**Advocacy in Nursing Leadership**

Nurses make up the largest workforce in the health care system and spend more time with patients than any other medical professionals combined (Hanks, 2008).  Nurses are more aware of the specific welfare and the requirement needs of every patient compared to other medical professionals (Water, Ford, Spence & Rasmussen, 2016). In this regard, nurses have the capability to understand and engage with the patient’s wellbeing better than the patients’ families. Therefore, this makes the role of nurses important and indispensable for the wellbeing of patients. Despite the critical role of nurses, they are not adequately involved in the policy-making process. The inadequate involvement of nurses in health care policy-making leaves advocacy as the remaining avenue for nurses to influence policy-making in healthcare.

This research paper, therefore, aims to highlight and elaborate advocacy in nursing leadership. According to Hanks (2008), advocacy in nursing leadership is not a new concept in the medical profession; it addresses both present and past nursing experiences hence involve the basic fundamental role of the nurse to patient relationship. The call for advocacy is anchored on the understanding that nurses are not just the key implementers of policy on patient well-being but also the persons that best understand patient welfare needs.

Advocacy in nursing leadership focuses mainly on matters of ethical, moral, and legal significance. The code of ethics for nurses offers interpretive statements on how nurses should conduct themselves and how to create and maintain an ethical working environment, therefore, legal issues in nursing include all matters that are directly and indirectly legislated and moral issues pertaining to the nurses' belief in right and wrong (Ronnebaum & Schmer, 2015). Policy design in healthcare may help in dealing with the dilemmas in the nursing fraternity in order to increase the involvement of advocacy and leadership.

According to Ronnebaum & Schmer (2015), there are many ethical challenges facing healthcare. One of the greatest challenges in the medical field is palliative care. It is considered a serious issue in the medical field. It occurs when healthcare officers keep the patients in hospitals for purposes of making money without informing the patient or the family about the seriousness of the patient’s condition. Other medical officers will recommend home care for patients and still choose not to adequately inform the patients of their illness while other officers will just tell the patients and their families frankly about the condition. Resultantly, the families and their patients quickly slide into denial and deep depression leading some to give up and go for euthanasia while other people might consider palliative care (Choi, Cheung & Pang, 2013). There are arguments for and against each of the ethical questions relating to life-limiting illnesses.

Palliative care as currently seen is mainly offered to cancer patients. The challenge with the form of palliative care offered to the patients is that it does not always focus on the wholesome wellbeing of the patients, instead, it focuses more on medical care without considering other physical, and emotional needs of the patients (Water, Ford, Spence & Rasmussen, 2016). As a result, many patients suffer more and lose hope of facing the world that cares less about their welfare hence leading them to give up quickly. The impact will affect the family’s patient negatively hence rendering them hopeless.

Palliative care is currently offered to patients in a hospice care, intensive care or high dependency care units. There are families that cannot afford to have their patients admitted for such care and this includes many of the patients that are not insured (Water, Ford, Spence & Rasmussen, 2016). When the patients and families cannot afford such care, they are admitted to the general wards and left for dead through passive euthanasia. However, for the nurses taking care of them, the issues is not just that of passive euthanasia; it is an ethical, moral, and legal dilemma pertaining to the denial of the right to medical care.

Ethically, the patient with a life-limiting illness has a right to health care access as expressed in Kant’s deontological framework. Morally, the healthcare professionals should care for the patients in a manner they would also wish to be treated. Legally, the right to health care and the right to life are inalienable rights (Jakobsen & Sorlie 2016). These are and should be the only reasons why palliative care should be made available to all patients suffering from life-limiting illnesses. In essence, palliative care should focus on improving the overall welfare of the patient’s health.  This takes a multidisciplinary and multi-stakeholder approach that cares for both the patients and their families (Jakobsen & Sorlie 2016). Therefore, palliative care should be made accessible, affordable, and available to everyone.

The moral collective responsibility in nursing is to advocate for palliative care to ensure that professionals in healthcare critically consider the discourse on life-limiting illnesses in particular.  As a moral agent, nurses have the duty to push holistic protection of human health by pushing medical practitioner and researchers in healthcare to remember that when taking care of a patient, the health care system does not only concern with the physical health of a patient but also the emotional and spiritual whole being (Jakobsen & Sorlie 2016). Moreover, healthcare needs to address the needs of the families and persons that are close to the patient. This is simply the reason why it is called health care and not just medical care.

Notably, when handling patients with life-limiting illnesses and their families, I will always be guided by the understanding of the principles of beneficence and non-maleficence. I will also be guided by the principles of fidelity and patient autonomy. I consider that the patients have rights to information and that beneficence takes a high moral ground when dealing with the patients. This is the basis of recommending a multidisciplinary and multi-stakeholder approach to palliative care that includes and cares for the families of the patients.

One of the key strengths that have continued to fuel my advocacy for palliative care and in dealing with other similar moral, ethical, and legal dilemmas is the practice leadership style. Practice leadership style assigns a high value to practice-based evidence.  This evidence has been a cornerstone in recommending and practicing palliative care for all patients who need that care. In essence, therefore, my leadership style will help in positively influencing and facilitating response to this moral dilemma. Finally, when the patient and the families act in confusion and desperation, it is the role of the nurses and other healthcare professionals to bring them to a point of appreciating every moment they can have with the patient.

**References**

Choi, S., Cheung, K & Pang, S. (2013) A field study of the role of nurses in advocating for safe practice in hospitals, *Journal of Advanced Nursing*, 70, 7, (1584-1593)

Hanks, P., (2008) The Lived Experience of Nursing Advocacy, *Nursing Ethics*, 15, 4, (468)

Jakobsen, R. & Sørlie, V., (2016) Ethical challenges, *Nursing Ethics*, 23, 6, (636)

Ronnebaum, E., & Schmer, C., (2015) Patient Advocacy and the Affordable Care Act: The Growing Need for Nurses to Be Culturally Aware, *Open Journal of Nursing*, 05, 03, (237),

Water, T., Ford, K., Spence, D., & Rasmussen, S. (2016). Patient advocacy by nurses – past, present and future, *Contemporary Nurse*, 52, 6, (696)