Empowering health education : a conceptual framework and an instrument for assessing health professionals' use of empowering strategies
by Lynn Carol Paul

A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Education
Montana State University

Abstract:
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This research project occurred in two phases. The first phase entailed developing a theoretical basis for empowering health education that resulted in a set of eight principles representing the concept. Six adult education experts and seven health education experts critiqued this theoretical framework to establish the initial phases of construct and content validity of a health education empowerment construct. The second phase involved developing, piloting, and field testing an instrument assessing health professionals' use of empowerment strategies. The strategies for the instrument were developed from operationalizing the eight principles. Each principle and the strategies operationalizing each principle were sent to four of the seven health education experts used in the initial process of establishing validity. The experts then established content validity of the instrument and designated the items within the principle which fully operationalized the content of the principle.

Pilot and field test results indicated that Health Education Strategies Scale (HESS) possesses the initial qualifications of a reliable and valid instrument. Reliability, measured by the Cronbach alpha, was .91 for the 43-item HESS. The Pearson correlations for the final 43-item HESS for the item score to total score ranged from .17 to .77. The Pearson correlations for the item score to principle score ranged from .34 to .79.

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Lynn Carol Paul

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ABSTRACT

The empowerment model of health education has the potential to emerge as a useful model in the field of health education. For health care professionals to fully embrace the concepts of empowerment, they need to understand the philosophy of empowerment and their personal orientation toward that philosophy. The purpose of this study was two-fold: first, development of a theoretical basis for an empowering approach to health education and, second, development of an instrument for health professionals that will identify their predominant health education style as it relates to an empowerment approach.

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CHAPTER 1

INTRODUCTION

Within the past two decades, social and political forces have changed the concept of health from "an absence of disease" to "a general sense of well being and self-realization (Smith, 1981). Health educators need to respond to this changing nature of health by redefining the philosophy, principles, and methods of health education. The traditional or paternalistic model of health education, which developed with the "absence of disease" concept of health, prescribes that health care professionals assume power in the helping relationship and the patients remain passive. This dictates a didactic or information-giving format for health education in which patients are expected to comply in order to get well. This model of health education has not been effective in preventing and treating many of today's health problems that are the result of an array of complex individual, social, economic, and political influences (Marsick & Smedley, 1989).

Currently, health education is operating without a clear and sound philosophical background; therefore, health professionals are caught between the problems associated with the paternalistic methods and the absence of a solid health education theory, which inhibits provision of effective health education and the advancement of health education (Timmreck, Cole, James, & Butterworth,

1987). To operationalize programs and methods, health education needs an effective theoretical base.

The concept of empowerment has been suggested as a philosophical base for a broad range of human services. Empowerment is defined as "the ability of people to manage their lives, to recognize and meet their needs, and to fulfill their potential as creative, responsible and productive members of society" (Cohen, 1981, p. 514).

Empowerment has received serious consideration from leaders in the fields of community psychology, child welfare, social work, and rehabilitation (Dunst, Trivette, Davis, & Cornwell, 1988; Rappaport, 1987). The health field has also explored the philosophy of empowerment, particularly in areas where the traditional paternalistic model has been ineffective in dealing with the magnitude and complexity of the physical, social, and spiritual needs of patients. For example, select programs dealing with women's health, diabetes, and the AIDS epidemic have successfully adopted the empowerment approach (Anderson, Funnell, Barr, Dedrick, & Davis, 1992; Clement, 1987; Gutterman, 1990; Haney, 1988; Steinbaum, 1990; Stromquist, 1988).

Current trends in health education suggest both the need for and applicability of the empowerment philosophy for advancing the theoretical basis of health education. These trends include client responsibility popularized by the wellness movement and the self-help movement. The self-help movement, the fastest growing segment of health education in the past decade, maintains the

capacity of individuals and groups to create their own knowledge and address society's impact on health. The current health care scenario is in need of a change, but a change which considers the generative roles of the individuals, society, and the health care system in health status. Belief in the human ability to promote change at the individual, community, and societal levels is crucial (Hibbard, 1984).

Health professionals' responses toward empowerment depend upon their own knowledge and beliefs about the empowerment philosophy. If health professionals are to promote empowerment within their clients, for themselves, and within society, professionals need to be aware of their orientation to the empowerment philosophy and know what strategies promote empowerment (Ashcroft, 1987; Clark, 1989).

Problem Statement

The empowerment model of health education has the potential to emerge as a useful model in the field of health education. For health care professionals to fully embrace the concepts of empowerment, they need to understand the philosophy of empowerment and their personal orientation toward that philosophy. Currently, there is a scarcity of information published presenting a theoretical background for empowering health education, and no inventories available to assist health care professionals to assess their orientation toward the use of empowerment strategies. The purpose of this study was two-fold: first, it developed a theoretical basis for an empowering approach to health education, and, second, it developed an

instrument for health professionals that will identify their predominant health education style as it relates toward an empowerment approach.

