The diversity and complexity in health promotion and empowerment related to older hospital patients – Exploring nurses' reflections

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ABSTRACT

Background: *In the future, health care services will be challenged by an increasing number of older hospital patients. This prompts a need to focus on and implement a health promoting approach in older people's nursing.*

Aim: *The aim of this exploratory study was to illuminate nurses' reflections about health promotion and empowerment related to older hospital patients.*

Method: *The study had a qualitative descriptive design. The concepts of health, health promotion and empowerment were initially introduced to nurses before participating in multistage focus group interviews. Two groups of nurses participated in three focus group interviews that were conducted by a moderator and an assistant. The interviews were tape-recorded, transcribed verbatim and analysed with qualitative content analysis.*

Findings: *The nurses unfolded the theme «diversity and complexity marks health promotion and empowerment related to older hospital patients» as the latent content in the text. Two categories, «empowerment as balance of power – a twofold relation» and «focusing on the individual person», described the manifest content in the texts. The categories were further supported by sub-categories.*

Conclusion: *The focus group interviews showed the ambiguity and complexity in the interpretation of the concepts – health promotion and empowerment – related to the older hospital patient. The findings also indicated that multistage focus group interviews may be a useful tool to develop nurses' reflections about their clinical practice.*

KEYWORDS: focus group interviews, empowerment, older hospital patients, health promotion.

Introduction

Health promotion is an implicit part of nursing but the theoretical and philosophical basis of health promotion is not always explicitly stated. In 1860 Nightingale (1) described the aim of nursing as promoting health. Health promotion has been described by several nursing theorists resting on the same basic values as holistic nursing (2, 3). A holistic nursing approach focuses on a multidimensional view of man, health and health promotion (3). In such a perspective health promotion is viewed as an approach that includes caring through empowerment, equity, collaboration and participation (4). These aspects combine holistic nursing (5) (6) with values inherent in health promotion (7).

Empowering patients is highlighted as a desirable and essential part of nursing care (8, 9). The intention of patient empowerment is to increase the individual's power in order to help him/her gain control over his/her own health. Until recently healthcare staff, and in particular medical staff, were considered to know what was in the patient's best interest and thus able to make decisions on the patient's behalf (10). Furthermore, empowered patients are likely to ask questions and want to be actively involved in decision-making, but if they do so, they are likely to be labelled as difficult and then become disempowered (11).

McCarthy and Holbrook-Freeman (12) conducted a concept analysis of empowerment and its implications for nursing. They found seven formal concept analyses in the nursing literature and classified empowerment as community empowerment, psychological empowerment of the individual and organisational empowerment. Falk-Rafael (13) again described empowerment in the nursing process as an evolving consciousness in which increasing consciousness, knowledge and skills interact with active client participation. Active participation is highlighted and viewed as an essential element of the process, but nurses can only facilitate, not create empowerment (13). This view is consistent with Rodwell (14) who emphasised that nurses cannot empower people, people can only empower themselves.

There is a substantial body of knowledge about empowerment related to nursing, but Fletcher (15) argues that nurses are not empowered themselves. Fletcher claims that nurses' thoughts and beliefs are influencing their self-image negatively. Hewitt-Taylor (16) again states that if nurses want to empower patients they need to understand factors that either promote or inhibit empowerment. These factors are; awareness of the nature of power, the role of knowledge in power, how power may be used and how rationing health care may restrict patient empowerment. In the traditional approach in health care power is connected to expert knowledge. Nurses should thus, according to Hewitt-Taylor, be aware of the variety of overt and covert ways of using power.

As the argumentation above shows, there is a close connection between empowerment and power. According to Kuokkanen and Leino-Kilpi (17) in social action power is often interpreted in terms of coercion and domination, it is viewed as a negative, as patriarchal and authoritarian. A caring relationship between a patient and a nurse, on the other hand, requires a respectful and trusting interaction, including the nurse's willingness to share power. In the nursing context, the word power therefore usually has negative connotations (17).

