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ORIGINAL PAPER

An examination of the relationship between midwives' and nurses' patient advocacy and submissive behavior: a cross-sectional study

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Abstract

Aim: The objective of this study was to examine the relationship between patient advocacy and submissive behaviors among midwives and nurses. *Design:* A cross-sectional, descriptive study was conducted. *Methods:* The study population consisted of midwives and nurses working in Turkey. The study was completed with 430 midwives and nurses who were actively working between April and June 2025, volunteered to participate in the study, and had at least a bachelor's degree. Research data were collected using a personal information form, the Patient Advocacy Scale for Nurses, and the Submissive Behavior Scale. The data were analyzed using the SPSS Statistics 26 software package. *Results:* Midwives and nurses had high mean patient advocacy scores (162.11 ± 20.31) and low mean submissive behavior scores (29.72 ± 9.79). A negative and significant relationship was found between the mean scores on the advocacy and submissive behavior scales. *Conclusion:* Midwives and nurses with high advocacy scores exhibit low submissive behaviors.

Keywords: advocacy, midwifery, nursing advocacy, patient advocacy, submissive behavior.

Introduction

While rapid advances in science and technology have significantly contributed to the healthcare system, however, they have also introduced challenges, including ethical dilemmas and ensuring patient safety and quality healthcare services from the perspectives of patients, healthcare professionals, and the healthcare system (Abbasinia et al., 2020; Engward et al., 2023; Gerber, 2018). Midwives and nurses, who play a key role in the provision and maintenance of healthcare services, have important responsibilities in resolving ethical dilemmas, promoting patient safety, and providing quality care (Abbasinia et al., 2020; Dönmez et al., 2022; Engward et al., 2023). These responsibilities are an integral part of midwives' and nurses' role as patient advocates (Dönmez et al., 2022; Engward et al., 2023).

The International Council of Nurses (ICN) defines the term "advocate" as actively supporting a right and good cause; supporting others in speaking for themselves or speaking on behalf of others who cannot speak for themselves (International Council of Nurses, 2021). Although patient advocacy is inherent to the nursing and midwifery professions, the ICN has employed this concept since the 1970s when it was first incorporated into its code of professional ethics. Subsequently, many nursing and midwifery organizations, such as the American Nurses Association, the UK's Nursing and Midwifery Council, the Japanese Nursing Association, and the Australian Nursing and Midwifery Accreditation Council, have adopted the role of nurses and midwives as patient advocates in their codes of ethics (Abbasinia et al., 2020). The International Confederation of Midwives also describes midwives as advocates for the rights of women, newborns, and children (International Confederation of Midwives, 2022). Patient advocacy protects patient rights, supports patient-centered care, and empowers individuals to make healthcare decisions. It also involves ensuring patient safety, establishing, and maintaining effective communication, and supporting decision-making processes; it is considered one of the fundamental elements of quality care (Abbasinia et al., 2020; Park, 2024).

Submissive behavior can be defined as disregarding an individual's own feelings, thoughts, and needs, not sufficiently valuing their personal rights,

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or remaining silent when these rights are violated by others (Cerit & Evler, 2020). Research shows that submissive behaviors weaken self-confidence, assertiveness, job satisfaction, and team communication; they increase the risk of burnout and can negatively affect the role of patient advocacy (Cerit & Evler, 2020; Dağlar et al., 2020; Negarandeh et al., 2006). It has also been reported that healthcare professionals with high levels of submissive tendencies experience deficiencies in empathy and critical thinking skills and take a backseat in defending patient rights (Dadzie et al., 2017). In this regard, it is emphasized that midwives and nurses who exhibit submissive behavior may remain silent and struggle to act confidently when they should assume the role of patient advocate; in particular, their tendencies to obey authority and avoid conflict negatively affect their advocacy roles (Negarandeh et al., 2006).

Aim

Although the current literature reports that patient advocacy and submissive behaviors influence each other, there has been no study comparing the levels of patient advocacy and submissive behaviors among midwives and nurses. Therefore, this study aimed to examine the relationship between patient advocacy and submissive behaviors among midwives and nurses.