The following research questions were addressed in the process of completing the two-fold purpose:

1. What theoretical construct can delineate empowering health education and serve as a basis for developing behavioral strategies operationalizing empowering health education?
2. What are the strategies or behaviors used by health professionals that exhibit the theoretical construct of empowering health, and of these strategies which represent the construct?
3. What type of instrument would best assist health professionals' appraisal of their own use of empowering health education strategies?
4. Can a reliable and valid instrument be developed for health professionals to evaluate their use of empowering health education strategies?

Significance of the Study

The development of a theoretical framework for empowering health education has the potential to provide a basis for theory development and a wide variety of quantitative and qualitative research efforts studying health education consumers, health professionals, social systems influencing health, and health care programs. Examining empowering health education will provide a broader and more in-depth understanding of the general concept of empowerment as well as

assist in the application of the empowerment philosophy in other fields that have been slow to explore the empowerment concept.

Application of research results has the potential to create empowering environments conducive to healthy lives for all and as a result to alleviate the problems associated with the current methods of health education. Ideally, this research will have the potential to move the focus of health education away from the generally ineffective, individualistic, paternalistic model toward health-promoting environments where people can more realistically assign responsibility for health problems and consequently more effectively deal with the actual causes of health problems. As a result of the instrument development, future research will be able to assess the progress achieved by health professionals through training and continuing education in acquiring the skills, knowledge, and strategies that promote empowerment.

Assumptions

This study is based on the following assumptions:

1. The health of individuals is influenced by a wide range of physical, psychological, spiritual, social, political, and economic factors.
2. Because current approaches to health education are commonly paternalistic, individualistic, and generally limited in their success, the effectiveness of health education can be improved.

3. All those involved in creating health-promoting environments such as health professionals, health education consumers, community members, and policy-makers can learn how to adopt the empowerment approach.
4. Ultimately, empowering health-related environments will benefit all involved with creating and participating in these environments.

Delimitations

1. Data for the instrument were collected from a small sample of professionals (N = 64).
2. The sample of professionals completing the pilot and field test were all from Montana.
3. The professionals completing the instrument were volunteers who filled out the instrument either in their workplace or while attending a professional conference.

Definitions of Terms

Health behaviors include "those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, including affective, and emotional states and traits; and overt behavior patterns, actions and habits that relate to health maintenance, to health restoration, and to health improvement" (Gochman, 1990, p.14).

Health education is any action that addresses the many varied factors influencing health in order to ensure the environment is conducive to health (Tones, 1986).

Paternalistic health education approaches use didactic teaching methods and place professionals in expert roles.

Individualistic approaches to health education assume individuals can profoundly influence their health through appropriate health behavior, while ignoring the influences from the environment and social context.

Empowering health education is the development and enhancement of individuals, as well as their involvement and influence within communities and systems to improve their health status. It is an approach that can be applied to individuals, community organizations, workplaces, and neighborhoods (Rappaport, 1987). Empowering health education approaches acknowledge and address the many factors influencing health, such as the social, individual, political, and economic factors. Health professionals can play a significant role in empowering health education; however, consumers can initiate and participate in empowering health education without health professionals' involvement. Nonetheless, since the purpose of this study is to examine health professionals' involvement with empowering health education, empowering health education will usually refer to health education where health professionals play a significant role.

Instruments can be used to study samples from populations "to discover the relative incidence, distribution, and interrelations of sociological and psychological variables" (Kerlinger, 1986, p. 377).

Dissertation Organization

This dissertation is organized into six chapters. Chapter 1 has provided a brief introduction to the current status of health education, the concept of empowerment, and the potential for improving consumers' health status by adopting empowering health education. The content of Chapter 1 also presents the problem statement, research questions, scope of study, significance of the study, assumptions of the study, delimitations of the study, and definitions of terms.

The literature review for this study is found in Chapter 2. The major areas covered in this chapter include the origins of empowering education and the current philosophical status of empowering education. Chapter 2 also examines empowerment in practice, exploring synthesis, critique, and research findings, and finally empowerment as it directly related to the current status and trends of health education, including the role of health professionals.

Chapter 3 details the methodology used in developing the theoretical basis of empowering health education and the instrument for health professionals. Chapter 4 and 5 provide the results of the research; Chapter 4 covers the results of the theoretical basis and Chapter 5 provides analysis of the instrument to include

results of item analysis, reliability, and validity. Finally, Chapter 6 presents the conclusions of the study and recommendations for practice and research.

CHAPTER 2

LITERATURE REVIEW

A review of empowering health education requires examination of two aspects of empowering health education. The first is an examination of the general concept of empowerment which explores the origins of empowering education, the current theoretical framework, empowerment in practice: synthesis, critique, and research findings. The second is a review of empowerment as it directly relates to health education. This includes the current status and trends of health education and the involvement of health professionals.