In the future, health care will be challenged by an increasing number of older hospital patients, that is, patients who are aged 60 and over (18). Due to ageing processes, increased morbidity and frailty in late life, older persons have problems exercising their own rights and decision-making related to their health and social care (19, 20). Studies of older persons' participation in health promotion show that their influence and power is reduced when their situation is characterized by frailty (19). This is in conflict with the ethical principle of respect for individual autonomy (21). A study of the experiences of self-determination among older persons living in sheltered housing, described a disempowering environment that did not strengthen the old person's self-determination, participation or control (21).

According to Cavanagh and McLafferty (22) older people are the experts in ageing, although they may not recognize their own expertise. Empowering older hospital patients should build on this expertise and help the patients gain control over their own health (8). There is a risk, however, that due to their frailty and old age, the older patients are rather disempowered than empowered. The key question is how the nurses relate to promoting older patients' health and to empowering older patients.

Aim

The aim of this exploratory study was to illuminate nurses' reflections about health promotion and empowerment related to the older hospital patient.

Method

Study design

The study had an explorative, descriptive qualitative design and was inspired by multistage focus group interviews (23) (24). The multistage focus group method is especially suitable when inquiring people's experiences, views, desired goals or difficulties. This method combines elements of group dynamics and a qualitative approach to produce good data quality (24). Focus groups are also considered superior to individual interviews in producing richness and variety in ideas and reflections, since the participants inspire each other. In this study multistage focus group interviews were used to explore health, health promotion and empowerment related to older hospital patients. The concepts were introduced to the participating nurses in a 30-minute lecture by the first author (GB). Three different perspectives were presented: a theoretical perspective influenced by holistic-existential nursing, a clinical nursing perspective, and older hospital patients' own views on health and health promotion. Selected literature (3), (8), (25), (26), (27), (28) was also given to the nurses before the focus group interviews started in order to facilitate reflection.

The participating nurses

Twelve registered nurses divided into two groups participated. The selection was strategic with the aim to achieve broad and rich data, why nurses with different professional backgrounds and functions were selected. Group 1 consisted of six nurses who had a special function either as responsible for teaching or development of nursing in their medical ward or as members of a palliative team. These nurses worked in different units. Group 2 consisted of six nurses working in a small internal infection medicine unit. Two of the nurses were specialists in clinical nursing. All the nurses worked at the same hospital and had more than four years of working experience as nurses.

Data collection

The focus group interviews were conducted as rather informal reflective dialogues on pre-determined themes. The nurses participated in three focus group dialogues each cf. (29) (30). The focus group interviews were conducted over a period of three months, approximately one month between each. The first interview focused on empowerment, health and health promotion. The second focused on the nurses' understanding of the old hospital patients, and the third connected the focus of the previous interviews together. The interviews lasted from 1, 5 hours to 2 hours. They were conducted with a moderator (GB) and an assistant in a room separated from the wards. Each interview was tape-recorded and transcribed verbatim.

Analysis

The analysis was conducted with thematic content analysis (31) (32) carried out in four steps. Firstly, each interview, represented as a text, was read several times in order to grasp a sense of the whole. Secondly, the text was divided into meaning units consisting of some words, a sentence or a statement, expressing a common expression, attitude or idea. The meaning units were condensed, abstracted and labelled with a code. Thirdly, the codes were sorted into six sub-categories and two categories based on differences and similarities. These represented the manifest content of the text. In the fourth step, the underlying meaning, representing the latent content of the text, was formulated into a theme through a process of reflections and dialogues in the research group (cf. 29, 31).

Ethical considerations

The participating nurses received written and oral information about the study, including the right to withdraw at any time, and the guarantee of confidentiality. The participating nurses gave their written informed consent. The study was approved by the hospital administration and followed the Ethical Guidelines for Nursing Research in the Nordic Countries (33).