Research questions:

1) What is the mean score for patient advocacy among midwives and nurses?

2) Is there a significant difference between the personal characteristics of midwives and nurses and patient advocacy?

3) What is the mean score for submissive behavior among midwives and nurses?

4) Is there a significant difference between midwives' and nurses' personal characteristics and submissive behavior?

5) Is there a relationship between midwives' and nurses' submissive behavior and patient advocacy?

Methods

Design

A cross-sectional and correlational study was designed to examine the relationship between midwives' and nurses' submissive behaviors and patient advocacy. The study was carried out according to the STROBE checklist.

Sample

According to data from the Turkish Statistical Institute, a total of 243,565 nurses and 59,632 midwives are employed in Turkey, including those working for the Ministry of Health, university hospitals, and private hospitals (Türkiye İstatistik Kurumu, 2022). Given this information, the population of the study comprises 303,197 midwives and nurses. The sample size was determined using a specific sampling calculation method. The sample size was calculated as 384 using the following formula:

$$n = \frac{N\,t^2\,p\,q}{d^2(N-1) + t^2pq}$$

N = number of individuals in the universe: 303,197; n = number of individuals to be sampled; p = frequency of occurrence of the event being studied (probability) = 0.5; q = frequency of non-occurrence of the event being studied (1-p) = 0.5; t = theoretical value found in the t-table at a specific degree of freedom and detected error level = 1.96.

The study was completed with 430 midwives and nurses.

To be included in the study, midwives and nurses had to have at least a bachelor's degree, be willing to participate, and be actively caring for patients.

Data collection

Data was collected online between April and June 2025 by sending electronic surveys created using Google Forms to WhatsApp® (Meta Inc., California, USA) groups of midwifery and nursing associations. No reminder messages were sent during the data collection period. Before accessing the survey, participants were presented with an online informed consent form explaining the purpose of the study, voluntary participation, and confidentiality of the data. Only those who provided electronic consent were able to proceed to the survey questions.

Data collection tools

To collect research data, researchers created a personal information form (PIF) based on the literature (Boynukısa & Akın, 2022; Cerit & Evler, 2020; Dadzie et al., 2017) and employed the Patient Advocacy Scale for Nurses and the Submissive Behavior Scale.

Personal information form

It consists of 11 questions covering the personal (gender, age, educational status, etc.)

and professional (unit of employment, length of service, etc.) characteristics of midwives and nurses.

Patient Advocacy Scale for Nurses (PASN)

The PASN was developed by Şermet (2019), and its validity and reliability were verified with nurses. The Cronbach's alpha value was found to be 0.95. The scale consists of 39 items in seven subscales: Treatment and Care, Equality, Patient Rights, Information, Right to Choose, Cultural Care, and Privacy. The scale's reliability was assessed using item-total correlation and internal consistency. Items are scored on a 5-point Likert scale (1 = never; 2 = almost never; 3 = occasionally; 4 = almost always; 5 = always). The possible score ranges from 39 to 195. There are no reverse items in the scale. A score close to 195 indicates that nurses are fulfilling their patient advocacy role. In the present study, the Cronbach's alpha value of the scale was determined to be 0.96.

Submissive Behavior Scale (SBS)

This scale, developed by Gilbert and Allan in 1994, was adapted into Turkish by Savaşır and Şahin (1997). The scale consists of 16 items and uses a 5-point Likert scale to score responses (1 = does not describe me at all; 2 = describes me a little; 3 = describes me quite a bit; 4 = describes me well; 5 = describes me very well). The possible score ranges from 16 to 80. There are no reverse items in the scale. A score close to 80 suggests submissive behavior. In the Turkish validity and reliability study, the Cronbach's alpha value was found to be 0.89. In the present study, it was determined to be 0.88.