Review of the General Concept of Empowerment

Origins of Empowering Education

A major figure influencing the conceptualization of the empowerment concept and its current applications is Paulo Freire. Freire's educational interests centered on literacy efforts among the poor in Latin America beginning in the late 1950's. Freire believed literacy would help alleviate the problems of the poor, which were problems imposed upon the impoverished by political oppression from the upper class (Freire, 1970a).

Paulo Freire believed that a political environment producing oppression was not a fixed reality, but rather that it is a problem that could be alleviated through the collective efforts of the oppressed people. Freire felt the education system was one means through which the upper class disempowered the poor; however, through a different type of education, the poor could be liberated by gaining the power, skills, and confidence they needed to transform society so all could live with human dignity. He maintained liberation should be achieved through education. The goal then of education was liberation. However, Freire recognized that education could never be politically neutral; education either supported liberation or oppression (Freire, 1970a).

In order to achieve liberation through education, the educational system needed to be empowering. According to Freire, empowering education involves oppressed groups collectively identifying their own problems, critically examining the social roots of the problem, strengthening hope and envisioning a better life, and then organizing to achieve their goals by overcoming social and political barriers. Through such group participation and growth, people realize their abilities to change their lives on a personal and social scale. Thus, empowering education can potentially influence people at many levels from developing personal skills to individually and collectively creating social reform (Freire, 1970a, 1970c; Shor & Freire, 1987).

Empowering education is in direct contrast to the traditional, disempowering educational approach described by Freire as "banking" education. Banking

education is both paternalistic and individualistic in nature since it treats knowledge as a gift bestowed by those who are knowledgeable to those who do not know. This paternalistic approach views teachers as experts who exclusively possess the knowledge of the topic. Student are viewed as objects who are passive, empty receptacles which teachers fill with knowledge. The transfer of knowledge usually occurs in a static exchange with little discussion. Banking education is individualistic in nature because it seldom recognizes students' uniquenesses in terms of their personal characteristics and rich context of living. Banking education can also be seen as individualistic because it frequently ignores political, cultural, economic, and social influences on students' lives and how these influences impact their learning (Fahlberg, Poulin, Girdano, & Dusek, 1991; Freire, 1970c; Shor & Freire, 1987).

Rather than using the disempowering banking educational approach, Freire thought empowering education should occur through four methods: critical consciousness, critical thought, dialogue, and praxis. Critical consciousness is a process of naming the world or recreating reality and then working through political participation to achieve humane existence. According to Freire, critical thought is the ability to form and express complex and realistic judgements about one's world. He believes that everyone regardless of education and social class is capable of viewing the world critically. Oppressed people make naive judgements about their world because of their oppressed conditions. The ability to think critically allows oppressed people to view their current situation as limiting but challenging rather

than to accept an unalterable and fatalistic view of their conditions. Once capable of critical thought, people can begin to challenge the structures in society that oppress them (Shor & Freire, 1987).

Critical thought is learned through dialogue. Dialogue is a problem-posing participatory format where knowledge about a problem or topic is recreated and social relations within the educational setting are transformed. In an educational environment, the teacher and students dialogue by mutually inquiring about the topic to be learned. Students and teachers figuratively put a topic on the table and collectively learn about the topic. The teacher relearns the topic through studying with the students. Not only are students empowered through dialogue, but the teacher or facilitator is empowered again. Dialogue demands dynamic communication and makes education a social activity (Shor & Freire, 1987).

Freire insists that authentic dialogue must lead to action, reflection, and further action: Freire named this action-reflection praxis. Praxis is critical in creating meaning and knowledge in the process of changing the oppressive political and social barriers, or transforming the world (Freire, 1970b).

Freire insists that critical consciousness, critical thought, dialogue, and praxis be viewed as skills necessary for achieving liberation and not as mere techniques used by teachers in oppressive educational settings for attaining results. These skills should be based within empowering educational settings with liberation as the goal (Shor & Freire, 1987).

Freire's contribution to empowerment has significantly expanded education's potential role in alleviating and preventing many problems associated with oppressive, paternalistic, and individualistic systems (Minkler & Cox, 1980; Parsons, Hernandez, & Jorgensen, 1988; Reisch, Wenocur, & Sherman, 1981; Wallerstein & Bernstein, 1988). The goal, philosophy and methods proposed by Freire provided an important and meaningful groundwork for the current trends in many areas adopting an empowerment approach.

Current Philosophical Conceptual Basis of Empowerment

An understanding of the origins of empowerment provide a context for examining current philosophical frameworks of empowerment. As mentioned previously, the empowerment philosophy has been adopted by a wide range of groups and communities. Many of these groups and communities have modified Freire's original philosophy to meet a broad range of needs within their specific contexts. Often these groups selected certain components of Freire's empowerment concept while eschewing other components (Anderson et al., 1991; Clement, 1987). As a result of using select components to meet a range of needs in a variety of contexts, Freire's original concept of empowerment has been significantly altered.

