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Lecture 6:

Professional ethics: focus in patient advocacy

Профессиональная этика: фокус на защите интересов пациентов

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Professional ethics – Code of ethics for nurses

INTERNATIONAL COUNCIL OF NURSES (ICN) 1953, LAST REVISED 2021. THE ICN CODE OF ETHICS FOR NURSES. ISBN: 978-92-95099-94-4

The ICN Code of Ethics for Nurses is a statement of the ethical values, responsibilities and professional accountabilities of nurses and nursing students that defines and guides ethical nursing practice within the different roles nurses assume. It is not a code of conduct but can serve as a framework for ethical nursing practice and decision-making to meet professional standards set by regulatory bodies.

The ICN Code of Ethics for Nurses provides ethical guidance in relation to nurses' roles, duties, responsibilities, behaviours, professional judgement and relationships with patients, other people who are receiving nursing care or services, co-workers and allied professionals. The Code is foundational and to be built upon in combination with the laws, regulations and professional standards of countries that govern nursing practice. The values and obligations expressed in this Code apply to nurses in all settings, roles and domains of practice

МЕЖДУНАРОДНЫЙ СОВЕТ МЕДИЦИНСКИХ СЕСТЕР (ICN) 1953 Г., ПОСЛЕДНЯЯ РЕДАКЦИЯ 2021 Г. ЭТИЧЕСКИЙ КОДЕКС ICN ДЛЯ МЕДСЕСТЕР. ISBN: 978-92-95099-94-4

ЭТИЧЕСКИЙ КОДЕКС МЕДСЕСТЕР ICN ПРЕДСТАВЛЯЕТ СОБОЙ ***ЗАЯВЛЕНИЕ ОБ ЭТИЧЕСКИХ ЦЕННОСТЯХ, ОБЯЗАННОСТЯХ И ПРОФЕССИОНАЛЬНОЙ ОТВЕТСТВЕННОСТИ МЕДСЕСТЕР И СТУДЕНТОВ-МЕДСЕСТЕР, КОТОРОЕ ОПРЕДЕЛЯЕТ И НАПРАВЛЯЕТ ЭТИЧЕСКУЮ ПРАКТИКУ МЕДСЕСТЕР В РАМКАХ РАЗЛИЧНЫХ РОЛЕЙ, КОТОРЫЕ БЕРУТ НА СЕБЯ МЕДСЕСТРЫ. ЭТО НЕ КОДЕКС ПОВЕДЕНИЯ, НО ОН МОЖЕТ СЛУЖИТЬ ОСНОВОЙ ДЛЯ ЭТИЧНОЙ СЕСТРИНСКОЙ ПРАКТИКИ И ПРИНЯТИЯ РЕШЕНИЙ В СООТВЕТСТВИИ С ПРОФЕССИОНАЛЬНЫМИ СТАНДАРТАМИ, УСТАНОВЛЕННЫМИ РЕГУЛИРУЮЩИМИ ОРГАНАМИ.***

КОДЕКС ЭТИКИ МЕДСЕСТЕР ICN ***СОДЕРЖИТ ЭТИЧЕСКИЕ РЕКОМЕНДАЦИИ В ОТНОШЕНИИ РОЛЕЙ, ОБЯЗАННОСТЕЙ, ОТВЕТСТВЕННОСТИ, ПОВЕДЕНИЯ МЕДСЕСТЕР, ПРОФЕССИОНАЛЬНОГО СУЖДЕНИЯ И ВЗАИМООТНОШЕНИЙ С ПАЦИЕНТАМИ, ДРУГИМИ ЛЮДЬМИ, ПОЛУЧАЮЩИМИ СЕСТРИНСКУЮ ПОМОЩЬ ИЛИ УСЛУГИ, КОЛЛЕГАМИ И СМЕЖНЫМИ СПЕЦИАЛИСТАМИ***. КОДЕКС ЯВЛЯЕТСЯ ОСНОВОПОЛАГАЮЩИМ, И НА НЕГО СЛЕДУЕТ ОПИРАТЬСЯ В СОЧЕТАНИИ С ЗАКОНАМИ, ПРАВИЛАМИ И ПРОФЕССИОНАЛЬНЫМИ СТАНДАРТАМИ СТРАН, КОТОРЫЕ РЕГУЛИРУЮТ СЕСТРИНСКУЮ ПРАКТИКУ. ЦЕННОСТИ И ОБЯЗАТЕЛЬСТВА, ИЗЛОЖЕННЫЕ В НАСТОЯЩЕМ КОДЕКСЕ, РАСПРОСТРАНЯЮТСЯ НА МЕДСЕСТЕР ВО ВСЕХ УСЛОВИЯХ, РОЛЯХ И СФЕРАХ ДЕЯТЕЛЬНОСТИ.

