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Original Research Article

Nurses' Perception and Barriers towards Patient Advocacy in Health Care Institutions in Al Dakhiliya Governorate

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Abstract: Patient advocacy has long been recognized as a fundamental component of professional nursing practice. A comprehensive understanding of advocacy is essential for nurses to enhance patient safety and improve the quality of care. Despite its importance, several barriers may impede nurses' ability to effectively advocate for patients. This study aimed to explore nurses' perceptions of patient advocacy and identify barriers that hinder its implementation. ***Methodology***: An exploratory descriptive cross-sectional design was employed. A convenience sampling technique was used to recruit nurses working in primary and secondary healthcare institutions in Al Dakhiliya Governorate, Oman. Data were collected using a structured questionnaire comprising demographic characteristics and the validated Protective Nursing Advocacy Scale (PNAS) developed by Hanks (2008). Descriptive and inferential statistical analyses were conducted using SPSS software. ***Results***: A total of 129 nurses completed the survey, yielding a response rate of 25.8%. Most participants were female (88.4%), aged 31–35 years (38.8%), married (91.5%), and held a bachelor's degree in nursing (53.5%). The findings indicated that nurses in Oman actively engage in patient advocacy. However, several barriers were identified, including limited clinical experience, fear of employer punishment, and concern about negative professional consequences. ***Conclusion***: Advocacy remains an integral aspect of nursing practice. Therefore, nursing education programs should emphasize the development of advocacy competencies and integrate comprehensive advocacy content into curricula. Furthermore, healthcare institutions should establish clear advocacy policies outlining procedures and responsibilities, while implementing protective measures to safeguard nurses from professional, personal, and legal repercussions associated with patient advocacy.

Keywords: Patient's Advocacy, nursing, quality care, barriers.

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INTRODUCTION

The patient advocacy has been a topic of interest in the research for many years. Nurses need to have a comprehensive understanding of patient advocacy to improve patient safety and quality of care (Davoodvand *et al*., 2016; Kalaitzidis & Jewell 2020; Nsiah *et al*., 2019). Patient advocacy is one of the elements ethical standards and professional conduct in nursing. Nurses, as patient advocates, need to be vigilant in identifying any potential malpractice that may threaten the health of the patients. They support the vulnerable and participate in decisions to ensure the best possible outcomes.

Abbasinia *et al*., (2020) described patient advocacy as any act/activity that safeguarding patient rights, apprising, valuing, and facilitating social justice in the provision of healthcare. In the Sultanate of Oman, patient advocacy is considered one of the main components of MOH code of professional conduct, and it was defined as 'a person who acts or speaks on the behalf of another' (MOH, 2019). The MOH code of professional conduct was developed and modified in response to the changing issues of healthcare worldwide. It was developed with consideration of Oman national law, which influence the role of nurses in the healthcare system (MOH, 2019). The code states that "nurses

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promote, advocate for, and protect the rights, health and safety of health service users."

Patient advocacy can save patient's life, decrease nurses' workload, help to maintain good health, and can improve the quality of nursing care (Nsiah *et al*., 2019). Barlem *et al*., (2015) emphasized that nurses need to advocate for their patients, especially when patients are vulnerable and need protection from harmful situations. The failure to implement advocacy can trigger nurse to feel frustration, anger, helplessness, and possibly moral distress or may lose her job in certain situations (Barlem *et al*., 2015). In addition, it might lead to serious complications such as death, negative health-related consequences on patients and nurses, prolong patient recovery, and negative image about nursing profession (Nsiah *et al*., 2020).

Nurses provide continuous, around-the-clock care to patients; which is different from other healthcare professionals, and occupy a unique position to advocate for patients (Cawley & McNamara, 2011). Further, nurses can help patients in making healthcare decisions, clarifying alternatives, and coping with a lack of power. Therefore, the role of advocate is an essential role for professional nurses (Mortell *et al*., 2017).

However, advocacy might be interpreted in a different way depending on the cultural context of the countries. For example, in Saudi Arabia, patient advocacy is considered as a controversial, contextually complex and remains uncertain (Mortell *et al*., 2017). Saudi Arabian ICU nurses believed that advocacy is problematic. Despite attempting to advocate for their patients, they are unable to act to an optimal level, instead choosing avoidance of the potential risks associated with the role, or confrontation, which often had undesirable outcomes. Moreover, Dadzie *et al*., (2017) addressed that nursing advocacy affected by nurses' characteristics as being empathetic, assertiveness and fatigue.