Current uses and meanings of empowerment have not been well examined by theorists, researchers, or practitioners (Clark, 1989; Dunst, Trivette, & LaPointe, in press). The contextual nature of empowerment demands that empowerment receive critical analysis in the different contexts within which it is utilized (Clark,

1989). Using select components of empowerment or viewing empowering methods as skills to be acquired without the additional goal of social transformation can lead to a great disservice of the people to be empowered and perhaps further oppression. The concept of empowerment is more likely to be contaminated, especially by politically oppressive groups, without a current, well-examined philosophy of empowerment (Fahlberg et al., 1991; Zacharakis-Jutz, 1988). The lack of critical analysis impedes both the development of empowerment theory and praxis and the successful application of the approach.

Dunst et al. (in press) and Rappaport (1987) have contributed much to a critical analysis of the empowerment concept. Dunst et al. (in press) developed a unified framework of empowerment that enhances the understanding of the concept and helps define the key elements of the concept. The framework was proposed as a useful model in demonstrating the use of empowerment in everyday situations. The framework consists of three major features: form, level, and context. These features are organized into a three-dimensional matrix. The first feature, form, addressed the diverse operationalization, description, and practice of empowerment. Six diverse uses or forms of empowerment were identified: philosophy, paradigm, process, partnership, performance, and perceptions (Dunst et al., in press).

The second major feature of this empowerment framework is level of analysis. This second feature refers to "the focus of efforts to empower people" (Dunst et al., in press, p. 2). There are four identified levels or foci of empowering efforts: individuals, groups, organizations, and communities. This second feature of

the framework, level of analysis, provides an excellent organizational structure for examining how empowerment has been practiced and researched, which is addressed later in this chapter.

The third major feature of this empowerment framework is context, referring to the various environments or settings in which people may experience empowerment. An important assumption about empowerment is that empowerment will look different depending on the context within which it is used. Four types of contexts or systems are used in the framework: microsystems, mesosystems, exosystems, and macrosystems.

This unified framework consisting of three major features and categories within each feature yields a 96 cell three-dimensional matrix of the empowerment concept. By delineating every combination possible within the three features, this matrix greatly enhances the ability for clarity and exactness when discussing and researching empowerment. However, this framework may not allow for understanding the interaction among these components of empowerment (Dunst et al., in press).

Rappaport (1987) proposed an ecological theory of empowerment and defined the concept as "individual determination over one's life and democratic participation in the life of one's community, often through mediating structures" (p. 121). He suggested 11 assumptions and hypotheses as guidelines for theory and research:

1) Empowerment is a multilevel construct. It is concerned with the study of and relationships within and between levels of analysis--individuals, groups, organizations, and other settings, communities, and social policies. It is assumed that there is a mutual influence process across levels of analysis, and that this process takes place over time.

2) The radiating impact of one level of analysis on the others is assumed to be important.

3) The historical context in which a person, program, or a policy operates has an important influence on the outcomes of the program.

4) The cultural context matters.

5) Longitudinal research, or the study of people, organizations, and policies over time, is seen to be at least desirable, and perhaps necessary.

6) Empowerment theory is self-consciously a world view.

   a) The people of concern are to be treated as collaborators; and at the same time, the researcher may be thought of as a participant, legitimately involved with the people she is studying.

   b) The choice of our language is seen to be very important as to what it communicates, and metacommunicates, not only to other researchers and policy makers but also to the people who we are studying.

7) It is assumed that the conditions of participation in a setting will have an impact on the empowerment of the members.

8) Other things being equal, an organization that holds empowerment idealogy will be better at finding and developing resources than one with a helper-helpee ideology, where resources will be seen as relatively scarce, and dependent on professionals.

9) Locally developed solutions are more empowering than single-solutions applied in a general way.

10) The size of the setting matters. Settings that are small enough to provide meaningful roles for all members, yet large enough to obtain resources, are hypothesized as more likely to create the conditions that lead to empowerment.

11) Empowerment is not a scarce resource which gets used-up, but rather, once adopted as an ideology, empowerment tends to expand resources. (Rappaport, 1989, pp. 139-142)

Overall, the major contributions of Dunst et al. and Rappaport's critical analyses are very useful and important in promoting an examination of the empowerment concept. This researcher found Rappaport's eleven assumptions and hypotheses and Dunst's "level of analysis" concept or focus of efforts to be the most comprehensive, clear, and practical basis for understanding empowerment. Further development of the philosophical basis of empowerment is needed in order to fully understand empowerment and its implications for practice.