Data analysis

Data obtained from the research were evaluated using the SPSS Statistics 26 software package (IBM Corp. Armonk, NYC, USA). The Kolmogorov-Smirnov test was used to evaluate the distribution of the data. If the variable was normally distributed, the t-test, chi-square test, and ANOVA tests were applied; if it was not normally distributed, the Mann-Whitney U test and Fisher's exact test were applied. Numerical and percentage calculations, and average measures (minimum, maximum) were used in the evaluation of the data. The data were evaluated at a significance level of $p < 0.05$.

Approval has been obtained from the Üsküdar University Non-Interventional Research Ethics Committee (decision dated May 5, 2025, and numbered 61351342/MAY 2025-25).

Results

Of the 430 midwives and nurses participating in the study, 88.1% were women and 86.3% held a bachelor's degree. Additionally, 45.6% had worked at the institution for two to five years, and 19.1% had received patient advocacy training (Table 1).

The total PASN score was found to be 162.11 ± 20.31. The highest advocacy levels among the PASN subscales were for Privacy (9.05 ± 1.08; 88.1%), followed by Equality (31.43 ± 3.44; 87.2%), Information (13.15 ± 1.95; 84.6%), Cultural Care (8.64 ± 1.46; 83.0%), Treatment and Care (54.92 ± 7.98; 80.6%), Right to Choose (16.60 ± 2.87; 80.6%), and Patient Rights (28.33 ± 5.27; 80.6%) (Table 2).

The total SBS score was found to be 29.72 ± 9.79 (Table 2).

PASN's subscale scores for Right to Choose ($t = -2.49$; $p < 0.05$) and Privacy ($t = -2.12$; $p < 0.05$) showed significant differences according to the city where participants worked. The subscale scores of participants working in provinces outside Istanbul were found to be significantly higher than those of participants working in Istanbul (Table 3).

The total PASN score ($t = 4.21$; $p < 0.05$) and the following subscale scores showed significant differences according to job satisfaction: Treatment and Care ($t = 4.37$; $p < 0.05$), Equality ($t = 3.14$; $p < 0.05$), Patient Rights ($t = 3.51$; $p < 0.05$), Information ($t = 2.39$; $p < 0.05$), Right to Choose ($t = 3.61$; $p < 0.05$), Cultural Care ($t = 2.19$; $p < 0.05$), and Privacy ($t = 2.55$; $p < 0.05$). Participants who were satisfied with their jobs had significantly higher levels of patient advocacy than those expressed dissatisfaction (Table 3).

SBS scores revealed a significant gender difference ($t = -3.73$; $p < 0.05$). Male participants' submissive behavior scores were found to be significantly higher than those of female participants (Table 3).

SBS scores also differed significantly according to age group ($F = 3.20$; $p < 0.05$). The LSD post hoc test showed that participants in the 18–25 and 46–50 age groups had significantly higher scores than those in the 26–41 age group (Table 3).

The total SBS and PASN scores ($r = -0.13$; $p < 0.05$) and the subscale scores for Treatment and Care ($r = -0.12$; $p < 0.05$), Equality ($r = -0.10$; $p < 0.05$), Patient Rights ($r = -0.12$; $p < 0.05$), Right to Choose ($r = -0.15$; $p < 0.05$), and Privacy ($r = -0.13$; $p < 0.05$) were found to be negatively and significantly correlated (Table 4).

Table 1 Distribution of participants' sociodemographic and professional characteristics (N = 430)

Demographic variable		N (%)
Gender	female	379 (88.1)
	male	51 (11.9)
Age (years)	18–25	144 (33.5)
	26–30	160 (37.2)
	31–35	55 (12.8)
	36–41	27 (6.3)
	41–45	23 (5.3)
	46–50	21 (4.9)
Education level	bachelor's degree	371 (86.3)
	master's degree	59 (13.7)
Occupation	midwife	237 (55.1)
	nurse	193 (44.9)
Unit of employment	emergency room	73 (17.0)
	outpatient clinic	59 (13.7)
	intensive care unit	47 (10.9)
	maternity unit	139 (32.3)
	internal medicine or surgery department	69 (16.0)
	family health center	43 (10.0)
City of employment	Istanbul	242 (56.3)
	other	188 (43.7)
Enjoyment of profession	yes	376 (87.4)
	no	54 (12.6)
Length of service in the profession (years)	0–1	98 (22.8)
	2–5	166 (38.6)
	6–10	80 (18.6)
	11–15	40 (9.3)
	16 or more	46 (10.7)
Length of service at the institution (years)	0–1	129 (30.0)
	2–5	196 (45.6)
	6–10	64 (14.9)
	11 or more	41 (9.5)
Received training in patient advocacy	yes	82 (19.1)
	no	348 (80.9)
Patient advocacy training type	in-service training	50 (61.0)
	certificate / course	32 (39.0)

