Democratization of health care: Challenge for nursing

One of the key foundational principles of primary health care is community involvement. The implementation of meaningful community involvement requires democratic institutions and processes within the health care system. In this context the meaning of substantive democracy and the implications of this concept for the health care system are briefly discussed. The relationship between the purpose, values, and foundational concepts of democracy and those of nursing is examined in greater detail. Based on the congruency between these, the role of nursing in generating and enhancing democratic processes within the health care system is discussed and a model of nursing practice proposed.

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AUSTRALIA, along with many other western countries, has only recently begun to address the application and implications of the principles of primary health care to its relatively sophisticated health care systems. Given the early stages of this process, nurses have an unprecedented opportunity to influence the process and provide leadership in this area.

A key foundational principle of primary health care is community involvement.[1] This principle is characterized by the acceptance of responsibility and the development of decision-making abilities by communities that consequently become agents of their own development rather than passive beneficiaries of health care services. Community involvement defined in this manner reflects the substantive definition of democracy, which encompasses the broader political, social, and economic aspects. This definition contrasts with the far more common use of the term "democracy" in the narrower political sense. The rhetoric of democratic

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practice, however, has not, in general, been reflected in the actuality of health care at the community level.

DEMOCRACY

The following two definitions illustrate the substantive meaning of democracy: "A state of society characterized by tolerance towards minorities, freedom of expression, and respect for the essential dignity and worth of the human individual with equal opportunity for each to develop to his [*sic* her] fullest capacity in a cooperative society"[2] and "The set of relations and institutions which permit the citizenry to control their own lives."[3(p198)]

Based on the substantive meaning of the term, the purpose of democracy can be identified as the realization of values.[4] These are most commonly stated in terms of liberty, equality, and human worth and dignity. The ways, however, in which these values are expressed and the amount of emphasis placed on each of them varies with the particular history, culture, and socioeconomic context of a society. For example, one democratic society may regard political franchise as the key expression of equality, while another will stress distributive justice. Liberty may be expressed as freedom of speech by one group while another emphasizes the opportunity for human development.[5]

Dewey[6] chose to focus on the opportunity for human development. The theme throughout this philosopher's work on democracy is that the purpose of democracy is the creation of a new human potential through the "creation of a freer and more humane experience in which all share and to which all contribute."[6(p262)]

The reality of the purposes of democracy and the consequent practices, however, can differ markedly from the ideal. As Sartori indicated, "Democracy results from, and is shaped by, the interactions between its ideals and its reality, the pull of an *ought* and the resistance of an *is*."[7(p8)] In recent years increasing concern has been expressed by a number of writers that the ideal is being unacceptably compromised. Sandel, for example, drew attention to a growing fear within the United States that: "Despite the extension of rights and entitlements in recent decades, and despite the expansion of the franchise, Americans increasingly find themselves in the grip of impersonal structures of power that defy their understanding and control."[8(p21)] Similar fears are being expressed in Australia. Carey, in criticizing the current rhetoric relating to the concept of democracy, concluded that historians will view this century as being "distinguished by three developments of great political importance: the growth of democracy; the growth of corporate power; and the growth of propaganda as a means of protecting corporate power against democracy."[9(p16)]

IMPLICATIONS FOR THE HEALTH CARE SYSTEM

The concern that democratic processes are being compromised to an unacceptable extent is also being voiced in relation to developments in the health care systems of many countries. A number of trends point to the need to generate and enhance democratic processes within these systems. Bergthold,[10] for example, observed that the content and implementation of health care policies in a number of countries are being increasingly

dictated by corporate elites. This trend is accompanied by a corresponding reduction of access to policy formulation by, and choices available to, the general public. The selection by the American Public Health Association of the title "For People or Profit" for its 1987 conference is also indicative of the current clash of values.

A number of characteristics of substantive democracy are relevant to the health care system. Among these are responsibility to others as well as self; equality of opportunity to realize potential; emphasis on collective rights; participation in decision making; placement of responsibility for decision making as close as possible to those affected; public debate; and protection against abuse of power (eg, professional control of knowledge). Implementation and enhancement of these characteristics would facilitate the democratization of health care systems.

THE ROLE OF NURSING

Before examining the role nursing should play in the generation and enhancement of democratic processes within the health care system, it is pertinent to examine the degree of congruence between the values and purpose espoused by nursing and those inherent in the concept of democracy. In conducting this analysis, it is timely to recall Moccia's identification of the choice presently facing nursing:

> whether to work towards a health care system that more closely approximates nursing's values and concerns or to manipulate itself and its members to reserve a place in a system that is increasingly removed from the profession's concerns and expertise.[11(p30)]

Nursing's values center around respect for person. The concept of "person" in this case refers not only to the individual but also to families, communities, and nation states.[12] Nursing practice is governed by the belief that persons are experiencing beings, not objects, and as such have rights, autonomy, and the freedom to choose. Individual rights must, however, be balanced by social responsibility. The worth of persons is valued over efficiency, and the client and nurse are coparticipants in the process of seeking, maintaining, and promoting health.