Empowerment in Practice: Synthesis, Critique, and Research

The empowerment philosophy has been adopted in many situations with the focus of efforts ranging from individuals to social class (Wallerstein & Bernstein, 1988; Zimmerman, 1990). This section will review the attempts to operationalize empowerment in a wide variety of settings and professional fields and the critiques of these attempts. Additionally, this section will also review the few research studies that have been conducted on the empowerment construct. In general, such research has been scattered in scope, and as concluded in the previous section has lacked a unified framework or critical analysis for assessing research outcomes.

The organizational structure for this next section will follow Dunst's et al. (in press) "level of analysis" or focus of efforts, which was one of the three features in the unified framework of empowerment. Since focus of efforts feature is the starting point for professionals adopting the empowerment framework, it is useful for an analysis of practice-oriented empowerment. When a problem is recognized, the initial assumption, whether explicit or implicit, is the level or focus of efforts. Many times this is defined by the agency or organizational group initiating the use of the empowerment process. For those involved with Freire's approach, the oppressed social class is viewed as the focus of efforts or level of analysis (Wallerstein & Bernstein, 1988). However with the adaption of the empowerment philosophy, the focus of efforts has been greatly expanded based on the needs of the initiating group. As a result of the original assumptions of the level of analysis and empowerment concept, the units of change have been identified as individuals, families, communities, and social class. This next section will examine the empowerment approach within the four levels of analysis and the research findings within these levels.

Individual as Focus of Change. Those focusing on the individual as level of analysis frequently refer to empowerment as self-empowerment or personal empowerment. Self-empowerment has been defined as a "process by which individuals can increasingly take charge of themselves and their lives" (Bernard, 1988, p. 88). It frequently has been compared to and aligned with self-efficacy or

the belief in one's ability to be self-motivated and to meet situational demands (Kayman, 1989; Ozer & Bandura, 1990). Those emphasizing the individual as focus of efforts may not incorporate a social and political process as a critical element of their philosophy. A review of the literature suggests that the tie or link of personal empowerment with social action is not the norm (Anderson et al., 1991). It is not uncommon for programs to express a need for social change and then to focus solely on the individual component. For example, there are diabetes educators who have formally designated an empowerment approach as their educational philosophy and who express that they enable patients to make informed decisions about health care and to change the social situations and institutions that influence their lives, but then these diabetes educators focus entirely on the patient-professional relationship as a means of empowering clients (Anderson et al., 1991). Some human service professions, such as psychology, have adopted a view limited to self-empowerment without addressing social action because these fields have focused on individualism for several decades. If professions or agencies have historically focused on individual factors with little or no emphasis on social and political factors, the self-empowerment approach is a more likely choice than Freire's approach.

Limiting an empowerment approach to the development of individuals is questioned by theorists who maintain that true empowerment can only occur among disempowered groups and that relying upon the individual as the focus of efforts is

an inappropriate adaptation of the concept of empowerment. Freire expresses his opinion on this debate as follows:

> My fear in using the expression "empowerment" is that some people may think that such a practice simply empowers the students, and then everything is finished, our work is done, over! Even when you individually feel yourself most free, if this feeling is not a social feeling, if you are not able to use your recent freedom to help others to be free by transforming the totality of society, then you are exercising only an individualist attitude towards empowerment or freedom. Even though they can feel and perceive themselves after the semester as first-rate students, more critical students, better scientists and better people, it is still NOT enough for the transformation of society, this feeling of being free. While individual empowerment or the empowerment of some students, the feeling of being changed is not enough concerning the transformation of the whole society, it is absolutely necessary for the process of social transformation. The critical development of these students is absolutely fundamental for the radical transformation of society. Their curiosity, their critical perception of reality, is fundamental for social transformation but it is not enough by itself. (Shor & Freire, 1987, p. 22, 23)

As is evident from Freire's discourse, the goal of empowerment is social transformation, but empowerment does not disregard the personal development that must occur in the process.

Research in this empowerment approach indicated self-efficacy named "self-empowerment" was used as an instructional model for women attempting to reduce the amount of fat in their diet (Gorbach et al., 1990) and for women mastering the physical skills necessary for defending themselves against assaults (Ozer & Bandura, 1990). The results of these studies indicated participants perceived growth in coping skills and ability to achieve goals. Zimmerman's (1988) research investigated participation in volunteer organizations as a means of developing

personal empowerment and perceived sense of control over life's problems. He measured empowerment by cognitive, personality, and motivational indices. The results indicated that individuals with high levels of participation also experienced higher levels of personal empowerment.

Family as Focus of Change. Some social workers and others involved with child care have adopted the family as the level of analysis (Dunst & Trivette, 1987; Dunst, Trivette, & Deal, 1988). Not only is the family the primary unit to deliver care to children, but also the environment that has the greatest influence on child's development and health (Shelton, Jeppson, & Johnson, 1989). It is the family's ability to cope and to provide for the individuals within the family's environment that becomes the focus of the empowerment process. The goals of the empowerment process are to develop the family's strengths and abilities to cope. This process involves helping the family distinguish between external factors and factors over which the family has immediate control. The social setting is generally seen as a limited means of strengthening support and coping ability of families, rather than as a sphere for broad social transformation to eliminate the underlying conditions creating the problems. However, it is important to understand that there is little emphasis on directly influencing the broader political, social, economic factors affecting the family's health (Dunst & Trivette, 1987; Dunst, Trivette, & Deal, 1988; Shelton et al., 1989).

