Theory on Mutual Empowerment

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Introduction

Nursing happens within the context of relationship (George, 2002). It involves human exchanges which are purposeful and meaningful. Paterson and Zderad assert that nursing works toward the development of the well-being and more being of individuals (as cited in George 2002 p. 388). Well-being, which involves awakening parts of the self that had been passive and rediscovering ego strength, meaning and purpose with in a reformulated self-identity (Hall, 1996; Lunt 2002) is made possible through empowerment (Finfgeld, 2004).

The concept empowerment is rooted in the social action ideology of the 1960’s (Finfgeld, 2004) and Paulo Freire’s theory on consciousness raising among underprivileged groups (Roberts, 1999; Kuokkanen and Leino-Kilpi, 2000; Hvas and Thesen, 2002; Nyatanga and Dann, 2002; Askhelm, 2003; Shearer and Reed, 2004).

Since empowerment is associated with individual control, democratic participation, and growth and development (Rappaport, 1987; Kuokkanen and Leino-Kilpi, 2000; Finfgeld, 2004), it has then gained popularity and recognition in health services (Hage, Lorenson, 2005).

Empowerment as described by Feste and Anderson (1995) as an educational process designed to help patients develop the knowledge, skills, attitudes, and degree of self-awareness necessary to effectively assume responsibility for their health-related decisions. Further, Rappaport (1987) states empowerment as a process by which people gain mastery over their lives. Empowerment is both a process (Oudshoo, 2005; Gibson, 1991; Jones and Meleis, 1993; Labonte, 1994; Bernstein et.al 1990) and an outcome (Oudshoo, 2005). As a process, empowerment is a collaboration with individuals that strengthens rather than weakens (Gibson, 1991) and that helps individuals gain control (Du Plat-Jones, 1999; Crawford Shearer and Reed 2004), a mutual sharing of resources and opportunities which enhances decision making to achieve change (Rodwell, 1996, Reed, 2004), and a health patterning of the well-being in which the client optimizes the ability to transform self through the relational process in nursing. Gibson (1991) asserts that empowerment becomes a process when patients develop a critical awareness of the root cause of their problems. Empowerment as an outcome on the other hand, is seen on producing a positive self-concept, personal satisfaction, self-efficacy, an improved quality of life, well-being and health (Gibson, 1991; Jones and Meleis, 1993; Crawford Shearer and Reed, 2004). Antecedents to empowerment are trust, openness, honesty, genuineness, communication and interpersonal skills, acceptance of people as they are, mutual respect, value of others, courtesy and shared vision (Feste, 1995).

![Figure 1. Theory of nursing as mutual empowerment](image-url)
Discussion of Theory on Mutual Empowerment

The theory on mutual empowerment was a derivation of Paterson & Zderad’s humanistic nursing theory and Carper’s Fundamental Patterns of Knowing. In the humanistic nursing theory, nursing is viewed as a nurturing response of one person to another in a time of need that aims toward the development of the well-being and more-being. Nursing is concerned with the individual’s striving towards becoming. According to Paterson and Zderad individuals are more than the categorization of the parts (as cited in George, 2002 p. 386). The humanistic nursing theory holds that patients can be empowered through relationships with others. It is through dialogues that human being becomes allowing a person’s unique individuality to become actualized (George, 2002). Carper’s Fundamental Ways of Knowing in nursing on the other hand has provided the proposed theory with a structure on how nurses can use themselves as tools to empower others as well as themselves.

Paterson and Zderad posit that nursing does not involve a merely fortuitous encounter but rather one in which there is a purposeful call and response (as cited in George 2002 p. 390). In a health care situation, an individual presents himself disempowered. The lack of power in an individual can be attributed to physical, psychological, spiritual and cultural disparities. Nursing is tapping an individual’s internal resources to enhance capability to independently manage own health care needs during periods of maladaptation. Through nursing, individuals understand the power that they already possess (Bernstein et.al, 1994; Gutierrez, De Lois and GlenMaye, 1995). Relationship is the vehicle through which empowerment occurs (Gibson, 1991; Cohen, 1998). Chinn and Kramer (2011) state that nursing involves processes, dynamics and interaction that are most effective when the knowing patterns of empirics, ethics, aesthetics, personal knowing and emancipatory knowing come together. Knowledge and knowing within all patterns are required for effective nursing care (Paleychyne, Dalgleish, Duncan & Niven, 2007; Porter, 2010; Satterfield et al, 2009 as cited in Chinn & Kramer, 2011). Empiric knowing is expressed as scientific competence grounded in empiric knowledge (Chinn & Kramer, 2011). It guides the nurse in determining appropriate empirically based principles to use that will assist individuals in their growth process.

