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TOWARDS NURSING ADVOCACY:
A SOCIO-POLITICAL PROCESS.

A thesis presented in partial fulfilment of the
requirements for the degree of Master of Arts
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Valerie E.M. Fleming

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MASSEY UNIVERSITY



1061232771

ABSTRACT

This thesis provides a reflexive critique of the power structures which constrain nursing actions in the practice setting, an abortion clinic, of the registered nurses who participated in this study. The development of abortion services, like other health services for women, has been based on a medical ideology of health which has created many ethical dilemmas for nurses. One of the most complex of these is the extent to which nurses should fulfill the role of client advocate. While the literature on nursing advocacy has been prolific, published research in this area is scant.

The theoretical assumptions of critical social science, provide the basis for the methodological approach of action research adopted in this study. In depth, unstructured interviews involving exchange of dialogue amongst the participants with the researcher focused on the participants' experiences of their own nursing practice, with a view to uncovering and removing constraints, which had prevented them fulfilling an advocacy role. Diaries were also kept and used as supplementary research tools.

The analysis of the data demonstrates the ways in which nurses interpret their own practice world as a system independent of their own actions. It shows how the shared understandings of the participants were 'ideologically frozen' and power relations inherent in the health care system are deep rooted and subtle, coming to be treated as natural by the nurses, and so denying them their own ability to make changes.

It is suggested that opportunities for nurses coming together and engaging in such critically reflexive dialogue may provide a basis for future emancipation from traditional power structures. In this way effective and satisfying nursing practice dependent on emancipatory knowledge and a reinterpretation of power structures may result in an advocacy role for nurses.

PREFACE

In New Zealand the practice setting of nurses is mainly derived from a medical model of health, with nurses defining their work area as general medicine, or orthopaedics or psychiatry for example. Nurses, therefore, have become entrenched in rigidly defined institutional structures which, despite recent changes to nursing education and to health service management, have remained under the control of the medical profession and bureaucratic regimes.

Nursing has generally been viewed as a practical profession and until the mid 1970s, in New Zealand, the only opportunity nurses have had to advance their knowledge has been to undertake clinically based practical courses. These have been developed from the various medical specialties, with doctors acting as the principal 'lecturers' of nurses undertaking these courses. In this way, nursing has remained firmly under the control of medicine which has dictated the course content. At the same time the nurses undertaking these courses have provided a ready supply of cheap labour for the clinical area concerned.

However, with increasing tertiary education programmes for nurses at all stages of their careers, there has been an heightened awareness amongst nurses of the scope of their profession. As a consequence of this, some nurses are

resisting traditional roles and have been redefining their sphere of practice in the clinical setting.

The specialist field of gynaecology has recently been described as an area with an historically strong male domination (Coney, 1988). However, like nurses in clinical practice, consumers in this area are reacting to the strong medical domination and are currently demanding more say in their own care and treatment.

There is therefore a potential for change in this clinical area, to a partnership of nurse and consumer with the nurses assuming the role of advocate for the women who are clients of the service. Although the concept of advocacy has been loosely accepted as an integral part of nursing practice, the extent to which nurses can fulfill this role has been largely unresearched.

This study aims to fill some of these gaps by seeking to engage nurses employed in a specific gynaecological setting (an abortion clinic) in self-reflective inquiry. The purpose of this study is to improve the nurses' understanding of their social practices, the rationality and justice of these practices and the situations in which they are carried out. Nurses may then assume an advocacy role for those women who are the clients of this clinical area.

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