Research in empowerment using the family as focus of efforts has shown that professionals employing empowering strategies with families are more effective than those who employ a more paternalistic approach. Professionals using an empowering approach increase their effectiveness in assisting families to meet their needs and in providing opportunities for families to become more competent in managing their child's needs (Dunst, Trivette, Davis, & Cornwell, 1988; Weaver, 1982).

Community as Focus of Efforts. Many diverse communities have employed an empowerment process. Here communities are defined as a group of people with a common link or connection, such as a neighborhood or workplace. A group of people may also act as a community if an unresolved issue serves as a link for their interaction. For example, people involved with a controversial local environmental issue may form a community. Communities employing an empowering approach may be brought together by their own volition or organized by an agency to address a common problem that has been inadequately addressed by society's current systems. The goal of communities employing empowerment approaches is for the group to increase its control over factors influencing the members of the group and the broader community. Frequently, communities as focus of efforts influence a much broader range of social, political, and economic factors than the individual or family as level of analysis. In part, this broader range of influence occurs because of the greater, potentially powerful, outcomes of group processes and the fact that

many of these communities are initiated or framed outside traditional social institutions that have historically disempowered people (Dunst et al., in press).

Myles Horton, founder of the Highlander Research and Education Center, has been a prominent national influence for the past five decades in using empowering educational processes within communities. Horton and Highlander have worked with local people to enhance their abilities to actively participate in alleviating their problems. Highlander has been effective in empowering communities in dealing with labor movements, civil rights, and environmental protection (Adams, 1975).

Research involving the community as the level of analysis has been qualitative in nature. Freire's approach to empowerment has been the basis for the majority of these studies. A sampling of communities that have researched an empowering process includes community health groups in London, alcohol and abuse prevention programs for adolescents in New Mexico, rural health care in Honduras, nutrition education programs in Micronesia and the Dominican Republic, and environmental protection in the South (Adams, 1975; Kent, 1988; Kilian, 1988; Minkler & Cox, 1980; Rody, 1988; Wallerstein & Bernstein, 1988). The research findings indicated that using the empowerment approach resulted in participants better understanding their problems, and that it encouraged them to survey their own communities, plan more appropriate solutions or interventions than those created by the experts, and create new resources.

A particular type of research, participatory research, has been used with empowering communities. Participatory research intertwines research, education, and action and is a research process in which communities participate to promote the development of the community and social transformation. The community members are fully involved and in charge of the definition of the problem, the collection of data and information, and the analysis of the results. Nationally, participatory research with communities has examined community power structures, land use and reform, and "right to know" movements. For example, communities have researched the public's right to know about information that is typically the domain of corporations and the scientific and medical professionals such as toxic chemicals that are used in work or in communities (Gaventa, 1988; Gaventa & Horton, 1981).

Some studies have indicated the failure of an empowerment approach. Gruber and Trickett (1987) studied the participative decision-making of the governing body of an alternative public school in Connecticut. The intent of the governing body was to empower parents, students, and teachers, but the approach failed for two reasons. First, the process thought to increase participative decision-making actually created significantly unequal roles for the parents, students, and teachers. The teachers dominated the process because of their role in and knowledge of the educational system. Secondly, the overall ideology or philosophy of the school system did not allow for creating equality in the governing body necessary for participative decision-making. The researchers cautioned against

using one group with organizational power, such as teachers, within a bureaucratic context with overt inequalities to empower disempowered groups within the bureaucratic system (Gruber & Trickett, 1987).

Social Class as Focus of Efforts. Those who maintain Freire's interpretation of empowerment as the valid approach accept social class as the only true and viable level of analysis. Freire's conceptualization of empowerment places emphasis on the social aspect of change. The focus of efforts are groups of oppressed people who, through the processes of critical consciousness, critical thinking, dialogue, and praxis, transform their world. As a result of empowerment, the political and social structures that have been the root causes of disempowerment are eliminated and liberation can occur when people develop the skills and knowledge necessary for creating empowering environments (Freire, 1970a; Rody, 1988).

Many consider removing political and social structures and creating empowering environments vital because personal empowerment without an empowering environment that allows the individual to make empowering choices is a "mockery of empowerment" and, worse, an incredible disservice to the individual (Zacharakis-Jutz, 1988). "If we assume that the efforts to remediate individual and family problems can occur apart from the broader efforts to restructure the institutional context from which these problems emerge" (Reisch et al., 1981, p. 108), a disservice is created to individuals and families. In essence, those adopting the self-empowerment approach point out that this fostering of personal

environment without an empowering environment creates the ability to make choices when no real choice is available. Such ability to choose is meaningless unless there are changes occurring at the social and system levels (Reisch et al., 1981).