This same respect for persons is reflected in the values espoused by the democratic ideal of liberty, equality, and fraternity. The rights accorded to persons in a democratic society are balanced by concomitant responsibilities. There is also inherent tension between the rights of an individual and those of the collective—the common good. The communitarian values emphasized by democracy are justice, reconciliation, identification with the powerless, and participation.[13]

The purpose of nursing is to assist individuals, families, and communities to move toward health. If health is viewed through the narrow lens of the medical model and thus defined as purely the absence of illness, then there is no relationship between the concepts of democracy and health. This may well explain why the "illness" system in Australia and other countries has been slow to entertain plans to involve consumers in decision making and policy formulation. If, however, health is viewed through a wide-angle lens, the congruency of the concepts of health and democracy is evident. For example, Newman's[14] definition of health as the expansion of consciousness and Dewey's[6] view of the purpose of democracy

as the creation of a new human potential are in accord. In Newman's view, consciousness is the capacity to interact with the environment; the level of consciousness is indicated by the quantity, diversity, and quality of interactions. Health, therefore, is seen as a dynamic internal process that is not an achieved state but rather is always in the process of "becoming." Furthermore health cannot be externally imposed, although external support from health workers can facilitate the internal process. For an expansion of consciousness to occur, an individual, family, or community must be involved in the process and develop self-knowledge. Decisions related to health must come from the agents themselves, as true expansion of consciousness or health will only be achieved by these means.

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If the purposes of nursing and those of democracy as viewed by Dewey are congruent, the commonality between the foundational concepts that have been linked to nursing and democracy can now be considered. A review of the nursing literature suggests seven foundational concepts: person, health, environment, nursing process, caring, interaction, and transitions.[15-18] Several parallels can be identified with the foundational concepts associated with democracy: individual in society, development, conditions for democracy (including democratic institutions and democratic practices), relationships, and power.

The elaboration of the similarities between these two sets of foundational concepts is essential if a theoretic base is to be developed for nursing practice in this arena. A comparison between two of these concepts—caring and the necessary conditions for democracy—is drawn to illustrate the areas of commonality.

With respect to the necessary conditions of democracy, the existence of democratic institutions is of primary importance. A widespread commitment to democratic values and procedures must be accompanied by faith in the possibilities of persons.[19] In addition there must be an appreciation and tolerance of diversity, trust, openness, communal and cooperative inquiry, and willingness to submit to public test and criticism as well as compromise. Congruency of ends and means and a free flow of information are also necessary.[5,6,20,21]

As for caring, Mayeroff's[22] seminal work identified several common themes in relation to the necessary conditions for its presence. Characteristics included hope defined as the potential for growth; experience of the other as worthy; identity-in-difference; trust or letting the other grow in his or her own way and time; and the rhythm between intervention and receptivity. Watson's[16] view of caring as a moral ideal also suggests a necessary condition for caring.

IMPLICATIONS FOR NURSING PRACTICE

Nursing has been given a mandate by society to use its resources, knowledge, and skills to facilitate the achievement of the goal of health for all by the year 2000. Given this mandate and the congruency between the

democratic ideal underlying primary health care and nursing's values, foundational concepts, and purpose, the profession needs to examine the implications for nursing practice. What, for example, needs to be strengthened or changed if nursing is to contribute to the democratization of health care?

A number of implications are immediately apparent for nursing practice in Australia, and these may well hold true for other countries. Firstly nurses have to be comfortable with the fact that health care is inextricably linked with power and politics. Nightingale accepted and capitalized on this and a number of recent leaders in nursing have followed her lead. The nursing profession as a whole, however, has too often shied away from political involvement and confrontations with holders of power in the health care system.

Recent developments within nursing in Australia reflect Chavis and Newbrough's[23] position that people must be empowered to overcome the restraints of their own environments before they can empower others. Only in the last few years in Australia have nurses bitten the political bullet in order to redress the injustices relating to their own worth and rights within the system.

The next essential step is to apply the valuable lessons learned at the symbolic barricades to the task of improving the health of those who are the focus of our practice. There will inevitably be opposition from a number of sources, including those within the ranks of the nursing profession, because what is being advocated by primary health care is essentially the redistribution of power.

Nurses must examine their relationships with other nurses and fellow health care workers to identify whether these relationships reflect the values espoused by nursing and democracy. For example, do nurses at the policy-making level of government ensure that decentralization in the form of regionalization is as democratic as possible and not just administrative decentralization or a facade? Do nurse administrators make every effort to delegate decision making relevant to direct care to the level closest to that care, be it at the bedside or the community? Do nurse educators provide students with opportunities to correlate learning experiences with their individual learning needs? Do the direct caregivers always treat their coworkers and those in other areas of nursing practice with respect?

