EMANCIPATION THROUGH NURSING WITHIN THE CONTEXT OF HEALTH DISPARITIES

Rainier C. Moreno-Lacalle1*, Rozzano C. Locsin2

1Assistant Professor, School of Nursing Saint Louis University, Baguio City, Philippines
2Professor of Nursing, Department of Art, Science, and Caring Institute of Biomedical Sciences Tokushima University Graduate School Tokushima, Japan

*Corresponding author: Rainier C. Moreno-Lacalle, RN, MSN SON faculty room, 5th Floor Silang Building, Saint Louis University, Bonifacio Street, Baguio City, Philippines Email: remoreno-lacalle@slu.edu.ph Phone: +63-74-422 84 66

Abstract

Background: Health disparity can be observed using the lens of emancipation through nursing.

Objective: This paper aims to describe the concept of emancipation through nursing, situate its position within the theory of 'Emancipation through Nursing,' and illuminate the implications of caring within the context of health disparity.

Methods: The sequential process of Rodgers’ Evolutionary Concept Analysis and Chinn and Kramer’s Process of Theory Construction were applied. Review of the literature utilizing six major databases was conducted using the keywords ‘emancipation’ or ‘empowerment’ and ‘health disparity’ and ‘nursing’ and with year restrictions from 2000-2017.

Results: Findings revealed that the attributes of the concept of ‘emancipation through nursing’ are conscientization or critical consciousness, correct and adequate health information, co-construction of a creative process for health service, and collective action. These attributes were preceded by the following antecedents: marginalization, hegemony, the oppressed and the emancipator, centering, and liberation. The resulting features of enlightenment, enervation, empowerment, and evolvement served as constructs that collectively structured the theory of Emancipation through Nursing in the Context of Health Disparities.

Conclusion: Nurses worldwide will benefit from descriptions and illuminations of the concepts of emancipation and nursing within the theory of Emancipation through Nursing in the Context of Health Disparities.

KEYWORDS

emancipation; empowerment; health disparity; theory construction

BACKGROUND

Health disparity is the situated gap in outcomes in health services as measured by the status of an advantaged group against the disadvantaged group (Krabh et al., 2015). The deprived, oppressed, poor, and exploited people are associated with the disadvantaged group, while the rich, technologically advanced, privileged, and the entitled belong to the advantaged group. This phenomenon is not exclusively socio-political as disparities exist in health care situations as well. With the advent of emancipation philosophy (Kagan et al., 2014), an avenue to understand and appreciate the emergence and relevance of health disparity has been created, and emancipation through nursing has now become a realized nursing phenomenon (Laperrière, 2018). This paper aims to describe the concept of emancipation through nursing, situate its position within the theory of 'Emancipation through Nursing,' and illuminate the theoretical implications within the context of health disparity.

Health disparities exist because of inequality (Pickett & Wilkinson, 2015), of gender (Smith et al., 2016), of socio-cultural influences (Havranek et al., 2015), of national finances, and the concern over entitlements and human rights (Yamin & Frisancho, 2015). Dankwa-Mullan and Pérez-Stable (2016) urged that to reduce health disparity, nurses must look at the context where it occurs. Disparities exist as made explicit in various health outcomes. In a global disparities research, Mills et al. (2016) revealed a staggering 3% difference in hypertension between high income and low to middle income countries. The disparities are consistent in hypertension measures of awareness (8.8%) and treatment (11.1%), as all these measures point favorably to rich nations. Even in outcomes of mortality, people in rich countries tend to live longer. For example, on average, a person born in Malawi is expected to live for 47 years while a child born in Japan will reach up to a ripe old age of 83 years, implying a 36 year gap (World Health Organization, 2011). Furthermore, women giving birth in the richest one-fifth of the population are twenty years...
The indicators are the reason why emancipated persons were liberating and unleashing creative potential. These two broad indicators may lead to transformative learning where one critically examines responsibility implying a conscious, empowered decision. In addition, disadvantaged people personally take their body as their private advantage, while at the other end are found the disadvantaged (e.g. Malawians) - the line in between is the “gap” illustrating the health disparity. To understand and appreciate emancipatory nursing within health disparities, one needs to look and benchmark the conceptual characteristics of emancipation.

