Advances in Nursing Science
Issue: Volume 24(1), September 2001, pp 1-16

Publication Type: [Nursing Models of Care]
ISSN: 0161-9268
Accession: 00012272-200109000-00004
Keywords: capacity building, empowered caring, empowerment, health promotion, mutuality

Empowerment as a Process of Evolving Consciousness: A Model of Empowered Caring

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Funding for this study was provided by the University of Western Ontario, Faculty of Health Sciences. I gratefully acknowledge the contributions of Rebecca Bonguli and Joyce Fontana, doctoral students who stimulated my thinking about this model as one of empowered caring.

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Abstract

This qualitative exploratory study used nominal group technique in a series of focus groups with public health nurses to identify their conceptualization of empowerment, the strategies they identified as empowering, and the outcomes of empowering strategies they observed in their practice. A model emerged from these data that conceptualized empowerment as a process of evolving consciousness in which increasing awareness, knowledge, and skills interacted with the clients' active participation to move toward actualizing potential. Clients, who nurses identified as having been empowered through their practice, were interviewed, and their narratives were examined for congruence with the model. The model that emerged from this study is solidly grounded in nursing practice, consistent with global approaches to public health and contemporary nursing theories, and supported by the perceptions of clients receiving nursing care.

The advent of an empowering approach to health care may be traced to the emergence of primary health care in the Alma Ata Declaration of 1977. In that document, health was recognized as an issue of social justice; not only was it declared a fundamental human right, but also people's right and duty to participate in the planning and implementation of their health care were acknowledged.1 In the following years, empowerment became institutionalized as the central ideology of the "new public health,"2 becoming synonymous with the Ottawa Charter's definition of health promotion as the "process of enabling people to increase control over, and to improve their health."3 In Ontario, Canada, health promotion is the mandated focus of official public health agencies, and, since the passage of the Health Protection and Promotion Act in 1983, pressure for public health workers, including nurses, to demonstrate the empowering aspects of their work has increased.4,5

Outline

In the last 15 years, the concept of empowerment has been explicated in the discourse of various health disciplines including community psychology,[6-8] health education,[9,10] health promotion,[11-13] and nursing.[14-16] Common to all these fields is an understanding that empowerment involves enabling people to gain some measure of power in their own lives, whether it is as community citizens, health care consumers, or self-care agents. Yet, although a theoretical understanding of empowerment may generalize easily across disciplines, its integration into practice changes with the focus of the discipline and practice setting. It is important to understand how this concept translates into public health, specifically public health nursing practice.

In contrast to the dominance of empowerment in public health discourse, research to develop its meaning in practice has been more limited. Some studies from other fields provide useful information, for example, studies [17,18] that link increased involvement with policy and political action to the empowerment of communities. Likewise, studies that focus on individual psychological outcomes of empowerment (eg, increased locus of control [8] and increased sense of self [19]) are helpful for public heath practice. However, in public health literature, only one study [20] was found that attempted to study both public health strategies to facilitate empowerment and the outcomes that might result. This study was based on the perceptions of public health workers of various disciplines, including nursing. It did not include clients' perceptions of becoming empowered, and it was conducted in a large metropolitan area. Thus, transferability of the findings to nursing specifically and to rural or small urban health agencies without the same mix of public health practitioners may be limited.

Similar to its presence in public health literature, empowerment is a popular topic in nursing literature. Moreover, researchers have found that aspects of public health nursing practice are often described by its practitioners as empowering.[21-24] Yet, little is known about how those practitioners conceptualize and operationalize empowerment, or how their clients perceive empowering public health nursing practice. This study seeks to identify the practical meaning of empowerment in public health nursing practice to nurses and their clients. It asks the following questions:

* What is public health nurses' understanding of empowerment?

* What are the strategies they use to foster empowerment in the individuals, groups, and communities with which they work?

* What outcomes of empowerment do they identify?

* How do clients experience nursing practice that nurses identify as empowering?