Despite all benefits of advocacy, there are some barriers that can affect the advocacy process such as lack of adequate knowledge (Josse-Eklund, 2014; Laari & Duma., 2023; Mortell *et al*., 2017), nurses' lack of support, poor communication, patient's family and their beliefs, work environment (Alexis *et al*., 2023; Nsiah *et al*., 2019), lack of time, and nurse-doctors relationship (Oliveira & Tariman., 2017). In addition, fear of consequences, lack of awareness about hospital policies on advocacy, and cultural beliefs are can also hinder advocacy. Despite the many challenges and the feeling of moral commitment toward patient advocacy, nurses believe that engaging in advocacy without clear objectives can entitle some unexpected risks such as the loss of privileges and/or termination (Laari & Duma., 2023). Sometimes, some nurses do not want to advocate for the patient and they do not want to interfere between the doctor and his interventions either due to fear to lose the good relationship between nurse-doctor or they do not believe in advocacy as part of nursing profession (Nsiah *et al*., 2020). In addition, lack of patient appreciation and work overload can also impede advocacy (Dadzie *et al*., 2017).

The concept of advocacy needs more comprehensive understanding as it is a valued activity in nursing practice. Despite the use of this concept by nurses, there is still a gap in the literature regarding the lack of awareness about the specific roles of nursing profession in advocacy (Hanks *et al*., 2018). A better understanding of the extent and characteristics of patient advocacy is crucial in the process of improving the quality and safety of nursing care (Vitale *et al*., 2019). Currently, there is a lack of Omani studies on patient advocacy and the barriers that affect nurses' role in patient advocacy. Therefore, this study was aimed to explore nurses' perceptions towards patient advocacy and to determine the barriers that may hinder the provision of patient advocacy.

METHODOLOGY

This explorative descriptive cross-sectional study explored the nurses' perceptions towards patient advocacy and to determine the barriers that may hinder the provision of patient advocacy. Convenient sampling technique was used to recruit nurses working in primary and secondary health care institutions (Nizwa hospital, $N = 400$ and primary/secondary healthcare institutions, $N = 535$) in Aldhaklyia Governorate, Oman. All registered full-time nurses with at least two years of experience working in primary and secondary health care institutions were included. The nurses were recruited from various department such as medical/surgical departments, pediatric and maternity departments, and out-patient departments. Nurses with less than two years of experience, were on long leave during data collection process, or those who have no direct contact with patients were excluded. Using SPSS Sample Power (version 23.0), a power analysis based on a medium effect size of 0.50, power of 0.80, and two-tailed P - value of ≤ 0.050 was conducted to determine the sample size. The minimum required sample size was 150 participants.

Both descriptive and inferential statistical tests (independent *t*-tests, one-way ANOVA, MANOVA, and Pearson correlations) were performed for data analysis using the Statistical Package for Social Sciences (SPSS Windows Version 23). The data collection instrument included two sections: demographic questionnaire and the Protective Nursing Advocacy Scale (PNAS). The demographic data questionnaire was developed for the participants to self-report characteristics about gender, age, marital status, education level, place of work, working experience, position and if they received any advocacy education. Descriptive statistics such as measures of central tendency (mean, mode, median) and dispersion (range, standard deviation) for interval/ratio

level variables; whereas, frequencies and percentages were used to compute all nominal/ordinal level variables.

Protective Nursing Advocacy Scale (PNAS) was used to assess the perceptions of nurses' and barriers toward patient advocacy. PNAS was developed by Hanks (2008) and tested for validity and reliability (Cronbach's alpha, was 0.80 for the entire PNAS) (Barlem, 2015; Hanks, 2010). PNAS examined four components: *acting as advocate, environment and educational influences, work status and advocacy actions, support and barriers to advocacy*. The scale consists of 43 questions that can be answered through a Likert scale of five points, using 1 for 'I strongly disagree', 2 for 'I disagree more than I agree'; 3 for 'I neither agree nor disagree', 4 for 'I agree more than I disagree' and 5 for 'I strongly agree'. For data analysis, the researchers compiled the 'strongly disagree & disagree' in one category and 'strongly agree & agree' in other category. The aim of compilation was to ease the data analysis process (Table 4). It was estimated that completing the research booklet might take approximately 20 minutes.