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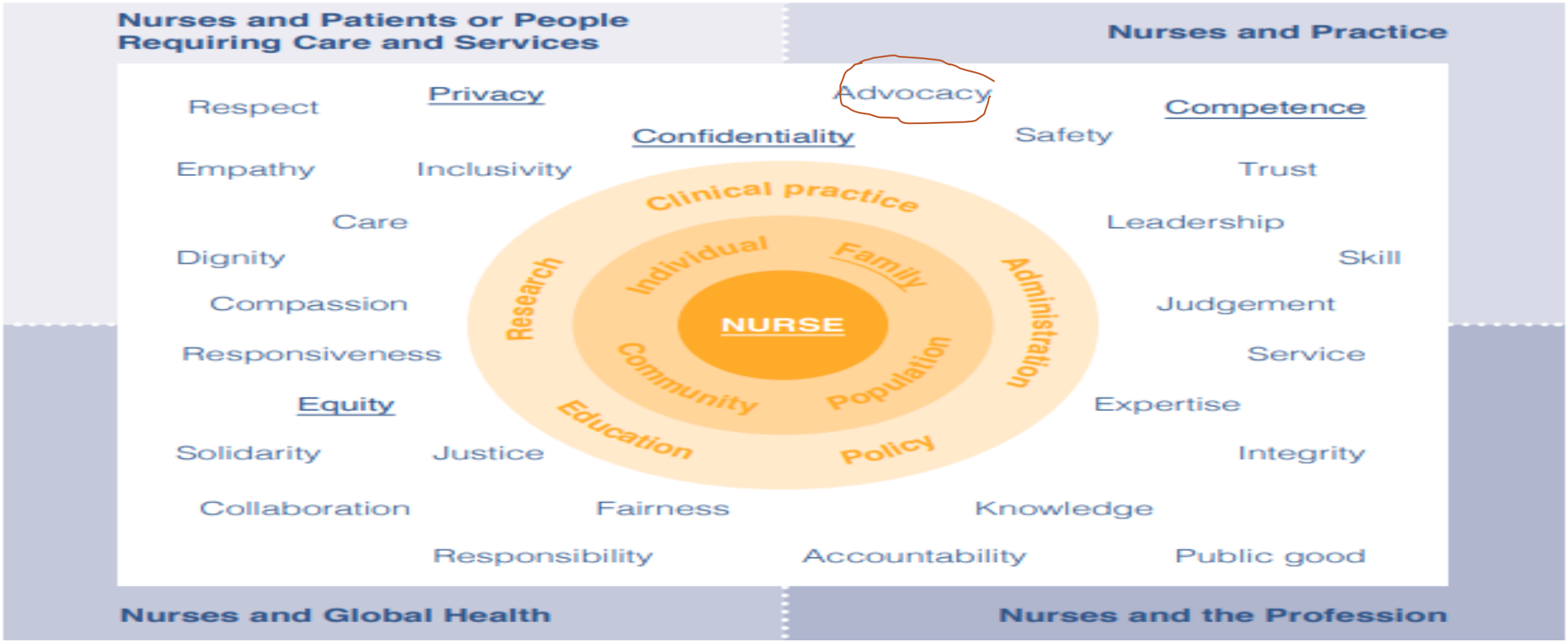
ICN Code of Ethics for Nurses
Professional Values



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1. NURSES AND PATIENTS OR OTHER PEOPLE REQUIRING CARE OR SERVICES[2]

1.1 Nurses' primary professional responsibility is to people requiring nursing care and services now or in the future, whether individuals, families, communities or populations (hereinafter referred to as either 'patients' or 'people requiring care').

1.2 Nurses promote an environment in which the human rights, values, customs, religious and spiritual beliefs of the individual, families and communities are acknowledged and respected by everyone. Nurses' rights are included under human rights and should be upheld and protected.

1.3 Nurses ensure that the individual and family receive understandable, accurate, sufficient and timely information in a manner appropriate to the patient's culture, linguistic, cognitive and physical needs, and psychological state on which to base consent for care and related treatment.

1.4 Nurses hold in confidence personal information and respect the privacy, confidentiality and interests of patients in the lawful collection, use, access, transmission, storage and disclosure of personal information.

1.5 Nurses respect the privacy and confidentiality of colleagues and people requiring care and uphold the integrity of the nursing profession in person and in all media, including social media.

1.6 Nurses share with society the responsibility for initiating and supporting action to meet the health and social needs of all people.

1.7 Nurses advocate for equity and social justice in resource allocation,

Applying the Elements of the *Code* #1: NURSES AND PATIENTS OR PEOPLE REQUIRING CARE OR SERVICES		
Nurses, Nurse Leaders and Nurse Managers	**Educators and Researchers**	**National Nurses Associations**
Exercise professional ethical judgement in the use of information, health records and reporting systems, whether electronic or paper-based, to ensure protection of human rights, confidentiality and privacy in accord with patient preferences and community safety and in compliance with any relevant laws.	In curricula, include accuracy, confidentiality and privacy on the use of media, reporting and recording systems, whether images, recordings, or comments. Be familiar with the use of required reporting for extreme emergencies.	Prepare guidelines and standards of practice on appropriate use of information and reporting systems that ensure protection of human rights, confidentiality, privacy, and mandated reporting mechanisms for public health outbreaks or extreme emergencies.
Communicate to appropriate supervisors and/or authorities any risks, inappropriate behaviours or misuse of technologies that threaten people's safety, and provide facts supporting this. Nurses need to be involved when technology	Include in curriculum and conduct research on what constitutes safe care that respects dignity and rights and considers new technology.	Lobby governments, health organisations, medical device and pharmaceutical companies to include nurses during research and development of technology for patient use.