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METHOD

An exploratory qualitative design in two phases was used to answer the research questions. After ethical and agency approval for both phases of the study were obtained, public health nursing volunteers were recruited to participate in nine focus groups, three in each of two rural and one urban/rural health units in southwestern Ontario. Three, 2-hour, researcher-facilitated focus groups were held in each agency, each one addressing one research question. The focus groups ranged in size from five to nine. Participants were asked to commit to attending all three focus groups; of the 24 nurses who participated, 17 did so.

Nominal group technique (NGT) was used because it is purported to create a more egalitarian environment that allows each voice to be heard and to be less susceptible to the silencing of less dominant group members that can occur in group work.[25] Using this technique, each participant first worked individually to generate ideas related to the specific question to be answered (eg, What do you do in your practice that you believe is empowering for clients?). Ideas were

generated in a round robin until all ideas were recorded on a flipchart. Discussion and clarification of items then occurred; similar items were collapsed and redundant ones removed. Participants then ranked the clarified items. Focus groups were not audiotape-recorded but researcher field notes were kept. The focus group data sets comprised the final ranked items, flipchart records of the process by which the final ranking was reached, and field notes.

In phase II of the study, purposive sampling was used to answer the research question: How do clients experience nursing practice that nurses identify as empowering? In the final meeting in each agency, public health nurse participants were given a package consisting of an information letter about the study, consent forms, and a stamped envelope to give to clients who they believed had become empowered through their practice. Clients who agreed to participate in the study returned their consent forms directly to the researcher. Client participants were assured that the researcher was, and wished to remain, blind to the identity of the public health nurse. Six clients consented to be interviewed.

An interview guide was developed to elicit questions about clients' experiences as a client of a public health nurse based on the strategies and outcomes identified in the focus groups. All written and verbal information avoided any specific references to the word "empowerment." Broad opening questions asked about the nature of the client's involvement with a public health nurse and sought elaboration on aspects of the experience that the client found useful. To stimulate reflection on specific outcomes of empowerment the public health nurses had identified, client participants were asked to rate, on a scale of 1 to 5, the degree of change that had occurred in those outcomes (eg, self-confidence) because of the nurse's involvement in their health care. If change had occurred, clients were asked to elaborate with an example or story to illustrate. Finally, client participants were asked to comment on additional outcomes that public health nurses had associated with empowerment (eg, What, if any, changes have you noticed in your ability to make healthier choices for yourself and/or your family?). Interviews with clients were conducted in the setting they chose, usually their homes, and lasted an average of 1 hour. All interviews were audiotape-recorded with written consent.

Focus group data sets were coded using Ethnograph software.[26] The structure of the focus group meetings organized data into strategies, outcomes, and defining characteristics of empowerment. As segments of data were coded, a codebook was developed to ensure consistent use of codes. The software's "family tree" was used to develop links between similar codes and organize them into higher levels of abstraction. Coded segments were printed to allow all occurrences of a single code to be reflected on together, facilitating the development of new insights and allowing the model to emerge from the data.[27] Tape recordings of client participant interviews were transcribed and coded using the same codebook and process. In addition, interview data were compared with and used to inform the emerging model in a process Richards and Richards [27] refer to as "data-theory bootstrapping."

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RESULTS

The 24 female public health nurse study participants had spent a mean of 21.6 years in nursing (range 7 to 39 years); a mean of 14.2 of those years had been in public health nursing (range .5 to 33 years). Participants had worked in their current setting a mean of 8.7 years (range .5 to 23 years). A baccalaureate degree was the most frequently identified highest level of nursing education (n = 17). One participant had a master's degree in nursing, whereas six had earned post-basic diplomas in public health nursing as their highest level of nursing education.

Clients had been referred to the public health nurse for a number of reasons. The only male participant was a teacher in a school in which the nurse provided

services. Two client participants discussed the nurse's recent involvement during the early postpartum period. Both had self-referred to the health unit—one in anticipation of needing the service after attending prenatal classes and the other because of difficulties she was having breastfeeding within the first 48 hours of discharge from hospital. The remaining three client participants were still being visited by their nurses. One, who had been referred by her physician, suffered chronic physical and mental disease. Another had self-referred for assistance with parenting issues. The third originally had attended the agency's sexual health clinic and continued with nursing visits for mental health counseling.