Findings

The findings are structured in one theme related to the latent content in the text and two categories with sub-categories related to the manifest content. The theme showed that promoting older hospital patients' health and empowering older hospital patients appeared as diversity and complexity. The two categories found were 'Empowerment as balance of power – a twofold relation' and 'Focusing on the individual person' (Figure 1).

Diversity and complexity marks health promotion and empowerment related to older hospital patients

The nurses' descriptions of health promotion and empowering the older hospital patients were characterised by an alteration between generalisation and individualisation, describing complexity, vulnerability, and frailty, decreased adaptive capacity and increased need for nursing care. Frail older patients often developed several problems. In order to be able to meet the older hospital patients as persons, the nurses had to consider the complexity and heterogeneity of the patients.

«Nobody is the same as another person, they all have different needs. Some are mobile and take care of themselves; some just need a helping hand, while others are at the end of life where you have to sit down and talk in order to cover existential needs. It is not easy to describe the older hospital patient in general terms».

Empowerment as balance of power – a twofold relation

Discussing empowerment revealed a balance between two poles represented by the nurse's power and the patient's power. The two poles represented two different life worlds with diverging experiences, conditions, knowledge, values and expectations.

Figure 1. Nurses' views on health promotion and empowerment related to older hospital patients

Theme	
Diversity and complexity marks health promotion and empowerment related to older hospital patients	
Categories	
Empowerment as balance of power – a twofold relation	Focusing on the individual person
Sub-categories	
To receive power or to take power Positive and negative relation to power Patient participation – decreased nursing control Empowered nurses – empowering others	Individualised approach to health settles health promoting activities Normalising the situation

To receive power or to take power

The nurses experienced that older patients often sub-ordinated themselves and became passive during hospitalisation. They seemed to expect nurses to be in charge and adapted to what they thought was expected to be a patient's role. The nurses often experienced that the patients transferred power to them and they said that the patients authorised them to take power. This aspect was discussed and questioned; «Do nurses receive the power or do they take the power?» The dialogue uncovered a need for a critical reflection about their position of power.

Positive and negative relation to power

The nurses acknowledged power as a necessary and unavoidable element of the nurse-patient relation. The nurses discussed positive and negative sides of power. They agreed upon an understanding of power as having control over others. Hospitalised old persons were often conceived as not capable of taking care of themselves and, therefore, more or less forced to transfer power to the nurses. On the one hand, power was conceived as negative, and could be misused. On the other hand, the use of power on behalf of the old patient was experienced as positive. Nurses acknowledged having a position of power in caring situations.

The nurses legitimized their use of power by doing what they thought was best for the patient or that their actions were in the older hospital patient's interest. Doing the best for the patient, however, was questioned.

«We often use our power to persuade the patients about what is best for them with using our knowledge. It is necessary to persuade them with what we think is best. This is a kind of use of power, but they are dependent of it because we have the knowledge, /.../ there is a negative side to this in the sense of us believing that we always know what is best for the patient and we try to sort this out for the patient».

Patient participation – decreased nursing control

The nurses argued that «more patient participation will make our day more unpredictable, challenging and maybe threatening.» Sometimes the nurses found the older hospital patients' participation important, but other times they did not want unpredictable activity from the patients. However, this uncovered ethical dilemmas between being paternalistic and the old patient's right to be autonomous.

Empowered nurses – empowering others

Nurses are in constant interrelation with others, which requires them to be aware of their own perspectives, prejudices and attitudes, because this would influence their interaction with others. The nurses wanted to be seen and respected as professional nurses by colleagues, patients and other health professionals.

«If I feel that the administrators are empowering me in my position and thereby me personally, then isn't it more likely that I also empower others? But if you never experience being seen or heard, it's a human mechanism that influences us to forget those around us. Maybe it's important to be conscious about seeing each other, because then it is more likely that you see your colleagues and the patients...»

Focusing on the individual person

The nurses focused on caring for the individual's needs and life situation, with normalising the individual patient's specific and genuine life situation as an important task.