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2. NURSES AND PRACTICE

2.1 Nurses carry personal responsibility and accountability for ethical nursing practice, and for maintaining competence by engaging in continuous professional development and lifelong learning.

2.2 Nurses maintain fitness to practice so as not to compromise their ability to provide quality, safe care.

2.3 Nurses practise within the limits of their individual competence and regulated or authorised scope of practice and use professional judgement when accepting and delegating responsibility.

2.4 Nurses value their own dignity, well-being and health. To achieve this requires positive practice environments, characterised by professional recognition, education, reflection, support structures, adequate resourcing, sound management practices and occupational health and safety.

2.5 Nurses maintain standards of personal conduct at all times. They reflect well on the profession and enhance its image and public confidence. In their professional role, nurses recognise and maintain personal relationship boundaries.

2.6 Nurses share their knowledge and expertise and provide feedback, mentoring and supporting the professional development of student nurses, novice nurses, colleagues and other health care providers.

2.7 Nurses are patient advocates, and they maintain a practice culture that promotes ethical behaviour and open dialogue.

2.8 Nurses may conscientiously object to participating in particular procedures or nursing or health-related research but must facilitate respectful and timely action to ensure that people receive care appropriate to their individual needs.

2.9 Nurses maintain a person's right to give and withdraw consent to access their personal, health and genetic information. They protect the use, privacy and confidentiality of genetic information and human

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Nurses, Nurse Leaders and Nurse Managers	Educators and Researchers	National Nurses Associations
Foster interprofessional collaboration for managing conflict and tensions. Promote an environment of shared ethical values. To improve quality of care and safety, fear of reprisal must be extinguished. This will create a more open, transparent culture that embraces crucial conversations for advancing health for all.	Teach methods and skills of situational assessment and conflict management as well as the roles and values of other health care disciplines.	Inform other disciplines and the public about the roles of nurses and the values of the nursing profession. Promote a positive image of nursing. Champion work environments and conditions that are free from abuse, harassment and violence.
Develop appropriate professional relationships with patients and colleagues; exercise professional judgement and decline gifts or bribes and avoid conflicts of interest.	Maintain and teach professional boundaries and skills to safeguard them. Teach identification of and methods to avoid conflicts of interest.	Set standards for professional boundaries and establish processes for the expression of recognition and gratitude.
Assure continuity of care for the patient when exercising conscientious objection, where	Encourage self-reflection and teach frameworks and processes of conscientious	Develop standards and guidelines for refusal of participation in specific medical

3. NURSES AND THE PROFESSION
4. NURSES AND GLOBAL HEALTH

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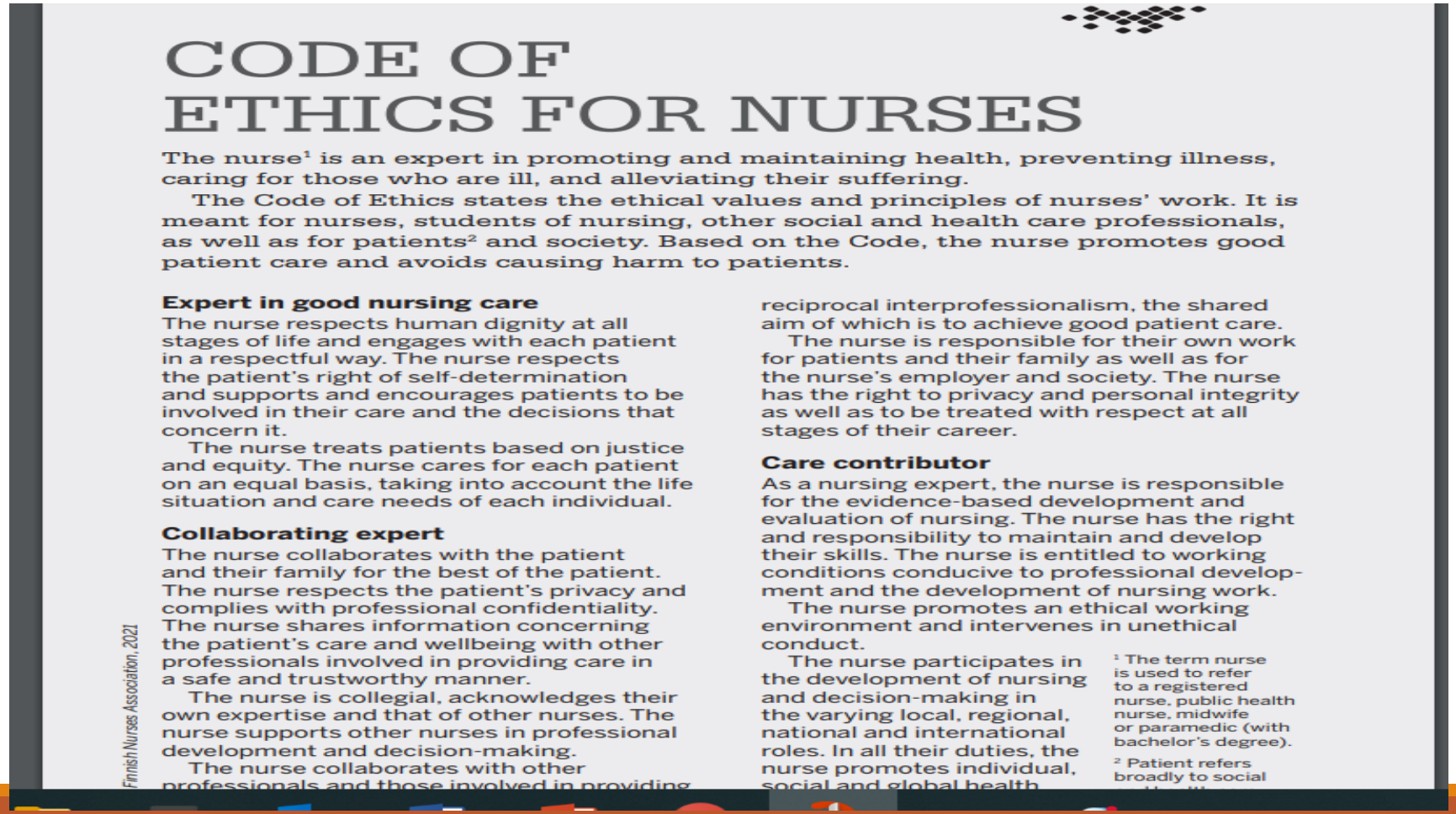
The Finnish Code of ethics for nurses (1996, last revised 2021) Кодекс этики медсестер Финляндии (1996 г., последняя редакция 2021 г.)