Table 2 Participants' Patient Advocacy Scale for Nurses (PASN) total and subscale scores and Submissive Behavior Scale (SBS) total score characteristics

	Mean	SD	Min	Max
PASN total score	162.11	20.31	39	195
treatment and care	54.92	7.98	13	65
equality	31.43	3.44	7	35
patient rights	28.33	5.27	7	35
information	13.15	1.95	3	15
right to choose	16.6	2.87	4	20
cultural care	8.64	1.46	2	10
privacy	9.05	1.08	2	10
SBS total score	29.72	9.79	16	80

PASN – Participants' Patient Advocacy Scale for Nurses; SBS – Submissive Behavior Scale; SD – standard deviation; Min – minimum; Max – maximum

Table 3 Comparison of Participants' Patient Advocacy Scale for Nurses (PASN) Subscale and Submissive Behavior Scale (SBS) Mean Scores (Part 1)

	Patient Advocacy Total Score		PAS Treatment and Care S-D		PAS Equality S-D		PAS Patient Rights S-D		PAS Information S-D		PAS Choice S-D		PAS Cultural Care S-D		PAS Privacy		SBS Total Score	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Gender [a]																		
female	161.87	19.94	54.75	7.94	31.51	3.27	28.21	5.28	13.12	1.92	16.58	2.86	8.62	1.46	9.06	1.03	28.95	8.88
male	163.88	23.05	56.12	8.19	30.82	4.48	29.2	5.18	13.31	2.2	16.73	3.02	8.8	1.47	8.98	1.41	35.43	13.76
p-value	0.507		0.252		0.178		0.211		0.515		0.740		0.450		0.618		0.000**	
Age [b]																		
18–25	161.47	21.91	54.79	8.35	31.06	3.94	28.56	5.02	13.05	2.11	16.49	2.87	8.58	1.47	8.97	1.19	31.06	9.62
26–30	161.73	19.27	54.77	7.88	31.48	3.12	28.28	5.12	13.06	1.78	16.46	2.8	8.64	1.5	9.05	1	28.94	9.79
31–35	160.62	21.14	54.18	8.43	31.27	3.68	28.33	5.09	12.93	2.2	16.42	2.91	8.47	1.37	9.02	1.1	27.16	7.62
36–41	169.59	16.29	57.11	6.59	32.33	2.53	30	4.26	13.85	1.77	17.89	2.39	8.96	1.51	9.44	0.89	27.33	9.3
41–45	163.3	20.78	55.13	7.21	31.91	2.86	27.22	7.68	13.96	1.4	16.96	3.5	9.09	1.16	9.04	1.15	32.78	14.13
46–50	162.33	18.72	55.76	7.58	32.33	2.85	26.24	6.24	13.29	1.9	16.81	3.06	8.71	1.52	9.19	0.93	32.9	8.92
p-value	0.517		0.725		0.352		0.198		0.108		0.246		0.476		0.447		0.013*	
Education Level [a]																		
bachelor's Degree	161.9	20.83	54.71	8.11	31.43	3.51	28.37	5.4	13.1	1.96	16.61	2.87	8.64	1.48	9.05	1.1	29.89	10.04
master's degree	163.44	16.77	56.22	6.97	31.47	2.98	28.07	4.4	13.42	1.87	16.53	2.9	8.64	1.35	9.08	0.93	28.68	8.03
p-value	0.588		0.177		0.920		0.684		0.241		0.830		0.999		0.797		0.525	
Department [b]																		
emergency room	160.4	22.32	54.44	8.68	30.86	4.06	28.22	4.75	13	2.09	16.32	2.84	8.62	1.53	9	1.22	31.99	10.95
outpatient clinic	163.98	20.68	55.03	8.26	31.88	3.31	28.56	5.38	13.12	2.03	17.36	2.73	8.8	1.46	9.24	1.06	28.98	10.61
intensive care unit	160.6	21.52	54.53	8.52	31.09	3.43	28.15	5.56	13.06	2.14	16.26	3.31	8.55	1.5	8.96	1.14	30.96	11.92
maternity unit	163.78	18.45	55.76	7.3	31.73	3.19	28.51	5.04	13.3	1.81	16.65	2.78	8.77	1.24	9.05	0.99	28.42	8.94
internal medicine or surgery department	157.16	19.45	52.83	7.85	30.8	3.22	27.43	5.46	12.96	1.94	15.91	2.56	8.33	1.55	8.9	1.11	29.32	7.25
family health center	166.65	21.17	56.03	7.69	32.21	3.43	29.23	6.14	13.33	1.89	17.35	3.13	8.67	1.74	9.23	1	30.4	9.89
p-value	0.132		0.123		0.104		0.609		0.792		0.029		0.411		0.433		0.204	