The researchers coordinated with the chairpersons of the in-service education department and the nursing department to help in the recruitment process and in organizing the logistics for conducting the study. A research booklet was prepared and included information regarding the purpose of the study, the potential impact of the study related to nursing sciences and practices in Oman, principal investigator contacts details, the criteria of inclusion and exclusion, the rights of the participants to participate or withdraw from the study at any time, and a request to participate in the study. In addition, the researchers discussed with the nursing department and in-service education department in each healthcare institution a detailed plan on possible ways for recruiting participants (e.g. per shift or unit), as well as for conducting the study. The researchers, with the help of the nursing department and in-service education department, reserved a conference room to help nurses complete the research questionnaire. In addition, the researchers provided drop-boxes labeled with the research title and placed them at the nursing department for the nurses to drop-off the completed questionnaires.

The IRB approval was obtained from Research and Ethics Review & Approval Committee (RERAC) at the Directorate General of Health Services (Al Dakhilyiah governorate). Permission to use the Protective Nursing Advocacy Scale (PNAS) was obtained from the original developer of the tool (Hanks, 2010). Data was collected over two months. The participation was voluntary and all participants' data was anonymous. The data from questionnaire was secured and only the researcher has the access to data to maintain confidentiality and privacy of the participants. The participants have the right to withdraw from the study at any time for any reason. In addition, the questionnaire was color coded for the purpose of identification of the location of data collection, not to identify participants.

RESULTS

The aim of this study was to explore nurses' perceptions towards patient advocacy and to determine the barriers that may hinder the provision of patient advocacy. A total of 500 questionnaires were distributed, of which 129 were completed and included in the analysis (response rate was 25.8%). The majority of the nurses were female (88.4%), aged from 31-35 years old (38.8%), married (91.5%) and had a bachelor degree in nursing (53.5%). In addition, 78.3% (101) work in the primary healthcare institutions and had a working experience ranged from 11 – above years (58.2%). Of these, 118 (91.5%) were staff nurses and 11 (8.5%) were in-charge/supervisor nurse [Table 1].

There was a significant relationship between marital status and the need for nurses to act on the patients' behalf (p = .023, r = .166-), as well as the need for nurses to act as advocate in protecting the right of the patients to make his/her own decision (p = .039, r = .096). In addition, work experience has a strong relationship with the effect of experience on increased nurse's ability to act as a patient advocate (p = .023, r = .086-), and on the ability of nurses to act as advocate despite the lack of time (p = .019, r = .107).

Education qualification plays a big role in many aspects of the process of advocacy (Table 3). There is a significant relationship between education qualification and the need for nurses to act as patients' voice. (p = .039). In addition, education qualification has a strong relationship with the nurse ability to act as a patient's representative (p = .012, r = .294) and to protect the patient's rights in the healthcare environment (p = .018, r = .275). Furthermore, education qualification can affect the nurses' ability to act as advocate in protecting the vulnerable patients from harm (p = .01, r = .241) and the nurses' ability to examine the circumstances that enhance nurse to act as advocate (p = .012, r = .271). Similar results found in other statements of the Patient's Advocacy Tool (Table 3).

The findings of this study revealed that nurses in Oman do act as an advocate for their patients. However, there are some barriers that hinder the process of advocacy among nurses. The majority of the participants believed that increased nursing experience play a big role in nurses' act as advocate (69, 53.5%); therefore, the less nursing experience can lead to less ability to advocate for patient. In addition, almost one quarter of the participants fear of punishment from the employers (33, 25.6%) if they advocate for patients and 43.5% fear of negative consequences such as facing retribution from employers. Furthermore, other barriers to nurse advocacy may include risk to be labeled as disruptive nurse, employment risk, being tired, suffering

burnout, do not like working as a nurse, and lack the dedication to the nursing profession (Table 4).