From this internal perspective, nurses must then analyze their relationships with those who are the focus of their care. Does nursing practice, for example, always reflect coparticipation? Is it geared toward developing people's potential in the broadest sense of the word? Are nursing's priorities in keeping with those of its clients? Are the forms that participation takes more often symbolic than real?

According to Arnstein[24] participation consists of eight distinctive forms that fall into three major groups: nonparticipation, tokenism, and those constituting degrees of citizen power. Into the nonparticipation category fall manipulation and therapy, while informing, consulting, and placation are regarded as tokenism. The three forms of true participation are partnership, delegated power, and citizen control.

Rifkin's[25] perspective on the role of the health care professional in relation to participation is also instructive in relation to this analysis. In her discussion of the four types of approaches to public participation in the

health care system, Rifkin differentiates between the perceived roles of the health care professional that flow from these four perspectives. In the public health approach, the expert continues to dominate and control the field, defining the problems, directing the implementation of solutions, and evaluating the results, while the public's participation is limited to groups, chosen on the professional's advice, that will use their influence to support professionally defined activities. In the health planning approach, the role of the professional is perceived as that of team leader, cooperating and interacting with the community to tap community resources, define appropriate services, and improve utilization. The focus is on consultation with community leaders.

In the community development approach, professionals are viewed as a resource, and decisions about the use of money, materials, and human resources are placed with the community. Here the professional responds to the community, not professional dictates, with a particular emphasis on assisting in the educational process. In the fourth approach, that of self-care, the role of the professional is peripheral at best as the advocates of this approach perceive the major objective of involving the community as meeting health needs that the professionals are either unwilling or unable to meet.

Only the community development approach requires a redistribution of power, although the health planning approach does imply some limited sharing of power. It can be argued that only the community development approach reflects the principles of meaningful and effective community involvement, while the type of involvement conceived in the health planning approach is essentially symbolic. Both types of involvement, however, may be perceived by professionals as threatening, because both require the sharing of the professionals' source of power—knowledge and skills—and therefore generate resistance.[26]

In his critique of professionalism, Biklen[27] defines the process as the marshaling of exclusive control of the helping process by making it into a discipline, thereby creating and reinforcing social hierarchies that elevate helpers and create dependence in the helped. Therefore no social change or empowerment of the helped to assert themselves can occur. Geiger,[28] in a Boston study, came to the conclusion that the professional seeking community involvement really thinks "How can I get you to participate in what I want accomplished" or "We'll set the goals and you can participate in the means." What the provider often wants is window dressing in the form of, for example, a powerless advisory committee to give a variety of sanctions to what is already planned.

Moccia[29] emphasizes that the conflict between professionalization and democratization will need to be resolved. The world views, values, cognitive styles, and language of the professionals and the clients are often very different. Professionals possess what they define as professional expertise and are guided by professional standards. They

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therefore have difficulty in accepting that members of the public are capable of under-

standing and implementing activities that have traditionally been the responsibility of highly trained personnel. The public, on the other hand, may well adopt a passive role with the professional, simply accepting the analysis and conclusions of the people they regard as experts, or alternatively rejecting these out of hand due to a lack of trust, thereby generating a conflict situation.[26]

A MODEL FOR NURSING PRACTICE

A model for nursing practice in primary health care that incorporates democratic principles is suggested by the preceding discussion. This model is based on the following assumptions:

- Individuals are responsible, reflective beings.
- Communities can be greater than the sum of the individuals that comprise it and a community can be a responsible, reflective being.
- Health is a dynamic process and is the expansion of consciousness. Health therefore is not an achieved state but is always in the process of becoming.
- Health is an internal process and cannot be externally imposed, although external support from health care workers can facilitate the internal process.
- For this expansion of consciousness to occur a community must be involved in the process and develop self-knowledge.
- Decisions related to health must come from the community itself. True expansion of consciousness will only be achieved by this means.
- Although democratic ideals toward which the community strives are in essence the same across all communities, the form and structure of the processes used to move toward these ideals will vary with the history, culture, and experience of the particular community.

The goal of nursing practice is health defined as expanding consciousness. The achievement of this goal will be through the facilitation of human potential. The role of the nurse is to contribute to this process and thereby assist individuals, families, communities, and nations to move toward health.