*PAS – Patient Advocacy Scale; SBS – Submissive Behavior Scale; S-D – Sub-dimension; M – mean; SD – standard deviation; [a] – independent t-test; [b] – one-way ANOVA test; *p ≤ 0.05; **p ≤ 0.001*

Table 3 Comparison of Participants' Patient Advocacy Scale for Nurses (PASN) Subscale and Submissive Behavior Scale (SBS) Mean Scores (Part 2)

	Patient Advocacy Total Score		PAS Treatment and Care S-D		PAS Equality S-D		PAS Patient Rights S-D		PAS Information S-D		PAS Choice S-D		PAS Cultural Care S-D		PAS Privacy		SBS Total Score	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
City where employed [a]																		
Istanbul	160.52	19.16	54.39	7.58	31.26	3.22	28.02	5.06	13.02	1.98	16.3	2.85	8.57	1.4	8.95	1.02	29.17	10.1
other	164.15	21.59	55.59	8.43	31.65	3.7	28.73	5.52	13.31	1.9	16.99	2.87	8.73	1.52	9.18	1.14	30.43	9.35
p-value	0.006**		0.122		0.251		0.165		0.129		0.013*		0.260		0.035*		0.069	
Enjoyment of profession [a]																		
yes	163.64	19.62	55.54	7.78	31.63	3.3	28.66	5.08	13.23	1.91	16.79	2.81	8.7	1.41	9.1	1.06	29.42	9.53
no	151.44	22.02	50.57	8.05	30.07	4.05	26	6.01	12.56	2.16	15.3	2.99	8.24	1.69	8.7	1.13	31.83	11.32
p-value	0.000**		0.000**		0.002*		0.000**		0.017*		0.000**		0.029*		0.011*		0.132	
Length of service in profession [b]																		
0–1	162.63	21.78	55.4	8.27	31.2	3.98	28.83	4.82	13.17	2.11	16.55	2.82	8.52	1.57	9	1.28	30.96	9.73
2–5	161.27	20.44	54.38	8.17	31.39	3.34	28.2	5.33	12.99	1.92	16.55	2.96	8.72	1.38	9.04	1	29.9	9.86
6–10	160.25	19.81	54.39	8.08	30.96	3.47	28.2	4.7	12.95	1.92	16.34	2.65	8.48	1.55	8.94	1.09	27.63	8.97
11–15	166.9	17.9	56.3	7.26	32.28	2.8	29.6	4.86	13.58	1.89	17.2	2.67	8.6	1.39	9.35	0.83	26.35	7.82
16 or more	163.09	19.53	55.54	7.05	32.17	2.85	26.85	6.9	13.61	1.76	16.8	3.24	8.98	1.36	9.13	1.05	33.02	11.27
p-value	0.503		0.568		0.165		0.137		0.174		0.609		0.325		0.351		0.001**	
Length of Service at the Institution [b]																		
0–1	161.91	22.3	54.95	8.65	31.26	3.9	28.59	5.08	13.08	2.13	16.57	2.91	8.5	1.55	9	1.22	31.05	9.19
2–5	161.4	20.02	54.63	7.94	31.25	3.32	28.18	5.35	13.03	1.93	16.53	2.87	8.76	1.34	9.03	1.03	29.25	10.17
6–10	161.66	19.1	54.77	7.74	31.53	3.2	28.27	5.16	13.16	1.74	16.39	2.97	8.48	1.55	9.06	0.99	277.45	8.54
11 or more	166.8	16.72	56.41	6.2	32.68	2.54	28.32	5.85	13.9	1.69	17.37	2.61	8.8	1.5	9.32	0.91	31.34	11.02
p-value	0.482		0.632		0.096		0.923		0.071		0.337		0.279		0.408		0.020*	