Table I: Demographic characteristics of nurses (N = 129)

Variables	Frequency (percentage)	Mean (SD)
Gender		
Male	15 (11.6%)	1.88 (.32)
Female	114 (88.4)	
Age		
20-25	(.8%)	3.52 (.88)
26-30	13 (10.1%)	
31-35	50 (38.8%)	
36-40	48 (37.2%)	
41 and above	17 (13.2%)	
Marital Status		
Single	9 (7%)	1.95 (.29)
Married	118 (91.5%)	
Divorce	2 (1.6%)	
Education Qualification		
Diploma	60 (46.5%)	1.53 (.50)
BSN	69 (53.5%)	
Work Place		
Primary healthcare institution	101 (78.3%)	1.22 (.41)
Secondary Healthcare Institution	28 (21.7%)	
Work Experience		
2-5 year	18 (14%)	2.78 (1.12)
6-10 years	36 (27.9)	
11-15 years	38 (29.5%)	
16-20 years	37 (28.7%)	
Position		
Staff nurse	118 (91.5%)	1.11 (.38)
In-charge nurse	8 (6.2%)	
Supervisor	3 (2.3%)	

Table II: Cross-Tab between demographic variables (marital status & work experience) and Protective Nursing Advocacy Scale (PNAS)

Variable	Chi Square (*P* – Value)	Correlation (r)
Marital status / Nurses that act on a patient's behalf are preserving the Patient's dignity	.023	.166 -
Marital status / Nurses are acting as advocates when nurses protect the right of the patient to make his/her own decisions	.039	.096
Work Experience / Lack of time inhibits my ability to act as a patient advocate	.019	.107
Work Experience / Increased dedication to nursing increases the nurse's ability to act as a patient advocate	.021	.086 -

Table III: Cross-Tab between education qualification and Protective Nursing Advocacy Scale (PNAS)

Variable	Chi Square (*P* – Value)	Correlation (r)
Education Qualification/ Patients need nurses to act on the Patient's behalf	.039	.22
Education Qualification / I am acting as my Patient's voice when I am advocating for my Patient	.05	.259
Education Qualification / I am acting as the Patient's representative when I am acting as the Patient's advocate	.012	.294
Education Qualification / I am advocating for my Patient when I protect my Patient's rights in the healthcare environment	.018	.275
Education Qualification / I am acting as a patient advocate when I am protecting vulnerable patients from harm	.01	.241

Variable	Chi Square (*P* – Value)	Correlation (r)
Education Qualification / I examine circumstances that cause me to act as a patient advocate	.012	.271
Education Qualification / Increased dedication to nursing increases the nurse's ability to act as a patient advocate	.013	.30
Education Qualification / I doubt my own abilities to provide advocacy for my patients	.036	.255
Education Qualification / Nurses that provide information to patients about patient care are acting as patient advocates	.26	.197
Education Qualification / Vulnerable patients need my protection in harmful situations	.001	.313
Education Qualification / Nurses that speak out on behalf of patients may face problems from employers	.032	.059
Education Qualification / Nurses are acting as advocates when nurses protect the right of the patient to make his/her own decisions	.022	.210
Education Qualification / I am less effective at speaking out for my patients when I am tired	.037	.212-
Education Qualification / Because I don't like working as a nurse, I am less willing to act as a patient advocate	.001	.353-
Education Qualification / I lack the dedication to the nursing profession to act as a patient advocate	.001	.349-