Another issue discussed by those espousing social transformation is the trend toward oppressive and bureaucratic organizations and systems within the societies adopting the empowerment philosophy. The feared result is creation of additional structures of oppression under the guise of empowerment (Zacharakis-Jutz, 1988).

Those who maintain that the only valid appropriate goal of empowerment is social transformation assume that focusing on another level of analysis, such as the individual, family, or community will not lead to social transformation. However, there is a significant group who believe otherwise. Their arguments propose that those skills gained through a self-empowerment approach will make a person more willing to be involved with community and social issues (Bernard, 1988; Fried, 1980). Rappaport (1987) expressed in his theory of empowerment the potential influence of one level of the empowerment construct on another level. The influence of one level on other levels of empowerment can be enhanced or assured if the processes of critical consciousness, critical thinking, dialogue, and praxis are employed. These processes will greatly increase the chance that those working on the individual level will grow to understand the impact and barriers of larger social and political factors.

Participatory research has been the primary research base for empowerment in social class. Participatory research is used by or for people who are exploited and oppressed by the dominant structures of society with the goal of social transformation. Nationally and internationally, participatory research has been employed by the women's movement, human rights, minority health, and many other issues. The people involved become more knowledgeable through their participation. They become aware of their situation and possible ways to change that situation (Tandon, 1981).

The review of literature indicated limited research in empowerment other than the participatory research contributions. The majority of studies have used qualitative research methods. Quantitative research methods have primarily targeted self-empowerment. The scarcity of research has been due in part to the lack of a unified framework and broad and multi-level constructs of the concept. By its nature, empowerment manifests itself differently in each unique context. This lends to difficulty in generalizing findings. The outcomes of the empowerment process also have not been adequately categorized. In fact, outcome indices were described in only two studies (Rody, 1988). In order for the empowerment concept to be effectively utilized in practice, the concept is in dire need of a unified framework and systematic research.

Empowerment and Health Education

Current Status of Health Education and Trends Toward Empowerment

The previous section examined empowerment in practice and research findings from a wide variety of fields, such as social work, public education, and psychology. In order to understand empowering health education, it is important to specifically examine empowerment as it relates to the current status of health education, future trends of health education, implications of empowering health education, and the professionals involved with health education. Currently, health education is immersed in two frameworks, individualism and paternalism (Fahlberg et al., 1991). Paternalism is reflected by a communication style which focuses on health professionals' ability to define and present solutions to the clients' health problems using the didactic approach. In this traditional approach, the time following the initial interaction with the health professional is characterized by clients' attempts to comply and adhere to the dictated prescription. The traditional paternalistic system assumes the health care power role resides with health care professionals, thereby creating a passive role for clients (Clement, 1987; Rody, 1988). In part, this imbalance in power has been accepted because the relationship has been seen as a helping one. Ultimately, however, the clients' lack of control and power negatively effects clients' psychological and physiological well-being (Arntson & Droge, 1988; Wallerstein & Bernstein, 1988). The individualistic

approach to health education focuses on the individual with little recognition given to the influence of the environment and social context (Fahlberg et al., 1991).

In the empowering approach, consumers share the power role with the health professionals. The professionals convey respect for consumers' capability of understanding and learning how to manage their health problems. This is primarily accomplished by using strategies that require consumers to make decisions. The empowering interaction is highly dynamic; through dialogue professionals and consumers share and create knowledge and reflect on perspectives and experiences. In the empowerment process, this time is seen as an opportunity for consumer's growth, discovery of knowledge and skills, and plans for action. When new competencies necessary for coping with health problems must be learned, they are most effectively learned in a context of life rather than solely during the interaction with health professionals (Dunst & Trivette, 1987; Dunst, Trivette, Davis, & Cornwell, 1988).

The focus of the individual experiencing empowering health education changes from well-informed, compliant behavior in the traditional model to a proactive stance of creating healthy environments for self and others. In the empowerment approach, health professionals have the opportunity to add to their rich and complex experiences and skills. The overall experience is enhancing for everyone, especially as health professionals and consumers, individually and collectively, affect society's systems (Parsons et al., 1988; Pinderhughes, 1983).

The Role of Health Professionals

Client dependence is often unknowingly initiated by professionals. Even when health professionals intend to foster independence within consumers, health professionals' choice of health education strategies may, in fact, develop dependence within consumers. Additionally, the traditional paternalistic health education approach assumes that professionals are socialized into believing that only they have the answers to solve clients' problems. "Taking control and filling in missing resources may seem expedient in terms of meeting the needs of children . . . but in the long run it deprives families of enabling experiences that will make them more competent and better able to understand and manage their children" (Dunst, Trivette, Davis & Cornwell, 1988, p. 79).