CODE OF ETHICS FOR NURSES

The nurse[1] is an expert in promoting and maintaining health, preventing illness, caring for those who are ill, and alleviating their suffering.

The Code of Ethics states the ethical values and principles of nurses' work. It is meant for nurses, students of nursing, other social and health care professionals, as well as for patients[2] and society. Based on the Code, the nurse promotes good patient care and avoids causing harm to patients.

Expert in good nursing care

The nurse respects human dignity at all stages of life and engages with each patient in a respectful way. The nurse respects the patient's right of self-determination and supports and encourages patients to be involved in their care and the decisions that concern it.

The nurse treats patients based on justice and equity. The nurse cares for each patient on an equal basis, taking into account the life situation and care needs of each individual.

Collaborating expert

The nurse collaborates with the patient and their family for the best of the patient. The nurse respects the patient's privacy and complies with professional confidentiality. The nurse shares information concerning the patient's care and wellbeing with other professionals involved in providing care in a safe and trustworthy manner.

The nurse is collegial, acknowledges their own expertise and that of other nurses. The nurse supports other nurses in professional development and decision-making.

The nurse collaborates with other professionals and those involved in providing

reciprocal interprofessionalism, the shared aim of which is to achieve good patient care.

The nurse is responsible for their own work for patients and their family as well as for the nurse's employer and society. The nurse has the right to privacy and personal integrity as well as to be treated with respect at all stages of their career.

Care contributor

As a nursing expert, the nurse is responsible for the evidence-based development and evaluation of nursing. The nurse has the right and responsibility to maintain and develop their skills. The nurse is entitled to working conditions conducive to professional development and the development of nursing work.

The nurse promotes an ethical working environment and intervenes in unethical conduct.

The nurse participates in the development of nursing and decision-making in the varying local, regional, national and international roles. In all their duties, the nurse promotes individual, social and global health

[1] The term nurse is used to refer to a registered nurse, public health nurse, midwife or paramedic (with bachelor's degree).

[2] Patient refers broadly to social

Finnish Nurses Association, 2021

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Patient advocacy (early expressions)

Защита интересов пациентов (ранние выражения)

Latin "Advocatus": one who is summoned to give evidence

- Acting for, or on behalf, another person
- Expression of caring, a philosophical basis for nursing; ethical behaviour arising from the nurses role as a continual observer of the patients condition
- An individual moral choice or an innate responsibility
- An indicator of excellence in nursing practise

С лат. "Advocatus": тот, кого вызывают для дачи показаний

- Действовать в интересах или от имени другого лица
- Выражение заботы, философская основа сестринского дела; этичное поведение, вытекающее из роли медсестер как постоянного наблюдателя за состоянием пациента
- Индивидуальный нравственный выбор или врожденная ответственность
- Показатель передового опыта в сестринской практике

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Types of advocacy (early definitions)

Типы защиты интересов (ранние определения)

Existential advocacy: nurse´s active participation with the client determinating the unique meaning which the experience of health, suffering or dying is to have for the individual (Gadow 1980)