*PAS – Patient Advocacy Scale; SBS – Submissive Behavior Scale; S-D – Sub-dimension; M – mean; SD – standard deviation; a – independent t-test; b – one-way ANOVA test; *p ≤ 0.05; **p ≤ 0.001*

Table 3 Comparison of Participants' Patient Advocacy Scale for Nurses (PASN) Subscale and Submissive Behavior Scale (SBS) Mean Scores (Part 3)

	Patient Advocacy Total Score		PAS Treatment and Care S-D		PAS Equality S-D		PAS Patient Rights S-D		PAS Information S-D		PAS Choice S-D		PAS Cultural Care S-D		PAS Privacy		SBS Total Score	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Occupation [a]																		
midwife	162.37	19.37	55.22	7.59	31.6	3.09	28.14	5.33	13.16	1.82	16.58	2.87	8.64	1.42	9.04	1.02	28.04	9.2
nurse	161.79	21.46	54.54	8.43	31.22	3.82	28.56	5.21	13.13	2.1	16.63	2.88	8.65	1.51	9.07	1.15	31.79	10.12
p-value	0.771		0.383		0.254		0.401		0.910		0.861		0.912		0.779		0.000**	
Educational Background [a]																		
yes	169.57	20.08	58.05	7.54	31.93	3.71	30.43	4.48	13.62	1.86	17.51	2.45	8.96	1.31	9.12	1.23	29.68	10.9
no	160.35	19.99	54.18	7.91	31.32	3.37	27.83	5.33	13.03	1.92	16.39	2.93	8.57	1.48	9.03	1.04	29.73	9.53
p-value	0.000**		0.000**		0.148		0.000**		0.014*		0.001**		0.027*		0.509		0.667	
Place of Training [a]																		
in-service training	170.4	17.67	58.06	7.01	32.26	3.21	30.38	4.37	13.92	1.63	17.54	2.25	9.04	1.21	9.2	1.03	29.3	8.63
certificate / course	168.28	23.6	58.03	8.4	31.41	4.38	30.5	4.72	13.16	2.13	17.47	2.76	8.84	1.46	9	1.5	30.28	13.87
p-value	0.644		0.987		0.312		0.907		0.070		0.899		0.511		0.476		0.912	

*PAS – Patient Advocacy Scale; SBS – Submissive Behavior Scale; S-D – Sub-dimension; M – mean; SD – standard deviation; a – independent t-test; b – one-way ANOVA test; *p ≤ 0.05; **p ≤ 0.001*

Table 4 Relationship between Patient Advocacy Scale for Nurses and Submissive Behavior Scale (Pearson correlation coefficients)

Patient Advocacy Scale for Nurses	1	0.93**	0.84**	0.86**	0.70**	0.78**	0.69**	0.75**	-0.13**
treatment care		1	0.76**	0.73**	0.60**	0.62**	0.58**	0.62**	-0.12*
equality			1	0.58**	0.57**	0.57**	0.60**	0.71**	-0.10*
patient rights				1	0.52**	0.70**	0.55**	0.55**	-0.12*
information					1	0.51**	0.52**	0.60**	-0.05
right to choose						1	0.51**	0.60**	-0.15**
cultural care							1	0.61**	-0.07
privacy								1	-0.13**
Submissive Behavior Scale									1

