take on the system. - Strong nurse with power can overcome resistance. **System** - Strong nurse can overcome system [lack of support and 'the risks'] **Nurses** - Nurses can overcome the power [feeling they shouldn't speak up] overcome resistance [with confidence]. - Nurse can still be silenced [even] when motivated to speak out. - Nurses with [high] confidence can advocate. - Overcome Power and System- 'confidence.'
(Jones & Hoffman, 2005)	Editorial on Patel Case	Conversation	Discussion on whistleblowing including Toni Hoffman.	Nurses often harbour concerns that their advocacy efforts may not be given the attention they deserve, leading them to focus primarily on ethical and safety considerations, despite the potential threat to their job security. The challenges faced by Toni Hoffman, including threats, vilification, and a violation of the health department's code of conduct, served as a stark reminder of the sacrifices and adversities that nurses may encounter when advocating for patient safety.	**Power** - Poor workplace culture for advocacy **System** - Nurses face fear or actual retaliation from peers - Lack of Org support-role clarity **Nurse** - Nurse self-belief, ability and courage crucial. - Whistle blew because advocacy didn't work - Feelings of powerlessness amongst nurses

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Table 2 (*continued*)

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(McGrath, Holewa, & McGrath, 2006)	Qualitative	Phenomenological interviews.	MDT members Australian hospital. n=18 5 nurses	Nurses often defer to doctors, leading to a situation of medical centrism where patients' voices are sometimes unheard in medical decision-making. Nurses see advocacy as a means to address this issue, emphasising the importance of confidence, conviction, collaboration, knowledge, and communication skills. The ultimate goal of nursing advocacy is to enhance patient satisfaction with their healthcare experiences, highlighting the need for equal participation and effective collaboration within the multidisciplinary team.	**Power** - MDT Dominated by Drs - Nurses feel Powerlessness - RNs against the powerful. **System** - Fear of retaliation - Conformity following the rules. - Lack of organisational support. **Nurse** - Against workplace norms - RN Self-image as advocate problematic - Nurse self-belief ability and courage - Using MDT to advocate - RNs navigating system with patient.
(McGrath & Phillips, 2009)	Qualitative	Interview	Nurses in Australia n=11	Nursing advocacy may cause burnout when nurses perceive a lack of appreciation within the organisation. Furthermore, the dominance of the medical establishment can devalue nurses' roles, hindering their effectiveness in advocating for and influencing clinical decisions.	**Power** - RN in conflict with Drs - RNs against the powerful. - RNs feeling Powerlessness, culture of silence **System** - Nurses fear retaliation from the system. - Poor reporting systems **Nurse** - Negative effects on nurse health & Family - Nurse disengagement, lack of role clarity - Previous poor handling inhibits Advocacy - Senior/Mgt RNs report more. - Trauma / Bad experience of using the system to report
(Monterosso et al., 2005)	Mixed	Quant. [Likert] and qualitative descriptive study	Nurse in Australia (n=38)	Nurses felt that their perspectives were often overlooked within the healthcare team during ethical decision-making processes. These findings emphasise the importance of inclusivity, highlighting the need for consideration of all team members' viewpoints in ethical deliberations	**Power** - Culture that suppresses nurse also erodes confidence to take on the system too: **System**Strong nurse can overcome system [lack of support and 'the risks'] and overcome the power [feeling they shouldn't speak up] overcome resistance [confidence]. **Nurse** - RN lack of role clarity - RN Self-image as advocate, not a nurse's role - Culture of silence [following the rules]
(Peters et al., 2011)	Qualitative	Interviews	Australia-based nurses (n=18)	This study highlights the enduring and intense emotional distress experienced by whistleblowers, underscoring the severe consequences of these incidents. It also underscores the need for better acknowledgement of emotional symptoms and enhanced support for individuals who blow the whistle in healthcare settings.	**Power** - Nurse self-belief, ability, and courage important to overcome power. **System** - Nurses fear retaliation from the system. - Poor reporting systems - Trauma / Bad experience of using the system to report **Nurse** - Negative effects on nurse health & Family - Against RN workplace norms - Whistle blew because advocacy didn't work.