Empathy according to Carper (1978) is an important element in the aesthetic pattern of knowing, Lee and Lippo (1960) assert that one gains knowledge of another person’s singular, particular experience through emphatic acquaintance. Carper (1978) notes that the nurse will thereby have available repertoire of choices in designing and providing nursing care that is effective and satisfying. Further, through aesthetic knowing, individuals are treated as persons of worth. According to Falk-Rafael, 1995; Gibson, 1991; Hawks, 1991; Rodwell, 1996, when communication is carried out in a caring and respectful manner, an individual’s personal value and worth are acknowledged. Advocating for and supporting others also results in the development of resources that promote and maintain personal empowerment (Falk-Rafael, 1995; Gibson, 1991). Knowledge of oneself is a key to using the self effectively. Gregg (1940) states that only when a person is something to herself can she become anything to anybody else. Further, Conrad (1947) argues the necessity for a well-balanced integrated personality to contribute to the care of others. For individuals to become empowered, those with power must be willing to relinquish control (Gibson, 1991; Ryles, 1999). Personal knowing can lead to an intuitive understanding of the needs of others to become empowered.

Empowerment of clients involves open, authentic, artistic and esthetic nursing practice (Pieranunzi, 1997). Carper (1978) notes that an authentic personal relation requires the acceptance of others in their freedom to create themselves and the recognition that each person is not a fixed entity, but constantly engaged in a process of becoming. When nurses share responsibility with clients and act on clients’ suggestions, empowerment becomes truly realized than merely idealized abstraction (Honey, 1999).

Mitchell (1973) points out that the quality of interpersonal contacts has an influence on a person’s becoming ill, coping with illness and becoming well. In the course of the relationship, nurses can gain realization on factors causing disempowerment at macro and micro levels (Gibson, 1991). At the macro level, factors that can perpetuate inequality are the health care system structure, limited resources (Hewit-Taylor, 2004) and marginalization (Cohen, 1998). At the micro level is the low
salience of some individuals on their need to be empowered (Gibson, 1991). Once nurses gain understanding on the macro and micro level issues, they may challenge the structure within the health care system perpetualizing the imbalance in power (Falk-Rafael, 1996) and look for a new way of practicing that reduce inequity (Labonte, 1994). The awareness and critical reflection on the inequalities embedded in a system reflects emancipatory knowing. The latter seeks freedom from institutional and institutionalized social and political contexts that sustain advantage for some and disadvantage for others (Chinn and Kramer, 2011).

Mutual empowerment occurs in an interpersonal process through the interplay of fundamental patterns of knowing. Interactions are characterized by mutual respect, empathy, shared decision-making, and power sharing (Finfgeld, 2004). Outcomes of empowerment among clients are the following: a) change in self; b) change in relationship with others; and c) change in behavior (Falk-Rafael, 2001). Change in self is established by developing critical awareness on how they themselves are the oppressors antithesis and how the cycle is maintained by them (WHO, 2005, Hage&Lorensen, 2005), an improved self-concept and self-efficacy (Aujoulat, 2006, Shearer 2009), autonomy (Falk-Refael, 1995, Rodmell, 1996, Greco et al, 2006). While change in relationships are recognition of supportive networks (Shearer, 2009), interconnectedness without indebtedness to others (Gibson 1991). Lastly, change in behavior is the initiative to participate in the decision making process (Aujoulat, 2006). Similarly, empowered nurses manifest self-efficacy, personal satisfaction, mastery, resourcefulness, and professionalism (Conger and Kanongo, 1988).

Assumptions
1. Individuals who enter a health care situation are in state of oppression.
2. Individuals are capable of growth and personality development (Rogers, 1970).
3. Empowerment occurs in an interpersonal process.
4. As nurses empower individuals through the fundamental patterns of knowing, they themselves are empowered.
5. Empowerment can lead to change in self, change in relationships with others and change in one’s behavior (Falk-Rafael, 2001).

View of a Person
1. The person has the responsibility for his own health (Gibson 1991).
2. The person is capable of growth, development and self-actualization (Maslow).
3. The person has the ability to make decisions.
4. An empowered client is one who experienced a specific level of consultation with his/her health care provider.
5. A human being is a unique individual who is in the continuous process of becoming, evolving and changing (Travelbee, 1971).
6. The person possesses certain competencies to partake in decision making pertaining to their care.

View of the Nurse
1. The nurse has the need to surrender his/her need for control(Gibson 1991).
2. The nurse has certain competencies to empower patients and become empowered through the fundamental patterns of knowing.
3. The nurse possesses caring behaviors that empower clients.

View of Health
Health refers to empowerment wherein it emphasizes purposeful participation in a process of changing oneself and one’s environment, recognizing patterns and engaging inner resources for well-being (Shearer, 2009).

View of Environment
Environment can be both internal and external. Internal environment refers to inner resources, emotional states, physiological and metaphysical requisites, whereas, external environment refers to corporeal and non-corporeal events. Both types of environment influence the individual’s perception and behavior toward well-being and more being.
Philosophical Perspectives
Human Science

Paradigm of Nursing
Interactive-Integrative

REFERENCES

   a. USA. Elsevier Inc.
   a. Science
   8th ed. USA: Elsevier Inc.
6. Feste C Anderson R.M. Empowerment: From Philosophy To Practice. Patient
7. Education and Counseling. 1995, 26