**p < 0.05; **p < 0.01*

Discussion

This study is the first to examine the relationship between patient advocacy and submissive behavior in midwives and nurses. In this study, the mean total Patient Advocacy Scale for Nurses score for midwives and nurses was 162.11 ± 20.31, indicating a high mean score. Examining the subscales revealed that the highest score was in the Privacy subscale (9.31 ± 1.05), while the lowest score was in the Cultural Care subscale (8.70 ± 1.55). The difference is thought to stem from the fact that the largest proportion (32.3%) of participants worked in delivery rooms. Because of the nature of the birth process, healthcare professionals in this field consider protecting women's privacy to be their primary responsibility (Omar et al., 2023; van der Pijl et al., 2021).

The literature contains different research findings regarding nurses' fulfillment of their patient advocacy role. Kurt and Gurdogan (2023) reported that nurses scored high on patient advocacy. Tadie et al. (2024) found negative attitudes toward the patient advocacy role among Ethiopian nurses, while Alanezi (2022) indicated that nurses' patient advocacy was high. These differences are thought to stem from individual, professional, and institutional factors. Nurses reported that, while fulfilling their patient advocacy role, they were labeled as problematic, uncooperative, and whistleblowers by their colleagues and managers. As a result, they received verbal and written warnings, which negatively impacted their careers (Abbasinia et al., 2020; Tadie et al., 2024). Kolawole (2017) noted that, although nurses have a good level of knowledge about their roles as patient advocates, time constraints, hospital policies, and fear of losing their jobs create difficulties in nursing practices related to the patient advocacy role.

Our study found no significant relationship between patient advocacy and gender. However, male participants had higher submissive behavior scores than female participants. This finding may be attributed to the internalization of professional roles in men and women, as well as the challenges associated with professional socialization and clinical practice environments, which may influence professional behaviors and interactions (Boynukısa & Akın, 2022; Panda et al., 2021). However, other studies report that female nurses have higher levels of patient advocacy (Alanezi, 2022; Negarandeh & Dehghan Nayeri, 2012). These discrepancies may be explained by the educational policies and social and cultural differences of the countries where the studies were conducted.

The present study found that age, experience, and length of service at the institution did not affect the level of patient advocacy. However, submissive behaviors were found to be higher among participants who were young (18–25 years of age), older (46–50 years of age), new to the job (0–1 years), had worked for a long time (16 or more years), and those with up to one year of experience at their last institution, compared to those who had worked for two to ten years. The lack of experience and efforts to adapt to the job among newly hired midwives and nurses is thought to cause them to exhibit submissive behaviors. Indeed, Panda et al. (2021) claim that low self-confidence, hierarchical pressure, and fear of criticism cause submissive behaviors among midwifery and nursing students.

Studies have found that midwives and nurses who enjoy their profession have higher patient advocacy scores than those who do not. The literature also indicates that professional commitment and ethical sensitivity increase patient advocacy (Pazarcıkcı & Dilmen, 2019; Stoddart et al., 2020), and that intrinsic motivation and self-efficacy positively

affect patient-centered care and patient advocacy (Stoddart et al., 2020).

According to the research findings, midwives and nurses who received patient advocacy training achieved higher mean scores than those who did not. The literature emphasizes that patient advocacy skills can be developed through training Thompson et al., 2021). Indeed, Thompson et al. (2021) demonstrated that training provided to student midwives increased their self-efficacy in advocacy during physiological birth.

Midwives and nurses working in outpatient clinics scored higher on the PASN subdimensions than those working in other units. This may be because patient rights, such as the right to choose a doctor, are more visible and well-known in outpatient clinics.