**Indicators of Emancipation through Nursing**

Emancipated people have distinct and unique indicators. Velema and Cornielje (2016) believes that the richest or advantaged people personally took their body as their private responsibility implying a conscious, empowered decision. In addition, Solomon et al. (2015) added a crucial indicator, namely transformative learning where one critically examines deep-seated beliefs and issues towards favorable health action. These two broad indicators may lead to the process of liberating and unleashing creative potential (Kananen, 2014). The indicators are the reason why emancipated persons were able to achieve health equity, i.e. the absence of health disparity. This shows that one major indicator of the Japanese (or developed world health care beneficiaries in general) is that they are the emancipated people (Boudrias et al., 2012).

Nevertheless, one of the numerous possible causes of health disparity was mentioned by Pinker (2011) in describing education as an end itself meant to free people from deadly beliefs and superstitions, thereby giving way to enlightenment. In a study involving nineteen European countries, Schaap et al. (2009) found that less educated women are more likely to smoke. This study implies that more education means more emancipation. However, emancipation can explain only 38 to 43% of the variance in lifestyle adoption (Shearer, 2004).

One of the main reasons for these inconsistent findings is the lack of clarity concerning conceptual representation. This contention is supported by Kiczková and Farkašová (1993) branding emancipation as “a concept that failed,” at least in the case of women, and further criticizing it by adding that emancipation is good in the abstract but that it lacks healthcare pragmatic application and reified conceptual delineation. Therefore, this paper attempts to analyze the concept of emancipation through nursing and to implications of the theory of emancipation through nursing within the context of health disparities.

**REVIEW OF THE LITERATURE**

A review of databases was conducted, more particularly CINAHL, EconLit, ERIC, Medline, PsychInfo, and Political Science database within a 17-year record 2000-2017 (see Table 1). A computer search using the keywords ‘emancipation’ or ‘empowerment’ and ‘health disparity and ‘nursing’ was initiated. Hard copies of articles found in the journal Advances in Nursing Science were also consulted as this journal has published pioneering works on emancipatory knowing and has touched on multiple issues related to this topic. Copies of the journal were available at the library of the authors’ affiliated institutions.

Sequential combination of concept analysis and theory construction was performed (Figure 1) with the contention that concept analysis can be used to develop a theory from the perspective of nursing, usable in nursing practice (Bonis, 2013; Chinn & Kramer, 2015; Meleis, 2012; Walker & Avant, 2011).
Table 1 Search Strategies Using Various Indexes

| Database                      | Results Terms: ‘emancipation,’ ‘health disparity,’ ‘empowerment’ 2000-2017 (initial hits) |
|-------------------------------|-------------------------------------------------------------------------------------|
| 1. ERIC                       | 202                                                                                 |
| 2. EconLit                    | 2,214                                                                               |
| 3. Medline                    | 207                                                                                 |
| 4. CINAHL                     | 113                                                                                 |
| 5. PsychInfo                  | 14,049                                                                              |
| 6. Political science research database | 20,274                                                                              |
| 7. Sample for this concept analysis | 20%                                                                                 |

The Concept Analysis

Over the last two decades, Walker and Avant (2011) noted the exponential growth of concept analysis in the nursing literature, underscoring the wide acceptance of this method. However, because of its excessive use, Pfadenhauer et al. (2015) criticized the method arguing that it has become overly simplistic (adding little value to nursing scholarship) hence eschewing the practical and theoretical value of concept analysis to nursing practice. These pragmatic and epistemological reasons led the authors to explore the plausibility of combining concept analysis (i.e., emancipation) and theory construction sequentially to address the issue of health disparity.

Evolutionary Concept Analysis was used as an initial process in analyzing the concept of emancipation through nursing (Rodgers, 2000; Rodgers, 1989). Rodgers’ approach was deemed most appropriate, even though some of the other frameworks were tenable for concept analysis (Bonis, 2013; Chinn & Kramer, 2015; Morse, 1995; Walker & Avant, 2011). Whereas Walker and Avant (2011) process of theoretical structuring, on the other hand, is the most commonly used method and it offers a more prohibitive, a priori (deductive), and quantitative examination (Rodgers, 1989). Adopting the procedure of Chinn and Kramer (2015) concept analysis method was found to be difficult to justify. In Bonis (2013) concept analysis method, the emphasis is given on interdisciplinary conceptual understanding and source identification rather than on the context for which the concept is used. Corollary to this process was that of Clavelle et al. (2016) who suggested that a concept “evolves” because of the way it is used and because the context changes, aside from the fact that the people using the word likewise change in time. This may seem inappropriate with regard to the concept of emancipation through nursing because of the socio-cultural difference inherent in the concept; however, the universal understanding of emancipation is weak, which is to say that the primacy of contextualizing through an inductive principle is more imperative than restrictions or maturity.