(*continued on next page*)

Table 2 (*continued*)

Author (year)	Study design	Data collection	Sample	Key findings – primary	Key findings – integrated themes
(Spence, 2011)	Qualitative	Ethical advocacy based on caring: A model for neonatal and paediatric nurses	Australia-based nurse [Author]	Nurses' advocacy skills encompass a range of attributes and experiences, from communication and empathy to leadership and system thinking. Although advocacy is integral to the nursing role, its perception affects nurses' engagement in ethical discussions. Recognising the significance of advocacy and involving nurses in these dialogues is essential for empowering them to serve as effective patient advocates.	**Power** - RNs against the powerful. **System** - Reporting System issues - RN Protecting the patient from the system - RN navigating the system with the patient **Nurse** - Lack of Org support-role clarity - Nurse require self-belief, ability and courage. - Naivety thinking system will welcome RN advocacy & USES nurses without acknowledgement.
(Wilkes, Peters, Weaver, & Jackson, 2011)	Qualitative	Interviews	Nurse (n=18)	The are repercussions of whistleblowing, affecting not only the nurses who raise their voices but also all individuals involved, including their families. It is crucial for organisations to place a priority on developing strategies that mitigate these adverse effects on nurses' families when such events transpire.	**Power** - Culture of silence **System** - Missions statements not backed up by practice - Fear or actual retaliation from Organisation - Fear or actual retaliation from peers - Blaming the whistleblower - Reporting System issues **Nurse** - Negative effects on nurse health & Family - Lack of Org support-role clarity - Nurse disengagement

2019). Organisational culture and procedures can either support or hinder nurses in their advocacy roles (Blenkinsopp et al., 2019; Breeding & Turner, 2002; Bridges et al., 2013). When the system is resistant to nurses speaking out, it discourages advocacy efforts (Broom et al., 2016; Bull & FitzGerald, 2004; Wilkes et al., 2011). Additionally, there can be a culture of silence within healthcare organisations that suppresses nurses' voices and undermines their confidence in making judgments (Spence, 2011). Whistleblowing, a form of advocacy in response to safety and quality issues, is influenced significantly by the culture within the healthcare organisation (Blenkinsopp et al., 2019; Peters et al., 2011; Wilkes et al., 2011). It is not just the act of whistleblowing but also the organisational response that determines the resolution of patient-related concerns (Jackson et al., 2010a; Jones & Hoffman, 2005). Encouraging a positive whistleblowing reaction is vital, as the prevailing culture can inhibit employees from reporting concerns (Jackson, et al., 2010a; Johnstone, 2005).

5.3. The nurse

Nurses themselves are key actors in the advocacy process (Broom et al., 2016; Bull & FitzGerald, 2004). Courage and moral conviction are essential attributes for nurses to realise their advocacy role (Anonymous, 2006b; Fedele, 2019; Jones & Hoffman, 2005; McGrath et al., 2006; Peters et al., 2011; Spence, 2011). Patients expect nurses to advocate on their behalf, a fundamental aspect of nursing practice (Berner et al., 2004; Breeding & Turner, 2002). However, nurses' advocacy can vary based on their individual drive, confidence, and perception of their role (Anonymous, 2006b; Callaghan, 2011; Firtko & Jackson, 2005). Nurses often conceive of themselves as counterbalances to the influence of the medical profession, which highlights the importance of their advocacy role (Broom et al., 2016; Hannan-Jones et al., 2021; McGrath et al., 2006; Spence, 2011). The nurses' capacity to advocate for patients is not solely contingent on their rapport with patients but is also significantly influenced by their relationships with more influential doctors (Bridges et al., 2013; Cleary & Duke, 2019; McGrath et al., 2006; McGrath & Phillips, 2009). Speaking up for their patients can often result in nurses experiencing negative physical, emotional, and psychological effects (Jackson et al., 2010a; Jackson et al., 2011; McGrath & Phillips, 2009; Peters et al., 2011). Table 3 summarises the three elements of power, system, and nurse and how they influence nurse advocacy efforts.

6. Discussion

This review reveals several key factors that influence the ability of nurses to effectively advocate for their patients. Power dynamics within the healthcare setting play a pivotal role, as nurses with strong personal power or access to it are more likely to engage in patient advocacy confidently (McGrath et al., 2006). This type of power does not necessarily emanate from the corporate system, though it might be expressed through or connected to it. A nurse who has strong social connections or associations with influential individuals may feel more self-assured when advocating for their patient (Blenkinsopp et al., 2019; Breeding & Turner, 2002). In workplaces with a significant hierarchical structure or where specific individuals, such as surgeons in an operating theatre, hold critical roles essential to the unit's operation, power dynamics can often take precedence (Bull & FitzGerald, 2004). In such cases, these powerful individuals may override both nurses and the healthcare system's established governance and protocols to accommodate their preferences (Bull & FitzGerald, 2004; McGrath & Phillips, 2009).