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Public health nurses' conceptualizations of empowerment

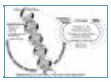
Fig 1

Public health nurses conceptualized empowerment as an active, internal process of growth that was rooted in one's own cultural/religious/personal belief systems, reached toward actualizing one's full potential, and occurred within the context of a nurturing nurse-client relationship (Fig 1). Because they believed that active participation of the client in his or her own empowerment was essential, they asserted that they could only facilitate, not create, empowerment in others, yet they hinted at their responsibility to do so in referring to empowerment as a matter of social justice and equity.

In addition to active participation, nurses identified increased awareness as critical to the empowering process. That awareness was threefold and included awareness of one's own strengths and limitations, one's own rights to have control over personal/family health issues and a voice in decisions directly affecting one's health, and social and political factors that influence health and health care. Interwoven and interacting with increased awareness and active participation were increasing knowledge and skills that made acting on informed choices not only more possible but also more likely to be successful in achieving clients' desired outcomes and attaining their health goals.

The nurses observed that the process of becoming empowered was rooted within the client. Although it began internally, the nurses asserted that empowerment produced "ripple effects" that positively affected family members and others with whom the client interacted. However, the ripples not only extended outward, but also back toward the nurse and client. Nurses themselves were empowered through their clients' empowerment in a reciprocal effect. Furthermore, they reported an iterative effect; that is, further empowerment was one of the outcomes of empowerment for clients.

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Empowering public health nursing activities

Nurse participants stressed that an empowering approach was client centered. This view was expressed in a number of ways such as "meeting them where they are at," "communicating at their level," and "backing off and following client's agenda"; it contrasted with "directing or controlling the client's choice." A client-centered approach also had logistic implications; it required flexibility on the part of the nurse regarding the location and time of meeting with a client.

A number of client participants commented on this flexibility. The five individual clients were being visited at home; several spoke about how important that factor was in their care. One client was less than 72 hours postpartum when the nurse first visited. She spoke of her increasing anxiety with her baby's inadequate breastfeeding, her frustration with being unable to get assistance from the hospital and her primary care provider, and her own physical discomfort at the time that she called the health unit in desperation; the public health nurse offered to visit.

I never even thought that anyone would come round as opposed to me going

there. And even though I really didn't feel physically very good, I knew I had to see somebody. . . . So, just having that service where they came around when you really, really needed it was just brilliant.

Another chronically ill client spoke about what it meant for her to have the nurse, who was visiting her for other reasons, take her blood pressure in her home.

She's done a lot of little things. She takes my blood pressure regularly because I have high blood pressure. She is even taking my husband's now because his is creeping up there. . . . [My doctor] thought it would be better readings. And for me having to get the energy up to go out to the office [would have been so stressful].

Client-centered nursing when the client was at school meant a partnership between nurse and the school community. A teacher noted, "We always worked with her in setting up the topics, the dates, the information that she is going to show us, and sometimes we did preliminary things before she would come, but we always worked together with her and laid things out ahead of time."

The centrality to empowerment of a client-centered approach is clear in each of the four categories of empowering strategies that nurses identified. In none is it more evident than in the development of a trusting relationship.

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Development of a trusting relationship

Although a nurturing relationship is an essential context for the process of empowerment, nurses identified the importance of activities directed at developing and maintaining it. Nurses described such a relationship as characterized by mutuality; that is, nurses assisted clients in identifying health goals and negotiated with clients the role each would play in attaining them. When clients spoke of being in physical or mental distress and their ability to be an active partner was somewhat diminished, they appreciated the nurse taking more leadership. As clients gained strength and confidence, they assumed more responsibility. As one chronically ill client noted, "She turns it back to me. . . . And she does it so well that it just sort of happens . . . giving me support but letting it be my decision instead of hers." Another client, whom the nurse was visiting for assistance with parenting issues, characterized her relationship as "close to partner. Sometimes it's not equal partners. I think there is a mutual respect there. I feel that certainly from the public health nurse."