Applying Rodgers’ eight-step process of evolutionary concept analysis provided clarification (Table 2) (Rodgers, 2000; Rodgers, 1989). In this procedure, the terms emancipation and empowerment were used interchangeably. However, the usage of emancipation was preferred because of its rarity, preserving its precision and purity, whereas empowerment has several possible meanings (Somek, 2013). In addition, Weathers et al. (2016) declared that the evolutionary concept analysis presents the phenomenon a posteriori (i.e., from the latter) meaning in an inductive process which allows for viewing abstraction as complex and contextual.

Emancipation as a concept is nebulous, subjective, and contextual. Therefore, developing and developed countries’ understanding of emancipation might differ from each other and this difference can be determined by examining their culture and their present socio-political situation. At the same time, the application of the concept of emancipation changes overtime (true to its evolutionary meaning), apparently morphing its understanding as influenced by its significance, use, and contemporary application (Rodgers, 1989). Subsequently, contextualized concept analysis provided the impetus to the development of a theory of Emancipation through Nursing within the Context of Health Disparities (ENCoHD).

The Concept Analysis of Emancipation through Nursing

The word ‘emancipation’ is derived from the Latin ‘emancipatus’ meaning declared free or given up. It was first used in 1625 in John Donne’s Sermons and is believed to have been borrowed from the French verb ‘émanciper’ (Barnhart, 1988). In Roman Law, emancipation is known as the action and process of ‘setting children free from the patria potestas’ or power of a father (Murray, 1993), the combination of the root word emancipate + the suffix -ion resulted in the word emancipation. Dictionary definitions of the word emancipation include:

- the process of giving people social or political freedom and rights (Cambridge University, 2008);
- the process of freedom from restraint, control, or the power of another, transfer of ownership (Merriam-Webster, 2006).
Table 2 Applying Rodger’s Method of Concept Analysis to Emancipation

| Rodger’s evolutionary method | Concept analysis of emancipation |
|------------------------------|---------------------------------|
| 1. Identify and name the concept of interest | 1. Concept: emancipation |
| 2. Identify and select an appropriate discipline and period of time for data collection | 2. Disciplines: education, economics, medicine, nursing, psychology, politics; Databases: ERIC, EconLit, Medline, CINAHL, PsychInfo, Political Science Research database; Year restriction 2000-2017 |
| 3. Collect data regarding the attributes of the concept, including surrogate terms, antecedents, consequences, and references. | 3. Surrogate terms: social consciousness, independence/ Antecedents: marginalization, hegemony, oppressed & emancipator, centring, liberation Consequences: enlightenment, enervation, empowerment, evolvement/ References: healthcare practice |
| 4. Identify related concepts | 4. Related concepts: empowerment, praxis |
| 5. Analyse data regarding above characteristics | 5. Major themes: consciousness raising and collective power |
| 6. Conduct interdisciplinary comparisons | 6. Emancipation in education |
| 7. Identify a model case of the concept, if appropriate | 7. Not identified |
| 8. Identify hypotheses and implications for further development, | 8. Attributes: conscientization, correct and adequate health information, co-construction of health service, creative process, collective action |

As shown in Table 2, the attributes of emancipation in the context of health disparities are the five Cs namely: conscientization, correct and adequate health information, co-construction of health service, creative process, and collective action. Conscientization is also known as the critical consciousness (Freire, 1990), which serves as the grounding of emancipating the people from the bondage that chains them. This could be done by correct and adequate information. Underscribing the importance of education as a socio-political weapon to awaken the health passiveness of an individual (Muscat et al., 2017), informed decision-making has created the person’s internal power to control his or her own health. Another attribute of emancipation is the creative process, substantiated as critiquing and imagining (Chinn & Kramer, 2015), meaning speaking up against the disparity and forming mental scenarios on how to improve one’s situation. The latter attribute suggests cooperation and interdependence. Finally, collective action is the last attribute of emancipation. It is the willingness and action itself to bring people together to change their situation.