Proactive advocacy: informing the patient, supporting the decision she makes (Curtin 1979, Gadow 1980, Kohnke 1982), helping the patient to get information and services she might need (Watt 1997)

Reactive advocacy: promoting patient´s wishes, negotiating for them (Sellin 1995); alleviating suffering (Gaylord & Grace 1995); safeguarding the patient from harm, f.ex incompetence of other health care professionals (McDonald & Ahern 2000)

Экзистенциальная защита: активное участие медсестры в работе с пациентом в определении уникального значения, которые должны иметь для человека, такие как опыт здоровья, страдания или смерти (Gadow 1980)

Проактивная защита: информирование пациента, поддержка решения, которое он/она принимает (Curtin, 1979, Gadow, 1980, Kohnke, 1982), помощь пациенту в получении информации и услуг, которые могут ему/ей понадобиться (Watt 1997)

Реактивная защита: продвижение желаний пациента, ведение переговоров в его/ее пользу (Sellin 1995); облегчение страданий (Gaylord & Grace, 1995); защита пациента от вреда, например, некомпетентности других медицинских работников (McDonald & Ahern 2000)

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Advocacy activities (early definitions)

Деятельность по защите интересов (ранние определения):

* Verbal support or a argument for a cause (Woodrow 1997)

* Social/humanitarian act, clinical/therapeutic act, direct/indirect act (Mallik 1997)

* Active/passive act (Chaffey et al 1998)

=??????????

* Устная поддержка или аргумент в пользу дела (Woodrow 1997)

* Социальное/гуманитарное действие, клиническое/терапевтическое действие, прямое/косвенное действие (Mallik 1997)

* Активное/пассивное действие (Chaffey et al 1998)

=??????????

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The historical context for my PhD (2002-2008)

Исторический контекст для моей PhD

The gap between the general ethical principle of advocacy and the particular situation to which it must be applied was vast, and that principle was difficult to interpret or apply adequately

- The literature was concerned with health care personnel's point of view, and advocacy was taken mainly as duty of a nurse, apart from individual, collegial or organizational ties to that duty

At the same time, there was a rising number of nurses leaving nurse career, also in Finland due to experience of feeling themselves professionally and/or morally distressed or due to lack of organizational support (McDonald & Ahern 2000) as well as for reasons of weak professional autonomy (Georges & Grypdonck 2002).

- even advocacy for nursing profession should be discussed together with patient advocacy.

+ growing multidisciplinary nature of nursing profession

+ the intensified economical discourse changing the nursing context

→ the concept of advocacy had to b**e updated and redefined**

Разрыв между общим этическим принципом защиты интересов и конкретной ситуацией, к которой он должен применяться, был огромен, и этот принцип было трудно адекватно интерпретировать или применять

- **Литература была посвящена точке зрения медицинского персонала, и защита интересов воспринималась в основном как обязанность медсестры, помимо индивидуальных, коллегиальных или организационных связей с этой обязанностью.**

В то же время росло число медсестер, оставивших работу медсестер, в том числе в Финляндии, из-за профессионального и/или морального неблагополучия или из-за отсутствия организационной поддержки (McDonald & Ahern, 2000), а также по причинам слабой профессиональной автономии (Georges & Grypdonck 2002).

- **даже защита профессии медсестры должна обсуждаться вместе с защитой интересов пациентов.**

+ растущий мультидисциплинарный характер профессии медсестры

+ интенсивный экономический дискурс, меняющий контекст сестринского дела

→ концепция защиты интересов должна была быть обновлена и переопределена.

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Vaartio H. 2008. Nursing Advocacy: A concept clarification in context of procedural pain care. Doctoral dissertation. Annales Universitatis Turkuensis D 826. Department of Nursing Science, Faculty of Medicine, University of Turku, Finland