6.1. Power-System-Nurse Venn

Fig. 2 visually illustrates the key themes extracted from the studies and represents the intricate relationship between power dynamics, organisational system, individual nurse attributes, and nurse advocacy. It serves as a graphical summary, highlighting that a nurse's ability to advocate effectively is intricately connected to several factors: their personal empowerment, the level of support or resistance they encounter within the healthcare system, and the courage and dedication they bring to their advocacy role. This representation highlights nurses' crucial advocacy role while emphasising that forces external to the nurse can either support or hinder their efforts to safeguard patients' safety and well-being, as illustrated in the italicised text within the intersection sets.

When nurses lack confidence or support from the system or perceive that they have low power, they may hesitate to speak up, fearing potential consequences (Blenkinsopp et al., 2019; Callaghan, 2011). A nurse with strong determination and motivation, despite holding a lower-power position within a healthcare system that generally supports nurse advocacy, may demonstrate ingenuity by adopting approaches like multidisciplinary teamwork, clinical pathways, or other backstage strategies to overcome resistance (Blenkinsopp et al., 2019; Broom et al., 2016; McGrath et al., 2006). This highlights the importance of nurses' resilience in the context of nurse advocacy. However, it is essential to acknowledge that relying solely on resilience can take a toll on a nurse's well-being and overall life, potentially leading to health and other adverse impacts (Firtko & Jackson, 2005; Jackson et al., 2011; Johnstone, 2005; McGrath & Phillips, 2009).

Sometimes the healthcare system itself can demonstrate ingenuity in efforts to facilitate nurse advocacy efforts. The creation of the position 'nurse navigator', a specific role created to assist patients in getting the best out of the healthcare system (Queensland Health, 2019), serves as a vital development in nurse-patient advocacy, while also addressing broader barriers to care and

Table 3
Conceptual framework — Power-System-Nurse.

Power	System	Nurse
• Power dynamics influence nurse advocacy efforts. • Nurses with personal power engage in patient advocacy more. • Nurses lacking personal power hesitate to speak. • Nurses sometimes use multidisciplinary team (MDT) approaches or clinical pathways to navigate resistance. • Nursing students are aware of the repercussions of confronting subpar practices.	• Healthcare system can resist nurse advocacy. • Organisational procedures can support or hinder nurse advocacy. • System resistance discourages advocacy efforts. • A culture of silence within healthcare organisations suppresses nurse voices. • Whistleblowing: influenced by the culture of the healthcare organisation's system • The resolution of patient-related concerns depends on the organisational response.	• Nurses central in the advocacy process. • Courage and moral conviction are traits that empower nurses in their advocacy role. • Patients have an expectation that nurses will advocate on their behalf. • Nurse advocacy can vary based on their personal motivation, confidence, and perception of their role. • Nurses often see themselves as counterbalances to the influence of the medical profession. • The ability of nurses to advocate is not only influenced by their interactions with patients but also by their relationships with more influential doctors and colleagues. • Advocating for patients can have physical, emotional, and psychological impacts on nurses.

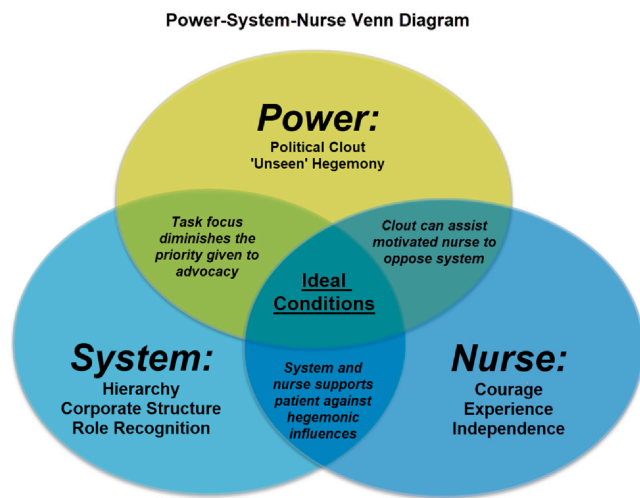

Fig. 2. Themes derived from literature.

coordinating treatments and services (Hannan-Jones et al., 2021; Queensland Health, 2019). Expanding the role of nurse navigators within healthcare settings should be considered to further enhance patient advocacy (Hannan-Jones et al., 2021).