The etymology, attributes, surrogate terms, and nursing-contextual understanding of emancipation are affected by the situation that happened before (antecedents) as shown in Table 2. Marginalization is “being side-lined” (not made the focus) by the system and is defined by the following characteristics: being used (intermediacy), being outcast (differentiation), being disempowered, keeping secrets, being fragmented, losing voice, and having a weak sense of self or liminality (Hall & Carlson, 2016; Hall et al., 1994). The marginalization creates a vertical relationship, in which one is subervient while the other is dominant. This is called hegemony, defined as the “dominance of certain ideologies, beliefs, values, or views of the world over other possible viewpoints” (Chinn & Kramer, 2015). The negative situation (i.e., marginalization & hegemony) necessitates two personas, one who is oppressed and the other who is the emancipator. In the emancipatory process, the oppressed moves to the center, while the emancipator takes the peripheral side and provides the necessary devices to free the oppressed from chains. These devices might involve health education, evocative social awareness, and mutual development of common health goals.

The antecedents if mediated by the five Cs will result to the four Es of emancipation (consequences), namely: enlightenment, enervation, empowerment, and evolvement. Enlightenment is the experience of seeing things in a new way (Allmark, 2017). The light that enlightenment brings will generate energy causing enervation. Enervation is the state and process of having the tools one needs to believe based on one’s own volition (Fielding, 1996). The act that constitutes the empowerment is galvanizing and generates a feeling of having a sense of control to create change in one’s life (Vuorenmaa et al., 2016). The end product becomes the evolution from the deprived, oppressed, poor, and exploited states to a new evolvement therefore changing the persons from being subservive to being on equal footing, and asserting to improve their health condition. Subsequently, the attributes, antecedents, and consequences of emancipation in nursing will be used to develop a theory of emancipation through nursing.

An actual exemplar of the enlightenment to evolvement is provided by Kim and Kim (2017). In their study, using a randomized controlled trial they implemented a birth control empowerment program (BCEP) among immigrant Vietnamese women in South Korea for a total of ten weeks. The program included enlightenment (group instruction), enervation (group discussion), and empowerment (counseling). The trial resulted to better outcomes in contraceptive knowledge, self-efficacy, perceived control, partner communication, and sexual autonomy. These indicators can be termed as the evolvement of the patient, while the whole process shows emancipation.

Emancipation through nursing is therefore described as the process of relationship and looping between the nurse and the patient while nurturing critical consciousness, providing correct and adequate health information, co-constructing health services, uncovering of the creative process, and stimulating
collective action towards the reduction of health disparity. Looping is a relational construct best defined by Defrino (2016) as sharing health decisions between nurses and patients to accomplish a goal. Some premises involved in the looping process are putting adequate nursing time with patients, knowing and respecting the health team, asserting rights through advocacy, lastly accomplishing health goals by mutual trust, respect, and collaboration. This looping process between the nurse and the patient is clearly illustrated by Orton et al. (2016). In their systematic review, an emancipatory intervention (characterized by all the attributes in the concept analysis) called group-based microfinance scheme was implemented among poor women in Bangladesh, Ethiopia, Ghana, India, Peru, and South Africa. The group-based microfinance scheme resulted in a reduction of maternal and infant mortality, better sexual health practices, and contentiously- even lower interpersonal violence. The results of emancipation through nursing contain the features of enlightenment, enervation, empowerment, and evolvement.

Theory of Emancipation through Nursing
Adopting the definition of the word “theory” by Chinn and Kramer (2015) as the “creative and rigorous structuring of ideas that projects tentative, purposeful, and systematic view of phenomena” (p. 187), the following questions guide its construction: (1) What is the purpose of the theory? (2) What are the concepts of this theory? (3) How are the concepts defined within this theory? (4) What is the structure of the theory? And (5) on what assumptions does the theory build?