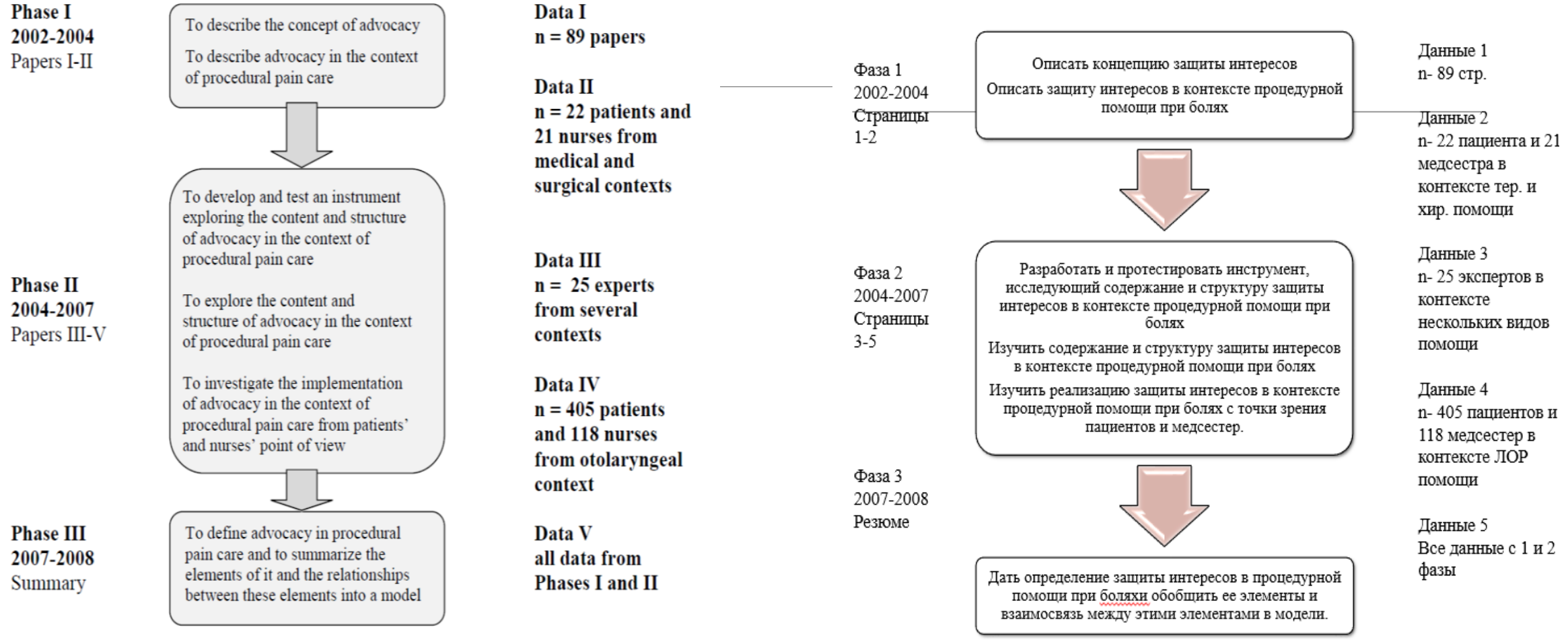

Figure 1. The phases and goals of the research project

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Phase I

What is nursing advocacy?
P = patients, N = nurses

* Something a nurse does due her professional and/or personal commitment to help, with or without patient´s request, but for the patient (P)

* Individual, discreet, good and competent care (P, N)

* Collaborative care with continuity (N)

* Something beyond nursing (P,N)

How is nursing advocacy experienced? P = patients, N = nurses

* A task, duty or responsibility of a nurse, depending on nurse´s professionality - included personality, motivation (P,N)

* Service belonging to all, not only to incompetent or vulnerable patients (P,N)

* Leading to satisfaction, safety and independency for the patient (P,N) and professional development or repraisal for the nurse (N)

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Antecedents of advocacy

Предпосылки защиты интересов

Appendix 2 2/2

Antecedents for patients to require advocacy:	
Vulnerability of patient	Cameron 1996*, Mallik 1997a, Chafey et al. 1998, Sundin-Huard & Fahy 1999, Wheeler 2000*, Schwarz 2002*, Baldwin 2003
Powerlessness of patient	Segesten 1993, Watt 1997
Incompetence of patient	Schwartz 2002
Expression of concerns by patient	Segesten 1993, Mallik 1997a, Mallik 1998, Harris 1999
Patient's wishes	Schroeter 2000
Trigger situation	Segesten 1993, Jezewski 1994, Sellin 1995, Mallik 1997a, McGrath & Walker 1999
Abuse	Allen, Kellett & Gruman 2003
Perception of unsatisfactory situation	Söderhamn & Idvall 2003

Patient: Autonomy, means

Пациент: Автономия, значение

Recognized patient-nurse relationship

Признанные отношения пациент-медсестра

Nurse: Moral competence, clinical competence, means, professional autonomy

Медсестра: Моральная компетентность, клиническая компетентность, значение, профессиональная автономия

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Advocacy activities:

Patients:

Being listened

Being informed

Being observed

Being asked

Getting proper help

Getting comfort

Being protected

Nurses:

Interviewing, counseling, informing

Observing

Estimating

Relieving

Evaluating

Mediating **Посредничество**

Safeguarding **Защита**

- preventing pain by taking care of patients elementary needs
- pharmaceutical and non-pharmaceutical pain care interventions
- consulting
- taking care of pain care continuity (documenting, reporting)

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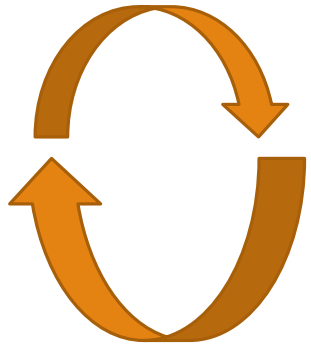
Analysing

analysing patient's (pain) care preferences

analysing patient's self-determination preferences



Counselling

counselling patient about (pain) care

counselling those involved in care about patient's (pain) care and self-determination preferences

Responding (mediating and whistleblowing = proactive and reactive advocacy activities)

responding to patient's (pain) care preferences

responding to patient's self-determination preferences

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Person centered nursing care during the illness trajectory