Table IV: Barriers for nursing advocacy

No	Statement	SD/D	SA/A	Mean (SD)
1	Increased nursing experience does not increase the nurse's ability to act as a patient advocate	69 (53.5%)	45 (34%)	2.7 (1.5)
2	I may suffer risks to my employment when acting as a patient advocate	43 (33.3%)	46 (35.7%)	3 (1.2)
3	Nurses that speak out on behalf of patients may face retribution from employers	37 (28.7%)	56 (43.5%)	3.1 (1.2)
4	I may be punished for my actions by my employer when I inform my patients of their own rights	66 (51.2%)	33 (25.6%)	2.5 (1.3)
5	Nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers	52 (40.3%)	43 (33.3%)	2.8 (1.3)
6	When nurses inform and educate patients about the patients' rights in the clinical setting, the nurse may place her/his employment at risk	71 (55%)	33 (25.6%)	2.4 (1.4)
7	When nurses act as patient advocates, they are not supporting patients	84 (65.1%)	25 (19.4%)	2.2 (1.3)
8	Nurses should not advocate for patients when treatments cause suffering without patient benefit	48 (37.2%)	51 (39.5%)	2.9 (1.5)
9	The more years that I work in nursing, the less effective I am at advocating for my patients	88 (68.2%)	20 (15.5%)	2.1 (1.2)
10	I am less effective at speaking out for my patients when I am tired	63 (48.5%)	38 (29.5%)	2.5 (1.4)
11	I am not an effective advocate because I am suffering burnout	75 (58.1%)	27 (21%)	2.2 (1.3)
12	Because I don't like working as a nurse, I am less willing to act as a patient advocate	95 (73.6%)	21 16.3%)	1.9 (1.3)
13	I lack the dedication to the nursing profession to act as a patient advocate	76 (58.9%)	26 (20.1%)	2.2 (1.3)

DISCUSSION

Patient advocacy is an important practice component in the nursing profession, especially when it comes to protect the rights of the patients (Alruwaili *et al*., 2025). Advocacy is used by nurses to help patients defend their rights, obtain the necessary quality healthcare, and act as liaisons between patients and healthcare team (Brazil, 2015). Nurses can clarify the objectives of the treatment, help in making health-related decisions, and manage healthcare-challenges. However, there are some factors that might affect the use of nursing advocacy. Therefore, the aim of this study was to explore nurses' perceptions towards patient advocacy and to determine the barriers that may hinder provision of patient advocacy.

The Oman MOH Code of Conduct (*Statement # 9*) emphasizes that nurses should act as advocate for their patients, especially if they believe that patients' health is

being compromised by any internal or external factors (Oman code of ethics, 2019). In addition, nurses should advocate for positive practice environments that improve the health outcomes. Furthermore, nurses should act as advocate for vulnerable groups or individuals (e.g. Children, pregnant women, etc).

The findings revealed that there was a significant relationship between marital status, work experience, and education qualification with the ability of the nurses to act as advocate. These findings were consistent with the study of Ramsay *et al.,* (2025) who highlighted the importance of nurses' training, education, and work experience to shape their ability to advocate for their patients. Similarly, Cawley and McNamara (2011) who stated that the uniqueness of nursing profession and its values such as caring, being patience and compassion play a major role in the advocacy process. In addition, a possible explanation could be the moral commitment that nurses have which motivate them to act as advocate, despite some demographic challenges (Benjamin *et al*., 2024). Education qualification helps increase nurses' awareness about the importance of patient advocacy. Increased knowledge and skills of nurses regarding patient advocacy are considered influential factors in the advocacy process and can be developed in the continuing education programs, as well as in the nursing curriculum (Tomaschewski-Barlem, *et al*., 2015).

Barriers

It is important to understand the role of the nurse in becoming a patient advocate (Vitale *et al*., 2019). In this study, participants believed that years of experience and increased awareness have a positive impact on the ability of the nurses to advocate for patient; which is consistent with other studies (Nsiah *et al*., 2020; Vitale *et al*., 2019). In addition, nurses believed that fear of punishment and negative consequences may affect nurses' ability to advocate for patients. Gleason (2019) stated that fear to have negative consequences (e.g. blamed/threaten by authority, experience job loss, & prosecuted criminally for advocating for patients) can hinder the role of nurses in being as advocate. In addition, barriers such as fear of blame, issues related to safety culture and bureaucracy in hospital environment are other examples of the barriers for advocacy (Shoemark *et al*., 2021). Unsuccessful advocacy might lead to negative consequences, increased complications and possible death (Nsiah, *et al*., 2020).

In this study, participants indicated that being tired, suffering burnout, and lack the dedication to the nursing profession were factors affecting nurse advocacy. This finding was consistent with the finding of Brazil (2015) and Nsiah *et al*., (2020). According to Tomaschewski-Barlem *et al*., (2015), there is a relationship between nurses and the need to exercise power. This relationship might represent the need to face the challenges and the ability to protect patients' right and ensure quality of care. However, there are some factors that might hinder the ability of nurses to carry out their role in advocacy such as feeling of powerlessness, communication problems, financial status, limited support for nurses, workplace environment and culture, lack of autonomy, and the lack of knowledge in nursing ethics (Nsiah *et al*., 2020).