To clarify the first step of theory construction (Chinn & Kramer, 2015), the purpose of the theory of emancipation through nursing is to explain the occurrence of health disparity. With the attributes, antecedents, and consequences conceptually clarified, the theory can also predict the reduction of health disparity. So as to explain the second step in theory development, a substantial analysis of the concept of emancipation was done. Table 2 illuminates and illustrates the results and findings of this analysis.

Assumptions of the theory
Fawcett and Desanto Madeya (2013) enumerated four meta-paradigms of nursing as a framework from which theories can be constituted, namely: person, health, nursing, and environment. In describing the theory, it is critical that the descriptions of the meta-paradigms of nursing are clear, precise, and inherent to the conceptualization that bears the theory. This is to say that an authentic nursing theory can be analyzed by describing its structural form using the meta-paradigms. Assumptions provide the realization of truths within which the theory holds its base. The assumptions of the theory are: (1) Persons are bio-psycho-socio-political beings capable of evolving and emancipating from one state to another; (2) Health is the state of expanding consciousness (i.e., enlightenment & enervation, empowerment and evolvement) and full realization of physical, mental, social, and political faculty of a human being. This is the ultimate goal of the person-nursing relationship; (3) Nursing is a practice process concerned with knowledge derived from critical consciousness, health information, and collective action moving the person towards health; and (4), environment pertains to the mutable sum of cognitive, physical, and emotional devices of a person, made up of two factors: internal and external.

Description of the Theory
Figure 2 exhibits the model of the theory. The outer context consists of the overwhelming factors that fuel health disparities. These factors are marginalization and hegemony. They pose a constant threat to the infinite relationship between the person and the nurse (contained within the infinity symbol), looped together. To be truly emancipating, the process of looping must prompt the patient or nurse to expand their consciousness (Newman, 1999). The expansion of their consciousness can be triggered by the five Cs. These are conscientization or critical consciousness (Freire, 1990) and adequate health formation including the strong forces of co-construction of reality, creative process, and collective action giving way to the four E’s of enlightenment, enervation, empowerment, and evolvement which are the defining features of emancipation. If all of these conceptualizations are present, there is a predictive effect of health disparity reduction.

Emancipation is both a process and a protective factor. That is why walls exist between the linear process of emancipation and the existential threat of disparity, hegemony, and marginalization. Major factors are hegemony and marginalization. In hegemony, common concepts observed are racialization and neoliberal policies. Racialization is the process of assuming that one’s race cannot be separated from an economic policy, neoliberalism promotes deregulation, privatization, and diminishing social spending of the government. One of the serious implications of this triad is that the rich get richer, while the poor get poorer, or if not, the gap between the poor and the rich gets wider, hence resulting to greater disparity.
In addition, the following threats can also contribute to marginalization, namely: globalization, intersectionality, privilege, microaggressions, and implicit bias (Hall & Carlson, 2016). To illustrate these new concepts associated with marginalization, an actual exemplar is provided by Alex et al. (2013) in a study conducted among people with mental health conditions. Authoritarian or hermit-type of governments tend to suppress a smooth flow of ideas, beliefs, goods and services and may cause the reinforcement of deadly beliefs on the causes of mental health conditions including devil possession, relational deprivation, and victim blaming that may result in unjustified stigma. The peripheralizing feature of the stigma entangled with ostracism magnifies the mental health conditions. This situation is seconded by small acts of aggression against the people suffering from mental health conditions while fueling the distorted subconscious discriminatory practices of other people. This can result in greater health disparity. In another study, Pauly et al. (2015) found out that illicit drug users view the health care system as a whole as unsafe because of the implicit and explicit microaggressions and hidden biases they experienced. With this as negative experience, health disparity follows. This entangled web of contributory signs of modern marginalization magnifies health disparity.

The theory illuminates the postmodern stance that truth might be co-constructed and buried within the linguistic reality that persons build (Alex et al., 2013), while at the same time underscoring the importance of critical consciousness in moving towards emancipation. This theory also recognizes the power that social constructions and socio-political influence bring to the fore in determining and influencing what the persons know and how they live their lives (Heale & Rieck Buckley, 2015). Collective action embeds the nurse’s socio-political views to assist in reducing health disparities. The emphasis on critical consciousness and emancipating collective action is made evident in a systematic review by Macleod and Nhamo-Murire (2016). More specifically, they found out that the information provided by the nurse that is empowering may lead to an increased practice of healthy sexual behavior. Moreover, they pointed out that making references to oppressive social norms or location, nurses’ strong advocacy for health equity, and including the patient in decision-making may lead to an emancipated and healthier sexual behavior.