Nurse participants identified respect, enhancing dignity, empathy, being nonjudgmental, and creating a safe environment as critical to the development of a trusting relationship. Clients alluded to the importance of many of these issues. One attributed her growing ability to "accept her feelings" to the nurse.

It's because I feel safe with her, and I feel very, very, confident that I don't have to worry; she is not going to judge me. And I think that one of the biggest things is that she does not judge and [she] lets me figure it out with her guidance. . . . She's very attuned to how I'm feeling. Like she knows when it is hard for me to talk.

Client participants identified additional issues important to their relationship, such as the nurse's authenticity. One client described this as being "very down to earth," whereas another appreciated that "she doesn't say that she knows everything. If she doesn't know it, she will find out for me. And I respect her for that. . . . She's not trying to bluff her way through it. She's honest to me." Another client found continuity of care critical. She had established a relationship

with the public health nurse through prenatal classes and then appreciated that the same nurse visited her in her home postpartum when she experienced some difficulties. She speculated that if a series of different nurses had visited, "I probably would have said no. I don't want it. I was so lucky to have one individual. . . . I was more comfortable. She had been here before; she had seen me; she knew me."

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Advocacy

Within the context of mutuality and a client-centered approach, nurse participants identified advocacy as an empowering strategy. Advocacy included both personal and political advocacy, and it was seen as temporary in nature. In other words, it involved actions that the nurses hoped the clients would eventually be able to do for themselves but that needed immediate attention. Yet, the nurses believed that if these actions were consistent with the mutually agreed roles negotiated between nurse and client, they communicated respect and dignity and contributed to the client's sense of self-worth. Examples the nurses gave of advocating for clients' rights were mediating with other health care professionals in situations in which clients felt intimidated and silenced, using their positional power and connections as members of a profession and employees in a health agency to cut through red tape, and linking clients with resources available to them in the community.

Clients reported several aspects of nurses' advocacy. They confirmed nurses' roles in linking them to community resources. This ranged from obtaining clothing, identifying parenting groups, and arranging homemaking services to helping a client find a physician: "She actually helped me to find the physician that I see. . . . She gave me his number. I even gave her name, whatever I could do, because it is very hard to get in to doctors. They are not actually taking [new] patients."

In other instances, the nurses acted on clients' behalf to assist them in attaining their health goals. One client who had problems with her memory depended on the nurse to accompany her to the physician's office both to provide him with important information and to write down what he said.

She was there to ask questions that I didn't think of because I just don't do that well. . . . I don't have the memory, and it is very difficult to do things for me. I've done things for my kids. It's very easy when it comes to them. I would ask anything. But to accept anything for me is hard. It's hard for me to even accept her; you know, the fact that I was taking her time when somebody else could probably need her more than I would. . . . She has made it easier just by her personality. And she cares. She makes that evident. . . . [Once when I had an appointment with a new physician] she said to me, "Do you want me to come with you?" And that was just like a weight went off me.

This client went on to describe the nurse's advocacy with her family.

When I got the diagnosis about my heart . . . she got my family together. All four children were here and my husband. And she told them what we were facing [with the angina]. . . . She answered their questions because I couldn't. It's still the mother instinct in me to protect them. But I really wanted them to know. And I didn't want to be hedging. . . . That was a biggie for me. I don't very often let the kids know what's happening with me.

This client's story also makes reference to the expertise of the nurse, not imposed in a paternalistic way, but available for clients to use. From the teacher's perspective, the nurse not only brought a wealth of resources in the form of videos and pamphlets, but also was a resource herself because of her clinical experience and availability to discuss sensitive issues with students. He noted how

difficult it was for teachers at times to discuss sensitive issues with students: "Sometimes it is really difficult when you are with the kids every day, before and after discussion of sensitive topics."

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Providing information and developing skills

The nurse's expertise also was essential to increasing clients' knowledge and skills so they could make more informed choices and take more effective actions in pursuing their health goals. Nurses reported that they used multiple strategies to teach, from providing oral and written information to role modeling and providing situations in which clients could practice new skills safely (eg, decision making and money management).