Guided by a nursing theory

Analysis of the patient´s social determinants of health + actual symptoms

Analysis of symptom clusters (which symptoms have interrelationships, which are the actual main symptom clusters we should minimize and prevent in the future??) and perceived symptom burden PREM/PROM

Analysis of patient´s functional capacity, mental health, social vulnerability PREM/PROM = QOL

Analysis of patient´s self-care resources and knowledge expectations PREM/PROM

(habits, experiences, values, beliefs vs. knowledge, skills, motivation, self-confidence, support)

Tailored patient coaching and guidance PREM/PROM

Individually tailored nursing care and treatment on preventive, rehabilitative and palliative domains

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Outcomes of patient advocacy

Результаты защиты пациентов

Patient empowerment (individual/psychological, structural):

Empowerment in (pain) care, empowerment in self-determination

- sense of personhood, self-worth and dignity, general sense of well-being
- quality of life, liberation and releasement, autonomy, self care capacity
- self-determination, involvement in care, informed choice
- self-advocacy
- satisfaction with care, experienced quality care
- prevention of complications
- savings in patient's costs

Расширение прав и возможностей пациента (индивидуальное/психологическое, структурное):

Расширение прав и возможностей в уходе (с болью), расширение прав и возможностей в самоопределении

- чувство личности, самоуважения и достоинства, общее чувство благополучия
- качество жизни, освобождение и раскрепощение, автономия, способность заботиться о себе
- самоопределение, участие в уходе, информированный выбор
- защита своих интересов (самозащита)
- удовлетворенность уходом, опытный качественный уход
- профилактика осложнений
- экономия средств пациента

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Nurse empowerment (individual/psychological, structural):

Structural/professional empowerment:

“phycisians believe me now and trust on my professional competence”

Psychological/individual empowerment

“ I really feel that I am a good nurse sometimes, I can make a difference”

Расширение прав и возможностей медсестры (индивидуальное/психологическое, структурное):

Структурное/профессиональное расширение прав и возможностей

“врачи верят мне теперь и доверяют моей профессиональной компетентности”

Психологическое/индивидуальное расширение прав и возможностей

“Иногда я действительно чувствую, что я хорошая медсестра, я могу изменить ситуацию”

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Patient advocacy was redefined as *ethico-legal decision-making along the continuum of care, based on recognition of role, rights and duties of those in patient-nurse relationship, on information exchange, moral and clinical competence of a nurse; and with preparedness, means and professional autonomy to change a course of action when needed through analysing, counselling and responding activities, even at society level.*

= in order to advocate for patient, a nurse needs to be empowered both individually and professionally

= a new concept of nursing advocacy emerged

Защита интересов пациента *была переосмыслена как принятие этико-правовых решений в рамках непрерывного ухода, основанных на признании роли, прав и обязанностей тех, кто находится в отношениях пациент-медсестра, на обмене информацией, моральной и клинической компетентности медсестры; и при наличии готовности, средств и профессиональной автономии изменить курс действий, когда это необходимо, посредством анализа, консультирования и реагирования, даже на уровне общества.*

= чтобы защищать интересы пациента, медсестра должна быть наделена полномочиями как в индивидуальном, так и в профессиональном плане.

= появилась новая концепция защиты интересов сестринского дела.

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Phase II: instrument development and its´ validation

Фаза II: разработка инструмента и его валидация

The Advocacy in Procedural Pain Care scale (APPC) is an 80-item (83-item for nurses) self-report instrument measuring the three main dimensions of nursing advocacy: antecedents (12 items), activities (24 items), and consequences (8 items for patient, 9 items for nurses) as well as the implementation of nursing advocacy (24 items)

These items were rated on a scale reflecting the respondents' level of agreement with the statement using a four-point scale (3 = yes, has been implemented, 2 = no, has not been implemented, 1 = no need, and 0 = don't know)

= both a relational PREM and a PROM instrument

Шкала защиты интересов процедурной помощи при болях (APPC) представляет собой инструмент самоотчета из 80 пунктов (83 пункта для медсестер), измеряющий три основных параметра защиты интересов сестринского дела: предшествующие события (12 пунктов), действия (24 пункта) и последствия (8 предметов для пациентов, 9 предметов для медсестер), а также осуществление защиты интересов сестринского дела (24 предмета)

Эти пункты оценивались по шкале, отражающей степень согласия респондентов с утверждением, с использованием четырехбалльной шкалы (3 = да, реализовано, 2 = нет, не реализовано, 1 = нет необходимости, 0 = не знаю)

= инструмент PROM

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Two empirical datasets were collected to examine the instrument's content and construct validity

First, **the content validity**, i.e. appropriateness, quality and representativeness of the content of each item was measured in a sample of 25 experts using a specially developed questionnaire. This questionnaire consisted of 120 items measuring accuracy, relevance, clarity, and appearance biases as well as content relevance and completeness using a four-point rating scale ranging from not agree (1) to strongly agree (4).

From this data, **both I-CVI** (item level content validity) **and S-CVI** (scale level content validity) **were calculated** with regard to means, and with agreement percentages indicated at interrater level.