Requisite conditions

There are a number of requisite conditions for the achievement of this goal. These relate to the necessary beliefs, values, and ethical position that the nurse must both hold and practice and that the health care system must support. The nurse's practice must be based on the beliefs about human beings, health, and communities outlined in the assumptions above. The nurse must also be committed to the basic values inherent in the concepts of nursing and democracy as identified earlier in the discussion. As a report from a World Health Organization (WHO) expert committee, in reference to health care provider's practice, emphasized: "They should be sensitive to the need to promote the positive aspects of professionalism, e.g. respecting the integrity of individuals and communities, increasing their autonomy, and encouraging the people to maintain their own sense of value."[30(p26)]

In keeping with Dewey's[6] view of democracy as a moral ideal to be concretely embod-

ied in everyday practices and MacIntyre's[31] position that practice presupposes characteristic virtues, a number of virtues can be considered necessary for the practice of democratized nursing practice. It is suggested these practice virtues include openness, tolerance, appreciation of diversity, cooperativeness, willingness to compromise, and involvement in public debate.

In discussing the contract nursing has with society, Maraldo[32] refers to the basic tension in nursing's professional responsibility between what have been labeled the beneficence model and the autonomy model. The beneficence model, used by the medical profession, defines the provider's responsibility in terms of determining what is best for the patient and implementing that decision. In contrast, the autonomy model views the provider's role as enhancing and respecting the client's right of self-determination. As Maraldo points out, it is a struggle for nursing, given the dominance of the beneficence model, to attempt to advocate client and community self-determination, to place more information in the hands of the consumers, and to include clients and consumers in problem identification. It is the autonomy model, however, that must be applied if health care is to be democratized.

All these conditions are regarded as necessary for the development of a democratized health care system and, as such, deficits in any of these areas must be remedied. Thus attention must be paid to developing within nurses the requisite beliefs, values, and practice virtues. It is acknowledged, however, that a moral ideal has been postulated and that the actuality will approximate this ideal to varying degrees. Therefore the ideal conditions need not be fully achieved before democratic mechanisms are implemented but some progress toward the ideal must have been made.

Means

Although the democratization of health care must be considered on all levels from the one-to-one to the group, community, regional, national, and international levels, the discussion of appropriate means will focus on the community level given the primary health care principle of community involvement. As Pennock[5] points out, different characteristics are important at different levels of the political culture; thus the means that are appropriate for one level may well vary from those of another. For example, direct participation may be utilized at the community level while representation will be necessary at the national level.

One of the major mechanisms that nursing can use to achieve the identified goal is that of education. Client education is not a new role for nursing. Many nurses, however, are not aware of or prepared for the democratization of health care, as it involves knowledge and skills related to community development.

The first step as indicated in the discussion of necessary conditions is the assessment of readiness of both the community and nurses working with that community. Isely[33] provides a very useful guide for assessing relevant community characteristics, which includes items such as the history and traditional forms of participation and the existence of various requisite skills among community members. As Paul and Demarest so pertinently suggest, those involved

"would do well to spend more time learning how the community is organized and less time trying to organize it."[34(p192)]

From this basis the content and methods of the education program are developed. What dictates the appropriateness of the selected objectives, form(s), content, and methods are the history, culture, and socioeconomic context of the community. Flexibility, realistic goals and expectations, and creativity in respect to generating novel, nonstereotyped approaches are necessary educator characteristics. At all times one must be guided by the principle that the methods must be congruent with the goal; that is, the methods adopted must be democratic.

Advocacy on a community level is another means by which to work toward the identified goal. Once again advocacy has been regarded as a legitimate and necessary part of the nurse's role for some time, but its implementation has been confined in most cases to the individual and family levels. Even at these levels many would argue that nurses, although quick to pay lip service to the concept, often fail to act as the client's advocate. Action, however, is the essential element of advocacy.

The role of the advocate is to inform the community through the sharing of knowledge and then support the community in whichever decision is made, defending, if necessary, its right to make that decision. Kohnke[35] identifies a number of areas of knowledge that a nurse should possess in order to be an effective advocate. These range from a knowledge of the society within which the community functions, the health care system, and ethics to professional education and practice. The most important requisite knowledge, however, is self-knowledge. Without knowledge of one's own attitudes, values, and beliefs, a nurse cannot achieve the essential attribute of open-mindedness to hear and accept what the community is saying.

The supportive component of advocacy requires that the nurse leave the responsibility for the decision with the community. All too often the so-called advocate adopts a "defending and rescuing position"[35(p5)] reverting to a paternalistic professional role and taking back the responsibility for the decision and its implementation. Advocacy in relation to communities does not fall exclusively into the nurse's ambit but should, where possible, be a team responsibility. As Kosik[36] demonstrates, however, nurses are often in the best or primary position to act as advocate.

If nurses are to assist communities in their development toward health through the facilitation of human potential, then they must examine these means to empower communities. The barriers and difficulties inherent in this challenge are many and varied, but if nursing is about health and people, its turning away from the challenge of democratizing health care will mean that it is turning away from its values.

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