Clients found the expertise invaluable as they found themselves in situations in which they recognized that they lacked knowledge, skills, or confidence. Often these were occasions when they faced new situations, such as motherhood or breastfeeding. One postpartum client remembered:

I had the baby on the Thursday night [by Cesarean section and was discharged on Sunday]. . . . [T]he doctor said, "Physically you are okay to go home." And he [baby] wasn't breastfeeding; my milk hadn't come in . . . and I was in quite a bit of pain. . . . [By Monday, the baby wasn't voiding and I called the doctor's office and Infant Line and was told to express my milk.] So there I am panicking because she was saying you've got to have at least 2 to 3 ounces every 2 to 3 hours. So there I was trying to squeeze milk out, which wasn't coming out, especially when I was absolutely panicking! So then [the health nurse] came, and she was just brilliant because she showed me; she just said, "Well, it's not going to work for a start, the way you are positioning yourself for breastfeeding. And she gave me one of those tubes that go on to your finger—I didn't know about sucking the finger, which came in very handy—But with the tube, he basically took quite a bit of milk after she had shown me how to breastfeed. So we breastfed a bit and then just to get him to start pooping and peeing, she gave him a bit of formula, which I didn't really want to give him; I didn't plan on it but basically he needed it.

Similarly, another postpartum client who had attended prenatal classes appreciated the nurse's assistance in helping her breastfeed successfully. As she noted, "It's different to talk about it then to actually do it."

Although clients did not provide examples of nurses acting as role models or mentors, they did speak about the importance of support and positive reinforcement in their acquisition of knowledge and skills. One of the new breastfeeding mothers reflected:

I kept reading everything; I had information overload and I just started really worrying, and she just assured me that my latch was okay, that he was feeding, that everything was okay. . . . I kept thinking that I didn't have any milk there and she was [reassuring] . . . and just making us feel better, my husband as well.

Another skill that clients developed was learning to assert themselves with others. For some it was with family members, others with health care providers, and in one case with a community. One of the client participants had become involved in a community organization and credited her increasing ability to speak out to the nurse's involvement: "It's just the way she's supportive and encourages without being overpowering. And I'm sure that's the only way that this is happening. The thing is, it's not me. I've never been able to do that."

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Capacity building

Support and encouragement contributed to capacity building, an approach that began with helping clients to identify their own health goals and the resources or capacity they had to attain those goals. From nurses' perspectives, capacity building involved reflective listening and an empathic approach that focused on strengths rather than limitations. Nurses facilitated self-exploration and provided support for clients to act on their choices while encouraging them to be realistic about barriers to success. To that end, the nurses believed that their own assessment of client strengths, along with the barriers they faced in attaining their health goals, was useful information that could benefit client decision making. Furthermore, they noted, that communicating an expectation of client accountability for actions and decisions contributed to building client capacity.

Data to support the approach to capacity building that nurses described were not as readily apparent as in the other strategies. It may be that issues such as holding clients accountable for decisions and actions and focusing on strengths are less transparent, and so were less obvious to clients. However, evidence that clients were able to formulate health and personal goals and work toward them is seen in many of the excerpts from their narratives throughout this article.

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Outcomes of client empowerment

Nurses identified three categories of outcomes of empowerment: changes in self, changes in relationships with others, and changes in behaviors. Changes in self included increased self-confidence and increased self-esteem. Nurses described clients as "finding their voice" and evolving toward their full potential. They noted empowered clients were able to reframe situations in a positive way. They saw them as creative, energized, and more willing to take risks.

According to the nurses, empowered client relationships with families and friends tended to improve as clients began to create empowering environments for others. Nurses also noted a change in client relationships with health care providers. They described an increased trust but stressed that this was a healthy rather than blind trust. Empowered clients took more ownership for their health; as a result, they became more directive partners in health care and, eventually, became less dependent on health care providers.