Midwives and nurses working in provinces outside Istanbul had higher PASN subdimension Right to Choose and Privacy scores than those working in Istanbul. According to the 2023 Turkey Health Report, Istanbul has a bed occupancy rate of 58.1% due to its population density, and it is the province with the highest patient density in Turkey (Sağlık-Der, 2023). This suggests that the high patient density in Istanbul may limit the patient advocacy roles of midwives and nurses. However, in their study with midwives and nurses working in Adana and Izmir, Turkey's third and fourth largest provinces, Özdemir et al. (2009) found no significant difference in awareness levels regarding patient rights. This discrepancy could be attributed to the type of institution where the employees work.

No significant difference was found between midwives and nurses in terms of patient advocacy; however, nurses had higher submissive behavior scores than midwives. The professional ethics courses included in the undergraduate education of both professions may have provided them with a similar level of awareness regarding patient advocacy. The inclusion of courses on ethical principles and patient rights in the National Core Education Program for Midwifery (EUÇEP) and the National Core Education Program for Nursing (HUÇEP) supports the internalization of professional values during the educational process (Hemşirelik Fakülteleri Dekanlar Konseyi, 2022; Yükseköğretim Kurulu, 2025). Midwives and nurses have equal responsibilities in terms of patient advocacy and patient communication (Gong et al., 2024). However, midwives are thought to exhibit less submissive behavior because they work in more autonomous areas, such as delivery rooms.

The findings of this study suggest that midwives and nurses with high patient advocacy scores have lower compliance scores. This implies that midwives and nurses who effectively assume the advocacy role exhibit less compliant behavior in the face of hierarchical structures or authority. In their qualitative study with Swiss nurses, Josse-Eklund et al. (2014) reported that nurses identified personal characteristics, the nurse-patient relationship, and institutional factors as affecting patient advocacy. Kurt and Gurdogan (2023) stated that as nurses' professional autonomy increases, they fulfill their patient advocacy role more effectively. Submissive behaviors are known to negatively affect empathy, communication, and critical thinking skills (Cerit & Evler, 2020). Midwives and nurses who exhibit submissive behaviors may be prevented from defending their own rights and those of their patients. Indeed, Dadzie et al. (2017) reported that decreased interest and compassion towards patients, as well as insufficient empathy, communication skills, and critical thinking skills, negatively affected nurses' role as patient advocates.

Limitation of study

This study has several limitations. First, since a descriptive cross-sectional research method was used, no cause-and-effect relationship can be established between the findings. The fact that the research was conducted with midwives and nurses working in different hospitals and cities can also be considered a limitation. Furthermore, the limited number of independent studies using the same scales is considered another limitation. Additionally, data were collected using an online Google Forms survey, which may have limited participation to individuals who actively use digital platforms, thereby influencing the representativeness of the sample. Finally, although there are more nurses than midwives in the Turkish healthcare system, the majority of participants in this study were midwives. This imbalance may have influenced the generalizability of the findings.

Conclusion

The present study found a significant relationship between the PASN score and the sociodemographic characteristics of midwives and nurses, the unit and city in which they worked, whether they enjoyed their profession, and whether they had received training in patient advocacy ($p < 0.05$). A significant relationship was also observed between midwives'

and nurses' sociodemographic characteristics – gender, age, profession, length of service in the profession and at the institution where they work – and the SBS score ($p < 0.05$).

It is believed that midwives and nurses should be more aware of their roles as patient advocates and receive support in fulfilling these roles. It is also recommended that in-service training includes patient advocacy, orientation programs for midwives and nurses new to the institution, mentoring systems, and psychological support services. Future studies on this topic should involve larger sample groups and examine various individual and institutional factors that influence patient advocacy.

Ethical aspects and conflict of interest

Ethics committee approval for this study was received from the ethics committee of Üsküdar University (Date: 26 May 2025, Number: 61351342/ MAYIS 2025-25).

The authors have no conflicts of interest to declare.

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Author contributions

Concept and design (ŞKD, İE, AAE, KH); data analysis and interpretation (ŞKD, İE, AAE, KH), manuscript draft (ŞKD, İE, AAE, KH); critical revision of the manuscript (ŞKD); final approval of the manuscript (ŞKD, İE, AAE, KH).

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