In addition, barriers such as burnout and moral distress among nurses, lack of dedication to nursing, lack of experience and power to change (Brazil study, 2015), organizational and ethical barriers, and nursing curriculum (Mortell *et al*., 2017) can affect nurse advocacy. Furthermore, ineffective communication, lack of cooperation between healthcare team, religious and cultural beliefs, and unconducive work environment are considered barriers for patient advocate (Nsiah *et al*., 2020).

Limitation

This study used convenience sample and it was conducted only in Al Dakkiliya governmental healthcare institutions; therefore, the researchers acknowledge that there were some limitations regarding the generalizability of the findings. In addition, this study was limited to nurses who can read, write, and speak English. Other factors might affect the participants' response to the survey question such as workload and lack of enough time to complete the survey. One of the measures was used for the adjustment of the potential bias was to increase the sample size and to have an expert statistician to help in the process of data analysis.

CONCLUSION

The findings of this study revealed that nurses in Oman do act as an advocate for their patients. Nurses provide care for patients 24 hours a day and; therefore, they are expected to provide holistic care using specific strategies to meet patient's needs. Advocacy is an integral part of the nursing practice and; therefore, it is important to teach nursing students the essential skills of nursing advocacy. Nursing educators need to integrate more information about advocacy in the nursing curriculum. In addition, the hospital authority needs to develop advocacy policy that explains all procedures and steps in nursing advocacy as well as to provide strategies that protect nurses from any professional, personal and legal ramification while advocating for patients (Theresa Gleason, 2019). For future, nurses need for support and protection to overcome the challenges that hinder their abilities to being effective advocate. Therefore, leaders of the hospitals need to establish an organizational administrative policy that makes clear roles and responsibilities for nurses who advocate.

In this study, nurses believed that it is important to advocate for patients in the clinical settings, especially those vulnerable patients who lack the proper information about their medical diagnosis and treatment. In addition, nurses believed that increasing awareness

among nurses about the hospital's policies and protocols in dealing with such situation that requires nursing advocacy was very important. Nurses should emphasize the importance to consider the ethical and legal consequences before acting as an advocate (Alexis *et al*., 2023). Nurses need to be assertive for patient's rights and can protect patient from harm by providing resources for information, listen to patient, deliver competent care, providing support, and review treatment plans for the patient. Factors such as communication skills, empowerment, good relationships, and self-awareness are important to promote advocacy.