Figure 2 Emancipation through nursing within the context of health disparities
study suggests the importance of building critical consciousness towards reducing health disparity.

With the advent of technological advances in health care, Kagan et al. (2010) created a nursing manifesto portal (www.nursemanifest.com) through which nurses can exchange thoughts, reflect, and act on issues that affect their practice. This to their mind can serve as a starting point so that nurses can voice disparities whether in themselves or in their workplace. The process of developing authentic nursing knowledge, exchange thoughts, reflect, and act then start again are integral in this portal. As an expected result, this may free or emancipate nurses from the personal or systemic factors that hem them in. This, to the authors’ mind bears the outset attributes of the theory of emancipation through nursing using technology as a means.

Theory Analysis
To analyze the theory, the authors used Walker and Avant's (2011) guidelines. Theory analysis is a process of checking the scientific merit of the theory of emancipation in the context of nursing and health disparity. The theory analysis process can be examined using these parameters: origin, meaning, logical adequacy, usefulness, generalizability, parsimony, and testability.

The theory-- at least to the authors’ knowledge-- is original and is specific to the context of health disparity, suggesting the value it may add to nursing and health knowledge. Concepts were clearly explained as well as the statement and relationship between and among them. Predictions were made in the sense that authentic emancipation (meaning possession of all the attributes) would lead to a decrease of health disparity as explicated in the model. The theory can be useful and is generalizable to the hospital, public health, and education setting. The model (Figure 2) shows the elegance, mnemonics, and simplicity of the theory implying parsimony. Lastly, it can be tested using quantitative and qualitative research designs. The article is limited to the conceptual analysis of emancipation through nursing within the context of health disparities.

CONCLUSIONS

The theory of Emancipation through Nursing in the Context of Health Disparities can be used in nursing practice, education, and research. The theory is characterized by conscientization or critical consciousness, correct and adequate health information, co-construction of a health services, creative process, and collective action. These attributes were preceded by the following antecedents: marginalization, hegemony, the oppressed and the emancipator, centering, and liberation. Consequently, its application brings about the following antecedents: marginalization, hegemony, the collective action. These attributes were preceded by the critical consciousness, correct and adequate health information, and research. The theory is characterized by conscientization or critical consciousness, correct and adequate health information, co-construction of a health services, creative process, and collective action. As a theory, its importance is recognized from the position of nursing in 21st century health care, slowly valuing a postmodern and critical social theory stance. The theoretical process used in this paper is feasible and novel.

IMPLICATIONS FOR NURSING RESEARCH, PRACTICE, AND EDUCATION

This theoretical paper contributes to nursing knowledge through a rigorous process of inquiry. As such, the causal pathway demonstration of concept analysis to theory construction genuinely illustrates the development of nursing science, for use in nursing practice.

The theory of Emancipation through Nursing is important to nursing practice since it can explain and predict the often overwhelming problem as to the reason for health disparities, underscoring the role played by socio-political contexts and the power the nurse possesses towards patient emancipation. Nurses in low to middle income countries might be guided by the theory in developing responsive and relevant nursing interventions to reduce health disparities. This could spell out the creation of nursing interventions that will enhance the process of emancipation as a nursing practice engagement towards the reduction of health disparities. The theory acknowledges external factors contributory to health disparity in nursing practice. However, the actual and translatable interventions to bedside care are limited; the attributes and antecedents are conceptual in nature.

In an educational setting, the theory explicates the power of education to transform and free learners from the shackles that hold them using the available tools through the looping of the student (similar to patient) and the nurse educator (as a nurse practitioner). The theory could spell out transformative education using emancipatory knowing as an important process in education. On the basis of this article, nurse educators need to design learning experiences that are emancipatory in quality and in nature. Still, the authors recognize the need to go back to the nurse researchers, practitioners, and educators to test the scientific merit of this theory. No amount of thinking proves useful until applied and tested in the real nursing setting.