Nurses also reported changes in behavior of empowered clients. They noted that empowered clients made healthier choices for themselves and their families. Those choices were more informed and based on their increased knowledge and skills resulting, they believed, in more appropriate use of resources. From the nurses' perspectives, empowered clients were able to advocate for themselves more effectively. They sought out information and support, and they were more likely to engage in political advocacy to address situations that were detrimental to their own or their family's health. Empowered client activities were more likely to be goal oriented and purposeful and proactive rather than reactive. Empowered clients, nurses asserted, took responsibility for their choices and worked to create empowering environments for others.

Many of the outcomes identified by the nurses can be seen in client participants' narratives. Clients spoke of being able to express their feelings and thoughts to others as a result of their relationship with the nurse, whether that meant setting limits for family and friends, or confronting a homemaker who was providing unsatisfactory service. Likewise a number identified increased risks they were willing to take. For one client, whom the nurse had seen for 10 years, that meant living on her own for the last 6 years. For another client, the risk involved simply opening her curtains. She feared that if it were not for the nurse, she would insulate herself from the world; she interpreted opening her curtains as "letting the world in a little more." A number of clients spoke about increased confidence that grew from the nurse's reassurance. As one young mother noted, "What I learned from the health nurse was that actually, probably, my instincts

more than anything were the thing to go with. And usually if you feel that there is a problem, then there probably is." Others felt an increase in self-confidence when they gained knowledge or acquired skills, such as communication skills. Not surprisingly, some clients also described improved self-esteem. One remembered overcoming her hesitancy to begin volunteer work when the nurse encouraged her to begin.

One day I just said, "Well, I'll give it a try." [*I: What do you think it was that helped you get to that point?*] I think it was the personal counseling that I got from the health nurse, her guidance and her personal opinions and that type of thing. . . . It made me consider myself as a human being and someone that was worthwhile and someone that had feelings and someone that had goals that they [sic] could achieve if they needed. . . . The type of work they gave me built my confidence and gave me an improvement in my self-esteem. . . . I had gained some respect for myself as well as others.

Most clients agreed with feeling more energized but did not elaborate with examples. Most also agreed that they were able to reframe situations in a more positive way. One young mother reported, "I had these ideals about what kind of parent I would be and I really fall short of them, sometimes more than other times. But with the public health nurse's help, I feel like I'm on the good end of normal." Examples of evolving toward one's full potential are evident in a number of client stories. As one client noted, "The conversations [the nurse and I] have help me grow. It helps me be able to accept my feelings."

Clients' stories supported nurses' observations of improved relationships with families and friends. Being able to set limits, involve family members in decision making, and gain their understanding were examples of the improvement clients identified. Both postpartum clients related how sitting in on the nurse's visits had helped their husbands understand what they were experiencing. A young mother, who said she had told the nurse that she was "part angel" said, "When I know she is coming—like I am in a good mood; it helps the whole family!" Clients also gave examples of the ripple effect that nurses described. One spoke about helping a friend speak up to her physician about her dissatisfaction with her care; another had been able to identify resources for her stepdaughter; still another spoke of sharing information with a pregnant friend. One client expressed feeling a sense of responsibility to help others, or "give back."

Although clients referred to the trust they had in their nurse, there was only minimal mention of increased trust in other health providers. There was, however, some evidence that clients expected to be more active participants in their own care. Several clients spoke about becoming more assertive with health care providers. One described having more confidence to speak up because she felt better informed. Another noted, "I kind of always took what the doctor said and didn't really question it. . . . Doctors don't always know everything about everything. So it just opened my eyes."

Clients described changes in health-related behaviors that they attributed completely or partially to their involvement with the public health nurse. Many client stories reported thus far have reflected their intent and actions in this regard. In addition, clients spoke of dietary changes for themselves and their families, efforts at smoking cessation, and, for the teacher, reflection of his students on issues of sexual harassment.

[The public health nurse] did talk about sexual harassment and sexual touching. And I think that what we have learned from the behaviors outside is that kids have picked up on that kind of thing and realize that maybe I shouldn't be saying these things or doing these things. [*I: So there is an awareness and maybe even a change of behavior?*] I think there is, yes, because I've seen it, actually we all have, in some kids over the years with the way they treat one another outside.