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REFERENCES

- Abbasinia, M., Ahmadi, F., & Kazemnejad, A. (2020). Patient advocacy in nursing: A concept analysis. *Nursing ethics, 27(1),* 141-151.
- Alexis, O., Cooke, J., Shimumbi, L., & Worsley, A. (2022). The role of the nurse advocate in health and social care. *Mediterranean Nursing and Midwifery, 2(3)*, 140-146.
- Alruwaili, A. S., Alonzi, M. H. M., Alarfaj, M. A., Almotairi, R. M., Almutairi, T. M. N., Aldossary, N. H., ... & Almutairi, M. A. (2025). Nurses' Impact on Patient Safety: Roles, Advocacy, And Barriers In Modern Healthcare Systems. *The Review of Diabetic Studies,* 1-12.
- Barlem, J. G. T., Lunardi, V. L., Barlem, E. L. D., Ramos, A. M., Figueira, A. B., & Fornari, N. C. (2015). Nursing beliefs and actions in exercising patient advocacy in a hospital context. *Revista da Escola de Enfermagem da USP, 49(5),* 811-818. ttps://pubmed.ncbi.nlm.nih.gov
- Benjamin, L. S., Shanmugam, S. R., Karavasileiadou, S., Hamdi, Y. S. A., Moussa, S. F., & Gouda, A. D. K. (2024). Facilitators and Barriers for Advocacy among Nurses-A Cross-Sectional Study. The *Malaysian Journal of Nursing (MJN), 16(1)*, 178-188.
- Dadzie, G., Aziato, L., & Aikins, A. D. G. (2017). "We are the best to stand in for patients": a qualitative study on nurses' advocacy characteristics in Ghana. *BMC nursing, 16(1),* 1-8. https://pubmed.ncbi.nlm.nih.gov ›
- Davoodvand, S., Abbaszadeh, A., & Ahmadi, F. (2016). Patient advocacy from the clinical nurses' viewpoint: a qualitative study. *Journal of Medical Ethics and History of Medicine, 9.*
- Gleason, T. (2019). Advocacy in Nursing: A Qualitative Discourse Analysis of Fundamental Nursing Textbooks.
- Hanks Jr, R. G. (2008). Protective Nursing Advocacy Scale (Doctoral dissertation, The University of Texas Medical Branch Graduate School of Biomedical Sciences).
- Hanks, R. G. (2010). Development and testing of an instrument to measure protective nursing advocacy. *Nursing Ethics, 17(2),* 255-267.
- Hanks, R. G., Starnes-Ott, K., & Stafford, L. (2018, January). Patient advocacy at the APRN level: a direction for the future. In Nursing forum (Vol. 53, No. 1, pp. 5-11).
- Josse-Eklund, A., Jossebo, M., Sandin-Bojö, A. K., Wilde-Larsson, B., & Petzäll, K. (2014). Swedish nurses' perceptions of influencers on patient advocacy: A phenomenographic study. *Nursing Ethics, 21(6),* 673-683.
- Kalaitzidis, E., & Jewell, P. (2020). The concept of advocacy in nursing: a critical analysis. *The Health Care Manager, 39(2),* 77-84.
- Laari, L., & Duma, S. E. (2023). Barriers to nurses health advocacy role. *Nursing Ethics, 30(6)*, 844-856.
- Mortell, M., Abdullah, K. L., & Ahmad, C. (2017). Barriers deterring patient advocacy in a Saudi Arabian critical care setting. *British Journal of Nursing, 26(17)*, 965-971. ttps://pubmed.ncbi.nlm.nih.gov
- Nsiah, C., Siakwa, M., & Ninnoni, J. P. (2019). Registered nurses' description of patient advocacy in the clinical setting. *Nursing Open, 6(3),* 1124-1132.
- Nsiah, C., Siakwa, M., & Ninnoni, J. P. (2020). Barriers to practicing patient advocacy in healthcare setting. *Nursing Open, 7(2),* 650-659. https://doi.org/10.1002/nop2.436
- Oliveira, C., & Tariman, J. D. (2017). Barriers to the patient advocacy role: An integrative review of the literature. *Journal of Nursing Practice Applications & Reviews of Research, 7(2)*, 7-12. https://www.researchgate.net › ... › Role·
- Polit, D., and Beck, C. (2014). Essentials of Nursing Research: Appraising Evidence for Nursing Practice (8th ed). Philadelphia: Lippincot Williams & Wilkins, p159, 162-163.
- Ramsay, A., Hartin, P., McBain-Rigg, K., & Birks, M. (2025). Advocating for patient safety: Power dynamics in nurse advocacy practice in Australia—An integrative review. Collegian.
- Shoemark, T., & Foran, P. (2021). Identifying barriers to patient advocacy in the promotion of a safety culture: An integrative review. Journal of Perioperative Nursing, 34(5), e36-e42.
- Tomaschewski-Barlem, J. G., Lunardi, V. L., Barlem, E. L. D., Ramos, A. M., Silveira, R. S., & de Oliveira Vargas, M. A. (2016). How have nurses practiced patient advocacy in the hospital context?-a foucaultian perspective. Texto & Contexto Enfermagem, 25(1), 1-9.

- Tomaschewski-Barlem, J. G., Lunardi, V. L., Barlem, E. L. D., Silveira, R. S. D., Dalmolin, G. D. L., & Ramos, A. M. (2015). Cross-cultural adaptation and validation of the Protective Nursing Advocacy Scale for Brazilian nurses. Revista latino-americana de enfermagem, 23, 669-676.
- Vitale, E., Germini, F., Massaro, M., & Fortunato, R. (2019). How patients and nurses defined advocacy in nursing? A review of the literature. J Health Med Nurs, 63, 64-69.

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