A culture of silence within healthcare organisations can suppress nurses' voices, eroding their confidence in making judgments and advocating for patients (McGrath & Phillips, 2009; Monterosso et al., 2005). Whistleblowing can often be seen as a symptom of when advocacy has not worked and should be viewed as such, and not treated as an attack on the system (Flannery et al., 2020; Jackson et al., 2011). In their most vulnerable moments, nurses who dare to advocate for their patients often find themselves facing the full force of rigid HR policies (Jackson et al., 2011), which not only demand their silence but also thrust them into exile — socially, professionally, and emotionally (Fedele, 2019). Encouragingly, positive organisational responses to whistleblowing can foster a more supportive environment for nurse advocacy (Blenkinsopp et al., 2019).

6.2. Limitations

This integrative review explores the dynamics of advocacy within the nursing profession and its intricate relationship with power, specifically in Australia, employing a systematic approach. While the studies included in this review varied in their nature and character, the overall quality of the evidence used was good. It is important to note that there is limited research available that specifically explores the impact of power on advocacy within the nursing profession, encompassing the various forms that advocacy can take (Ramsay et al., 2022). In many nations, the concept of advocacy within nursing does not typically hold sway, as entrenched traditional systems and cultural mores exert substantial influence and authority (Kaur & Jayashree, 2022; Laari & Duma, 2023). Furthermore, it is important to underscore that this review exclusively considered studies in the English language within the Australian context. Despite these limitations, this review provides valuable insights into the complex interplay between power and advocacy in nursing, highlighting the need for further research to fully understand these dynamics. By shedding light on these issues, this study contributes to the ongoing discourse on nurse advocacy, offering a foundation for future research and recommendations in this critical area.

7. Conclusion

Nurses championing patient safety: To enhance nurses' advocacy for patient safety, it is crucial to prioritise personal empowerment. This can be achieved by actively supporting nurses in developing confidence and determination through professional programs and leadership opportunities. Additionally, cultivating a patient safety culture is essential. This involves establishing clear protocols and reporting mechanisms and involving nurses in decision-making processes to shape safety initiatives. Furthermore, driving systemic change through political action is imperative. Nurses can advocate for legislation on safe staffing, fair labour-industrial relation practices, and protection for nurses who champion patient safety. Lastly, collaborating across healthcare professionals and advocacy groups is key. This collaboration can create a unified voice for patient safety, aiming for a healthcare system that truly values and prioritises it. This comprehensive approach not only enhances patient safety but also elevates nurses' professional status in ensuring patient well-being.

This review suggests that the relationship between power and nurse advocacy encompasses three domains: the Power Dynamic in the Healthcare System, the Corporate Structure of the Healthcare System, and the Nurse's Skills, Characteristics, and Experiences. Power dynamics within healthcare significantly influence nurses' advocacy efforts. Nurses with personal power are more inclined to advocate confidently, while those lacking it might hesitate due to potential repercussions. The healthcare systems can either support or hinder advocacy, with resistant systems discouraging it, while a culture of silence suppresses nurses' voices. Whistleblowing, an advocacy form addressing safety issues, is deeply influenced by organisational culture.

This review advances the argument that enhancing nurse advocacy for patient safety should involve a comprehensive approach. Healthcare organisations should empower nurses to build personal power, offer professional development, leadership opportunities, and involvement in policy shaping. Fostering a patient safety culture is crucial, engaging nurses in decision-making processes. Political action is also essential for systemic change, as nurses, organisations, and professionals advocate for policy changes promoting advocacy and safety.

In the complex world of healthcare, nurse advocacy is an expression of a nurse's commitment to patient well-being and safety. Advocacy is not something nurses do; it is something they are: Advocates. Nurses' voices play a vital role in patient-centred care, ensuring that every person is cared for, protected, and safe in their most vulnerable moments. Healthcare systems need to better support this important work.

Author contributions

Alan Ramsay: Conceptualisation, Methodology, Data curation, Writing Original draft preparation. **Peter Hartin:** Conceptualisation, Methodology, Writing, Reviewing and Editing, Supervision. **Kris McBain-Rigg:** Conceptualisation, Methodology, Writing, Reviewing and Editing, Supervision. **Melanie Birks:** Conceptualisation, Methodology, Writing, Reviewing and Editing, Supervision.

Ethical statement

As this article is an integrative review and does not involve the collection of new data or human participants, ethical approval was not required. However, the research has been conducted in accordance with the professional and academic standards expected in the nursing field, following established protocols and processes to ensure order and integrity.

Disclosure

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Declaration of Competing Interest

The authors declare no conflict of interest.

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