

# Examination of Physical Therapists Understanding of Geriatric Patient Advocacy

Kristen Karnish, PT, MPH

Pennsylvania State University, Harrisburg

**Abstract:** The goal of this study is to examine the attitudes, beliefs and actions of physical therapists regarding advocacy for geriatric patients. Patient advocacy is a multifaceted component of health care embedded in the role of health care practitioners. Mixed methods research will utilize a critical gerontology perspective to explore the complexity of factors involved in geriatric patient advocacy.

This purpose of this research study is to examine the attitudes, beliefs, and actions of physical therapists regarding geriatric patient advocacy from a critical gerontology perspective. Advocacy for patients is a component of health care that is embedded in the professional roles of healthcare practitioners. Rich (2011) summarizes “the role of clinicians is to address the needs and concerns of people when they are most vulnerable; weakened by illness or injury; or distraught by the prospect of a loved one’s suffering, death, or disability”. Advocacy is defined in the geriatric literature as “vigilant efforts by, with, or on behalf of older persons to influence decision makers in structures of imbalanced power and to promote justice in providing for, assisting with, or allowing needs to be met (Huber, Nelson, Netting, & Borders, 2008). Nursing literature views patient advocacy “as a process or strategy consisting of a series of specific actions for preserving, representing and/or safeguarding patients’ rights, best interests and values in the healthcare system” (Bu & Jezewski, 2006, p. 104).

The assumption that advocacy is required in healthcare implies that the process of becoming a patient results in reduction of autonomy and the patients’ rights may not be respected (Willard, 1996). Ultimately, advocacy is about power and influencing those who have power on behalf of those who do not (Teasdale, 1998). The nature of power imbalances and marginalization of patients in healthcare settings suggests a critical theoretical framework will provide an appropriate lens to view patient advocacy. Critical gerontology is a critical framework specifically focused on geriatric populations.

Critical gerontology is described as “a more value-committed approach to social gerontology- a commitment not to just understand the social construction of aging but to change it” (Phillipson & Walker, 1987, p. 12) and also casts a “critical eye on society and the field of gerontology itself” (Ray, 2007, p.97). Informed and inspired by the tradition of critical theory associated with such figures as Adorno, Horkheimer, Marcuse and Habermas, critical gerontology is concerned with the problem of emancipation of older people from all forms of domination (Moody, 1993) and stands in opposition to the conventional positivism and empiricism long dominant in gerontology (Moody, 1992).

Physical therapists are important members of the health care team and develop significant relationships with elderly patients and their families; however, the topic of patient advocacy in the physical therapy literature is limited at best. Understanding patient advocacy issues associated with geriatric patients’ leads to two separate but related questions: What are physical therapists attitudes and beliefs regarding geriatric patient advocacy based on four advocacy

constructs: safeguarding patient autonomy, acting on behalf of patients, championing social justice, and performing advocacy actions? Second, what are the perceived experiences of physical therapists in performing advocacy actions?

There is an increasing recognition of the complexity of factors affecting health and health care, and the desire to answer a wider range of questions about them, which suggests the use of mixed methods research (O’Cathain & Thomas, 2006). Therefore, I suggest using mixed methods research to study physical therapists understanding of patient advocacy for geriatric patients. The quantitative aspect will employ survey methods to examine physical therapy professionals understanding and use of patient advocacy practices. The qualitative aspect will involve in-depth, semi-structured interviews of practitioners, based on results of quantitative analysis, to understand participants’ meanings, perspectives and viewpoints regarding geriatric patient advocacy. Ultimately the results will be an in-depth exploration the issue of geriatric patient advocacy utilizing adult education concepts and frameworks for the purpose of informing the fields of adult education and physical therapy education and practice.

### References

- Bu, X., & Jezewski, M.A. (2006). Developing a mid-range theory of patient advocacy through concept analysis. *Journal of Advanced Nursing*. 57(1), 101-110.
- Huber, R., Nelson, H.W., Netting, F.E., & Borders, K.W. (2008). *Elder Advocacy, Essential Knowledge and Skills Across Settings*. Thompson Brooks/Cole. Belmont, CA.
- Moody, H.R. (1992). Gerontology and critical theory. *The Gerontologist*, 3, 294-295.
- Moody, H.R. (1993). Overview: what is critical gerontology and why is it so important? In: T. Cole, WA Anchenbaum, P. Jakobi & R. Kastenbaum (Eds) *Voices and Visions of Aging, Toward a Critical Gerontology*, (pp. xv-xl), Springer, New York, NY.
- O’Cathain, A. & Thomas, K. (2006). Combining qualitative and quantitative methods. In: C. Pope & N. Mays (Eds) *Qualitative Research in Healthcare*. Blackwell Publishing, Malden, MA.
- Phillipson, C. & Walker, A. (1987). The case for a critical gerontology. In S. DeGregorio (Ed), *Social Gerontology: New Directions*, (pp. 1-15). Croom Helm, London.
- Ray, R.E. (2008). Coming of age in critical gerontology. *Journal of Aging Studies*. 22, 97-100.
- Rich, E.R. (2011). Clinicians and health care advocacy: The reasons why. In: Sessums, et al. (Eds) *Health Care Advocacy, A Guide for Busy Clinicians*. (pp. 1-13). Springer, New York, NY.
- Teasdale, K. (1998). *Advocacy in Health Care*. Blackwell Science Ltd. Malden, MA.
- Willard, C. (1996). The nurse’s role as patient advocate: obligation or imposition? *Journal of Advanced Nursing*. 24, 60-66.