Public health nurses used 4 strategies to facilitate client empowerment


QUESTION: What is the practical meaning of empowerment to public health nurses and their clients?

Design
Exploratory qualitative design.

Setting
1 urban/rural and 2 rural health units in southwestern Ontario, Canada.

Participants
24 public health nurses (100% women, mean 14.2 y in public health nursing) and 6 clients (83% women).

Methods
Nurses participated in a series of 3 two hour focus groups (5–9 participants per group; 71% participated in all 3 groups). Research questions were addressed using the nominal group technique. The researcher took field notes during the focus groups. Nurses identified clients whom they thought were empowered through their practice, and consenting clients were interviewed for about 1 hour using an interview guide. Interviews were audiotaped and transcribed. All data were coded and used to develop a model of empowerment.

Main findings
Nurses conceptualised empowerment as an active, internal process of growth that was rooted in personal or cultural beliefs, reached toward actualising one’s full potential, and occurred within a nurturing nurse–client relationship. Nurses identified clients’ active participation, increased awareness, and increased knowledge and skills as essential. Empowerment produced ripple effects that positively affected others.

Nurses facilitated empowerment using 4 strategies. Development of a trusting relationship required respect, empathy, and the creation of a safe environment. This relationship was characterised by mutuality, whereby nurses helped clients to identify health goals and negotiated their roles in attaining them. Clients identified the nurse’s authenticity to be important. Advocacy included personal and political advocacy and was viewed as temporary in nature. Nurses linked clients to community resources and acted on their behalf to help them attain their health goals. Providing information and developing skills, from oral and written information to role modelling, allowed clients to make more informed choices and take more effective actions for their health goals, and to assert themselves with others. Capacity building, which involved reflective listening and an empathic approach, helped clients identify the resources or capacity to attain their goals. Nurses focused on strengths rather than limitations, and communicated an expectation of client accountability for actions and decisions.

Nurses identified 3 categories of outcomes of empowerment that were supported by clients’ narratives. Changes in self included increased self-confidence and self-esteem. Changes in relationships with others resulted in improved relationships with family and friends and becoming more assertive with healthcare providers. Changes in behaviours occurred as clients made healthier choices for themselves and their families.

Conclusions
Public health nurses facilitated client empowerment using 4 strategies: development of a trusting relationship, advocacy, provision of information and developing skills, and capacity building. Outcomes of empowerment were changes in self, relationships with others, and behaviours.