Individualised approach to health settles health promoting activities

The nurses argued for a wide perspective on the older hospital patient, illness, and health. They criticised the existing hospital approach that interprets health as the opposite of disease, and argued for an understanding of health according to how the older patient understands and experiences health. Viewing and approaching the older hospital patient's individuality was thus seen as a basic approach to promoting their health. Furthermore, the nurses related health promotion to their function and role as nurses.

«We work to improve the old patient's condition, i.e., taking care of basic needs, preventing complications, giving information and support self-control which promote the old hospital patient's health.»

Normalising the situation

In these nurses' perspectives, health and health promotion included individual and contextual approaches. Working with the older patient's health was to create well-being based on knowledge, the current situation and the old patient's individuality and life-situation. The nurses argued for avoiding a focus on disease and hospitalisation. One of the nurses stated:

«It's about normalising the old hospital patients' situation. What's a normal experience for the old patient or what would the old patient normally do if he weren't hospitalised? We try to reach this normality, with a TV, newspaper, private clothes, or getting out of the bed or if it is something else the old patient wants».

The nurses described having personal control over the situation as a health-promoting factor. They experienced that older patients recovered quicker when they had personal control over small things. Small things could include what and when to eat, how to be dressed or how to be washed.

Discussion

The aim of this exploratory study was to illuminate nurses' reflections of health promotion and empowerment related to the older hospital patient. The discussion is divided into two parts; the findings related to the content of the reflection process that emerged in the focus group interviews, and methodological issues.

Uncovering nurses' understanding of empowerment and health promotion related to the older hospital patient

A twofold relation to power was revealed among the nurses while reflecting on empowerment. The nurses developed consciousness about their position of power, exemplified with the descriptions of caring situations. McCormack and Reed (34) have concluded that nurses in their work have an incredible amount of power over patients but they are not conscious about it. Being conscious about one's own position of power was one factor in empowering and promoting the older patient's health found in this study. Through participation in the focus group interviews the nurses became aware of their power, both positive and negative aspects, in encountering the older hospital patient. Nyatanga and Dann (11) argue that nurses cannot empower patients unless they address the hierarchical mindset and internalise the empowerment philosophy in which individual experiences and choices are truly valued and respected. Kuokkanen and Leino-Kilpi (17) conclude that empowerment in nursing continues to be undermined by the hierarchical mental set inherent in the health care leadership style. They argue that empowerment in nursing will increase when the hierarchical and authoritarian style of nursing is reduced. Based on the premise that no one can value others unless they value themselves, nurses need to be empowered before empowering others (35). This idea was supported by the nurses in our study. However, the counterargument put forth by Bradbury-Jones et al. (35) is that the idea of nurses empowering themselves in order to empower others is naïve. Professionals that are empowered will not automatically empower their patients. However, both patients and nurses could find themselves disempowered by medical paternalism, and this may adversely affect nurses seeking to empower patients. Based on this, nurses should consider and address questions if they are to be able to fulfil their role in empowering the patients (36).

The nurses emphasised an individual approach focusing on the patient's uniqueness, and on seeing and respecting the older patient as a person. Several authors argue that empowerment must be part of a mutual and reciprocal interactive relationship (12, 13, 16, and 17). In this interactive relationship the transfer or sharing of power is an inte-

gral part of the empowerment process, which means that power may be defined as a product of skill or knowledge as opposed to coercion or pressure (12). In order to achieve patient empowerment it is vital to form a partnership between the patient and health care professional, resting on a mutual commitment to give and receive comprehensible and unbiased information. Empowerment also requires that nurses acknowledge the patients' right to self-determination, and that they facilitate and develop patients' self-determination. Empowerment also requires that the patients accept this and take responsibility for their choices (14).