Dunst, Trivette, Davis, and Cornwell (1988) researched the effects of the relationships between human service providers and consumers using case studies to point out important processes that influence health care practices. They examined the help-giving attitudes and behaviors that lead to consumers' sense of control over life events and concluded "the findings clearly point to the fact that unless professional helpers employ help-giving styles that are both enabling and empowering, the chances of making positive impacts will be diminished considerably (p. 78). Additionally, research on professional education for diabetic educators investigated whether educators could gain the skills and attitudes necessary for using a patient empowerment approach. The results indicated that educators made significant gains in their counselling skills, attitudes, and perceptions. The greatest

difficulty for the educators was dealing with patients' emotional issues and allowing the patients to solve their own problems (Anderson et al., 1991).

Educating clients regarding their appropriate participation is a major challenge requiring development of a collaborative, democratic relationship between clients and health professionals (Spence, 1988). "Patients often give practitioners the right to define the problem, provide a solution, and even evaluate the solution's effectiveness" (Arntson & Droge, 1988, p. 2). When professionals assume the responsibility of dictating the patients' goals and problems, compliance and adherence become overriding issues in patient education (Goodwin-Johansson, 1988).

High quality, effective health education depends not only on the professionals' technical expertise but also on the effectiveness of their helping skills (Sanson-Fisher, Campbell, Redman, & Hennrikus, 1989). There is growing awareness of the impact on the client regarding the type of helping strategies used by health professionals. This has been noted whether patient outcomes are framed in the paternalistic model, such as noncompliance, or the empowerment model, such as dependence on the professional (Dunst, Trivette, Davis, & Cornwell, 1988; Glanz, 1979). Glanz (1979), operating from the paternalistic model, suggested that it is important to explore professionals' impact on promoting noncompliance. Similarly, Dunst, Trivette, Davis, and Cornwell (1988), proponents of the empowerment model, found that dependence on the health professional was often induced by certain health education practices.

Since helping strategies used by health professionals are dictated directly or indirectly by the professionals' philosophy of education (Rinke, 1986), it follows that the philosophy of health education will also direct the goals and objectives of health education (Smith, 1981). Because philosophy has a tremendous impact on education, it is crucial that professionals be conscious of and articulate their philosophy (Ashcroft, 1987; Clark, 1989; Cohen, 1981; Miller & Wolff, 1981). Once professionals are aware of their philosophy, they can then reflect on the value of their framework or frame and can consider alternate frameworks. "Reflecting on a frame is very different process than acting from a frame" (Ashcroft, 1987, p. 152).

Unfortunately, health care professionals have been slow to articulate their philosophy (Achterberg & Trenkner, 1990). Moreover, the theoretical underpinnings of health education have been described as underdeveloped (Timmreck et al., 1987). Moreover, Smith (1981) describes the state of health education philosophy as a collection of "seemingly unrelated, multiple, and ambiguous views" (Smith, 1981, p. 43).

To assist health professionals in understanding their philosophy of health education and realizing the goal of empowerment, health professionals need an awareness of self. Awareness of self can be promoted through reflection on their practice and self-assessment or self-evaluation. Reflection and self-assessment have been determined to be important in promoting change for health professionals in their attempts to develop alternative methods of helping strategies. In order to change helping strategies, professionals need a systematic method of self-awareness

and exploration. Self-awareness can be enhanced through the use of self-assessment methods (Ashcroft, 1987; Dunst, Trivette, Davis, & Cornwell, 1988; Marsick, 1988; Miller & Wolff, 1981; Yonemura, 1986). Thus the effort to create an effective instrument for self-evaluation can provide an important foundation for empowering health education.

If empowerment is to be employed, professional training should include knowledge and skills in educational methods that develop the clients' independence and coping skills. Professionals need to understand the issue of power and how it relates to professionals and the clients (Reisch et al., 1981). Without complete understanding, health professionals are likely to rely either upon the paternalistic or individualistic models--even if the idea of empowering health education is appealing to them. Appreciation of the general concept of empowerment and of the specific health education environment can facilitate the implementation of empowering strategies in health education.

CHAPTER 3

METHODOLOGY

This research project occurred in two phases. The first phase entailed developing a theoretical basis for empowering health education that resulted in a set of eight principles representing the concept. The second phase involved developing, piloting, and field testing an instrument assessing health professionals' use of empowerment strategies.

Theoretical Framework

The primary purpose of the first research agenda was to fully explore and delineate the concept of empowering health education. Despite increasing attention to empowerment during the past two decades, the theoretical basis for the application of this concept to the health education field had not been adequately explored. It was therefore necessary to generate a clear conceptual basis for empowering health education. A theoretical framework was established that included a definition of empowering health education, a goal for achieving healthy lives based on using the empowerment approach, assumptions regarding human nature and the causes of health problems used in developing the principles and model, a set of principles defining the empowerment construct, and a model and