Clients spoke of taking responsibility for their health, not only in taking on a more active role with health care providers but also in taking the initiative themselves. One woman reported that since having children she suffered from premenstrual syndrome (PMS) and so is "researching for something to help because it's just unacceptable." Another client believed the increased confidence she had gained along with an increased knowledge of community resources would result in her being able to use them when she or her family needed them. A number of clients spoke of setting limits to protect their health. For example, one client reported placing a "Do Not Disturb" sign on her door when she did not wish her neighbors to disturb her. She reported being a member of a neighborhood committee and proudly disclosed that "When I was having more [health] trouble last month I was able to say, 'Guess what, guys! We're not meeting.' I wouldn't have done that before. I would have just [had the meeting]. So I guess that's helping me to look after me."

A number of clients referred to personal and health-related goals. Some were short term, such as obtaining more information about immunization to make better decisions; others related to changing jobs or finishing university studies. Similarly, some clients spoke of taking political actions, such as writing letters to organizations to protest service cuts. One client reported having been concerned with low voter turnout, particularly among poorer people. She believed that often people did not vote because they were mystified by the process and embarrassed to admit it. She therefore wrote to an organization requesting educational sessions on the voting process; she was pleased when her suggestion was taken. She reflected on how she came to take that action.

I'm seeing everything that was happening around me and I'm thinking, "What can I do?" You know, I don't agree with this. And it was the one thing that really sort of stuck in my mind. And I talked to the nurse about it. And she thought it was a good idea. She was encouraging with it. So I got my little computer and I typed a letter.

Client narratives revealed that many of the nursing actions identified by nurses as empowering had positive and enabling effects on their lives. Likewise, many of the outcomes that public health nurses associated with empowered clients were evident in client stories; however, it is not always clear to what extent these represented an increased sense of empowerment related to their public health nursing experience and to what extent they represented usual patterns of behavior.

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DISCUSSION

The Freirean concept of "conscientização," the premise that the process of increasing awareness and concomitant action or praxis is liberating,[28] underpins much of the discussion of empowerment in health literature. The model of empowerment that emerged from public health nurses' discussions of their practice is consistent with that Freirean philosophy. Many aspects of the model reflect common applications of conscientização to health situations (eg, the requirement for active participation of those becoming empowered, the importance of relationship in the process, and the focus on enabling others to increase control over their own health).[10,14,29] Because the tenets of the "new public health," including primary health care, also are rooted in Freirean philosophy, it is not surprising that the model is consistent with many of its principles such as equity, accessibility, and self-determination.[30]

The findings of this study are remarkably similar to the findings of the 1996 study [20] it replicated and extended. Because that study's findings were not disseminated widely, it is likely that the overall discourse of the "new public health" influenced both groups of practitioners. The Jackson et al [20] findings

grouped empowering strategies into three categories: using a respectful, positive, and supportive approach; fostering client control; and providing information and developing skills. Many of the specific strategies identified by the nurses in this model, including advocacy, developing trust, and focusing on strengths, also are evident in the Jackson et al findings. Indicators of empowerment in the Jackson et al study were categorized into six groups: increased sense of control, acquisition and application of knowledge and skills, improved relations with others, decision-making and problem-solving skills, ability to set and achieve goals, and access to and effective use of resources. Although categorized differently in this study, the similarities are remarkable.

Some differences between the present findings and empowerment as described in research and literature generally can be identified; however, the nature of those differences is one of emphasis more than content. One example is the prominence of relationship in this study, both as an identified essential context for the empowerment process and as the focus of nursing efforts to develop and maintain. The identification of mutuality as a critical aspect of that relationship is unique to this model, although not inconsistent with others. Advocacy, although also identified in the Jackson et al 20 study, holds a more prominent position as an empowering strategy in this model. Finally, the focus of empowerment in this study is not only on the facilitation of empowerment but also on the process of *becoming* empowered.