In discussing health promotion the nurses outlined an individual approach including normalising the situation, which is consistent with the older patients' views of health. (34). The nurses also discussed situations when patients were not capable of being, or willing to be, empowered or autonomous. This is an ethical dilemma in nursing practice, addressing several questions: a balance between autonomy and doing what is good for the patient, or reversely, preventing patients from harming themselves. Older hospital patients are in a vulnerable position (35) and demanding them to be self-determined when they are not capable of making decisions could be detrimental. Doing what is best for the patient may sometimes require a certain amount of paternalism, but deciding on behalf of the patient when he or she is capable of self-determination means denying the patient his/her right to autonomy (36).

The nurses were ambiguous to empowering the patient, because this would make their day more unpredictable as they lost professional control. This is consistent with Christensen and Hewitt-Taylor's (9) and Henderson's (37) studies. Henderson (37) found that the majority of nurses were unwilling to share their decision-making power with the patient. Nevertheless, the nurses described an ideal that was stated as 'health promoting nursing related to older hospital patients has an individual approach supported by empowerment'. The nurses in our study uncovered a twofold relation to empowerment, which is in line with other aspects of the nurses' everyday practice, i.e., the nurses balancing between different approaches living in a constantly changing context (24, 28).

Methodological issues

The study was an explorative and descriptive study intending to illuminate nurses' reflections about health, health promotion and empowerment related to the older hospital patient. The concepts of health, health promotion and empowerment were introduced to the participating nurses through a lecture and selected literature before the focus group interviews started. The purpose was to facilitate reflection (38), but it cannot be excluded that the lecture and the literature influenced the content of the dialogues and thereby also the findings in this study. The literature supplied consisted mainly of English research articles. Barriers to read research articles are often connected to the language (cf. 38), and Norwegian literature would have been easier to read and understand for the nurses. Another issue was the question to what extent the nurses read the literature, how they interpreted the literature or whether they learned anything from the literature. We could study the reflections, but we cannot draw conclusions about to what extent the reflections were based on the theoretical input as compared to previous professional studies and experience.

At the start of each focus group interview and during each interview, summaries of the dialogues were made. The purpose of the summary was to verify whether the researcher's perceptions of the reflection group dialogue matched the nurses' perceptions. The researcher had with him an assistant, which also can be seen as a contribution to credibility (31). After each dialogue the researcher and the assistant discussed the content of the dialogue. During the analysis process the authors had continuous discussions about the meaning of the transcribed texts, theme, categories and sub-categories, representing latent and manifest content (31). Furthermore, the nurses in the study recognized the description of the older hospital patient's health and what it takes to promote health, and they saw that this might be relevant to their own understanding of health and promoting health.

The focus group dialogues had some limitations. Finding a suitable time for all nurses to be present was difficult to accomplish, and as a consequence the time between the dialogues was extended. The question is whether a tighter timetable would have deepened the reflections, or if the time delay contributed to richer data. Another critical aspect was how the moderator conducted the dialogues.

Conclusion

The dialogues and discussions in the focus group interviews showed the ambiguity and complexity in caring for older hospital patients with respect to health promotion and empowerment. This exploratory study also indicated that multistage focus group interviews might be a useful tool for nurses to expand and develop their awareness of the theoretical underpinnings of their clinical everyday work. Focus group interviews may uncover nurses' tacit knowledge and bridge experiential and theoretical knowledge. However, to be able to assess the impact of the pedagogical input, a study on a larger scale must be implemented and evaluated.

In order to stimulate the discussion and reflection in the multistage focus group interviews, the central concepts were introduced by means of a lecture and research articles, and the reflections were conducted in groups. Doing reflections regularly and according to a systematic structure in small groups may thus be one of several strategies in developing nursing knowledge (cf. 29, 38). It may also be a tool to implement and apply theoretical concepts into nursing practice.

Implementing and strengthening health promoting nursing in hospitals is an issue that needs more research; especially the complex conditions related to older hospital patients. However, to be able to assess the impact of the multistage focus group interviews, a study on a larger scale must be implemented and evaluated. It would also be important to study whether reflection has implications for health promotion and empowerment in practice. The interaction between nurses and the older hospital patients related to power, self-determination, autonomy and paternalism should be investigated closer.

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