Intrarater validity, i.e. the accuracy of each expert, was checked by placing three incongruent items in the instrument.

As part of the content validation process, raters' comments regarding the need for rewording or additional items were also reviewed.

Questionnaire distribution routines were then tested and preliminary statistical analyses were conducted at the outset of the data collection procedure. This **feasibility test** focused on assessing how easy it was for the target group to understand and complete the instrument, and on initiating analysis of **the construct validity** of the APPC instrument.

Сначала была измерена **содержательная валидность,** т.е. уместность, качество и репрезентативность содержания каждого пункта на выборке из 25 экспертов с использованием специально разработанной анкеты. Эта анкета состояла из 120 пунктов, измеряющих точность, релевантность, ясность и искажения внешнего вида, а также релевантность и полноту содержания с использованием четырехбалльной оценочной шкалы от «не согласен» (1) до «полностью согласен» (4).

На основе этих данных были рассчитаны как **I-CVI (достоверность содержания на уровне элемента),** так и **S-CVI (достоверность содержания на уровне шкалы)** в отношении средних значений, а проценты совпадений **указаны** на межрейтинговом уровне.

Внутрирейтинговая валидность, т.е. точность каждого эксперта, проверялась путем включения в инструмент трех неконгруэнтных пунктов.

В рамках процесса валидации содержания также были рассмотрены комментарии экспертов относительно необходимости изменения формулировок или дополнительных пунктов.

Затем были опробованы процедуры распространения анкет и проведен предварительный статистический анализ в самом начале процедуры сбора данных. Эта **проверка осуществимости и целесообразности** была направлена на оценку того, насколько легко целевой группе было понять и заполнить инструмент, а также на инициирование анализа **конструктивной валидности инструмента APPC.**

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Phase III (exploration of advocacy implementation at national level)

Фаза III (исследование реализации адвокации на национальном уровне)

The implementation of nursing advocacy was examined with APPC by looking at both patients' and nurses' views on specific nursing advocacy activities and their experiences of whether that activity was accomplished during the hospital stay, or in the case of nurses, by assessing whether the responding nurse usually accomplishes the activity in her job.

Patients were of the opinion that nearly all their advocacy needs had been met during their hospital stay. The highest mean scores were recorded for the sum variable analysing patient's pain care preferences (74%) and responding to patients' pain care preferences (73%). The sum means for responding to patients' self-determination preferences (64%) and counselling patients about pain care (55%) were lower.

Nurses, then, took the view that all subdimensions of advocacy were more fully incorporated as part of nursing tasks than patients…

Реализация защиты интересов сестринского дела изучалась с помощью APPC путем изучения мнений пациентов и медсестер о конкретных мероприятиях по защиты интересов сестринского дела и их впечатлений о том, была ли эта деятельность выполнена во время пребывания в стационаре, или в случае медсестер, путем оценки того, выполняет ли медсестра, отвечающая на вопросы, обычно эту деятельность в рамках своей работы.

Пациенты считали, что почти все их потребности в защите интересов были удовлетворены во время пребывания в стационаре. Самые высокие средние баллы были зарегистрированы для суммарной переменной анализа предпочтений пациентов в отношении обезболивания (74%) и реагирования на предпочтения пациентов в отношении обезболивания (73%). Средние суммарные показатели по переменным "реагирование на предпочтения пациентов по самоопределению" (64%) и "консультирование пациентов по вопросам обезболивания" (55%) были ниже.

Таким образом, медсестры придерживались мнения, что все аспекты защиты интересов более полно включены в сестринские задачи, чем пациенты. …

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Nursing advocacy at micro-, meso- and macrolevels

The dimensions of nursing advocacy highlight the importance of direct patient contact, the continuity and quality of the patient-nurse relationship, and the ethical and clinical competence of nurses.

When advocating, nurses are putting their full expertise to use, not simply working on the basis of patients' medical diagnosis and/or implementing interventions based on medical treatments. At the same time, they are moving beyond context-specific knowledge, towards more reflective praxis: evidence-based nursing, reflection and development of care culture in intra- and interprofessional collaboration.

The same applies to all those working in health care: it is important that they responsibly collaborate and reflect upon existing practices within and outside of health care organizations, at society, at national as well as at global levels

Аспекты защиты интересов сестринского дела подчеркивают важность **прямого контакта с пациентом**, непрерывности и качества **отношений между пациентом и медсестрой**, а также этической и клинической компетентности медсестер.

При отстаивании интересов медсестры используют весь свой опыт, а не просто работают на основе медицинских диагнозов пациентов и/или осуществляют вмешательства, основанные на медикаментозном лечении. В то же время они выходят за рамки знаний, специфичных для контекста, к более **рефлексивной практике: доказательному сестринскому делу, рефлексии и развитию культуры ухода во внутри- и межпрофессиональном сотрудничестве**. То же самое относится ко всем, кто работает в сфере здравоохранения: важно, чтобы они ответственно сотрудничали и анализировали существующую практику **внутри и за пределами организаций здравоохранения, в обществе, на национальном и глобальном уровнях**

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