It is perhaps this emphasis that marks the most significant difference between this model and others: the primacy of increasing awareness, interacting with the client's active participation, and developing knowledge and skills in an evolving helical process of empowerment. Conceptualizing empowerment as a process of evolving consciousness is consistent with contemporary definitions of consciousness that emphasize awareness, intention or free will, and creativity.31-33 This understanding also is supported by Newman's classic explication of consciousness as an evolving pattern, "the informational capacity of the system to interact with the environment,"34(p38) which involves awareness and interconnectedness with an expanding universe. Consciousness has become a prominent concept in a number of nursing theories,35 and in nursing discourse generally; this emphasis may have contributed to the importance assigned to it by the public health nurses in this study.

The differences in emphasis between this study and the Jackson et al 20 study may well reflect the different disciplinary focus of participants in the two studies. The importance of relationship in this study echoes its centrality to nursing practice generally 36 and to nurses' health-promoting practice specifically.37 Likewise, nurses' conceptualization of their role as facilitators of empowerment is consistent with approaches to public health nursing that stress mutuality and focus on building client capacity.38,39 The emphasis on the active role both client and nurse may play in promoting health and the acknowledgment of the nurse's expertise as a resource available to the client to assist in the attainment of health goals is a central feature of existential advocacy,40 a transpersonal caring relationship,36 and empowered caring.41,42

The purpose of this study was to examine empowerment in public health nurses' health-promoting practice, not specifically to develop a model of empowered caring. However, many aspects of empowered caring are evident in the findings. The ontology of empowered caring is a way of being in relation in which equality, as well as growth and transformation, of both nurse and client are possible.41 This does indeed capture the essence of this model. The ethic of empowered caring is reflected in nurses' assertions that empowerment involved social justice and equity. The epistemology of empowered caring is evident in knowledge being an interdependent tenet of empowerment that both contributes to empowerment and increases because of the iterative effects of the process. Nurses' awareness of the need for political action because of inequities experienced by their clients is evident in their reports.

The findings contribute less about other aspects of empowered caring, such as it being a praxis.41 It is clear that nurses' practice was underpinned by a knowledgebase consisting of various forms of knowledge; however, the extent to which practice and theory informed each other in this practice was not examined. Likewise, the extent to which nurses themselves felt empowered, other than experiencing reciprocal effects of their clients' empowerment, is unknown. The assumption that nurses would not have been effective in facilitating the empowerment of others, were they not themselves empowered, is reasonable and supported by Labonte,43 whose explication of empowerment is well recognized. Although, nurses' sources of power were not specifically identified in this study, their reports reflect both a transitive meaning of empowerment (ie, they shared power with clients) and an intransitive meaning (ie, they recognized and sought to enable power sources within clients).43

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CONCLUSION

This study added the perceptions of clients to public health nurses' perspectives of empowerment. Although limited by the small number of participants and the fact that five of the six clients were receiving services as individuals rather than as aggregates or communities, their perspectives add richness and existential meaning to abstract conceptualizations. Participants did not report all the strategies identified by nurses; neither were all the outcomes identified by nurses observed in this small sample. Yet, the participants' reports supported and sometimes augmented, but never conflicted with, the nurses' own perspectives. The strategies nurses identified were by and large those that clients had experienced, and many of the outcomes or indicators of empowerment that nurses identified were evident in the client reports. The extent to which they were related to the nurse's involvement with the client was not always clear; however, the purpose of this study was not to identify a cause-and-effect relationship but to include both nurses' and clients' perceptions of empowerment.

Research to develop further the concept of empowerment in public health nursing and nursing in general is needed. The model that emerged from this study is consistent with global approaches to public health and is supported by the perceptions of the small number of clients who participated in this study. Furthermore, the model is solidly grounded in nursing practice and contemporary nursing theories, and it epitomizes many aspects of empowered caring. Further research to test it with diverse client populations and larger sample sizes would contribute significantly to the sciences of both nursing and public health.

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Key words: capacity building; empowered caring; empowerment; health promotion; mutuality

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