Declaration of Conflicting Interest
No conflict of interest noted for both authors.

Acknowledgment
The authors would like to thank Dr. Elise Ferrer for facilitating the conduct of this study. Profound thanks also to the staff of the Saint Louis University-Libraries, Philippines staff for helping the authors cull the necessary articles.

Funding
Authors had no financial support from any organization in the conduct of this research.

Authorship Declaration
Study Design: RCM-L, RCL
Data Collection and Analysis: RCM-L
Manuscript Writing: RCM-L, RCL

ORCID
Rainier C. MORENO-LACALLE https://orcid.org/0000-0002-7644-4424
Rozanno C. LOCSDIN https://orcid.org/0000-0002-6845-213X

References
Alex, M., Whitty-Rogers, J., & Panagopoulos, W. (2013). The language of violence in mental health: Shifting the...
paradigm to the language of peace. *ANS Advances in Nursing Science, 36*(3), 229-242. https://doi.org/10.1097/ANS.0b013e3182eddf3

Allmark, P. (2017). Aristotle for nursing. *Nursing Philosophy, 18*(3). https://doi.org/10.1111/nup.12141

Barnhart, R. (1988). *The Barnhart dictionary of etymology*. New York: H.W. Wilson.

Bickford, D. (2014). Postcolonial theory, nursing knowledge, and the development of emancipatory knowing. *ANS Advances in Nursing Science, 37*(3), 213-223. https://doi.org/10.1097/ANS.0000000000000033

Bonis, S. A. (2013). Concept analysis: method to enhance interdisciplinary conceptual understanding. *ANS Advances in Nursing Science, 36*(2), 80-93. https://doi.org/10.1097/ANS.0b013e318290b85e

Boudrias, J. S., Morin, A. J., & Brodeur, M. M. (2012). Role of conceptual models and theories of the nurse? *Philosophies and practices of emancipatory nursing: Social justice as praxis*. New York: Routledge.

Boudrias, J. S., Morin, A. J., & Brodeur, M. M. (2012). Role of psychological empowerment in the reduction of burnout in Canadian healthcare workers. *Nursing & Health Sciences, 14*(1), 8-17. https://doi.org/10.1111/j.1442-2018.2011.00650.x

Caiola, C., Docherty, S. L., Relf, M., & Barroso, J. (2014). Using an intersectional approach to study the impact of social determinants of health for African American mothers living with HIV. *ANS Advances in Nursing Science, 37*(4), 287-298. https://doi.org/10.1097/ANS.0000000000000046

Cambridge University. (2008). *Cambridge advanced learner’s dictionary* (3rd ed.). Cambridge: Cambridge University Press.

Chinn, P., & Kramer, M. (2015). Knowledge development in nursing theory and practice (9th ed.). Missouri: Elsevier Mosby.

Clavelle, J. T., Porter O'Grady, T., Weston, M. J., & Verran, J. A. (2016). Evolution of Structural Empowerment: Moving From Shared to Professional Governance. *Journal of Nursing Management, 46*(6), 308-312. https://doi.org/10.1097/nnm.0000000000000350

Dankwa-Mullan, I., & Pérez-Stable, E. J. (2016). Addressing health disparities is a place-based issue. *American Journal of Public Health, 106*(4), 637-639. https://doi.org/10.2105/ajph.2016.303077

DeFrino, D. (2016). What is the process of the relational work of the nurse? . Chicago: Loyola University.

Fawcett, J., & DeSanto Madeya, S. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing conceptual models and theories* (3rd ed.). Philadelphia: F. A. Davis.

Fielding, M. (1996). Empowerment: Emancipation or enervation? *Journal of Education Policy, 11*(3), 399-417. https://doi.org/10.1080/0268093960110308

Fontanil-Gomez, Y., Alcedo Rodriguez, M. A., & Gutierrez Lopez, M. I. (2017). Personal and macro-systemic factors as predictors of quality of life in chronic schizophrenia. *Psicothema, 29*(2), 160-165. https://doi.org/10.7334/psicothema2016.179

Freire, P. (1990). *Pedagogy of the oppressed*. New York: Continuum Publishing.

Hall, J. M., & Carlson, K. (2016). Marginalization: A Revisitation with integration of scholarship on globalization, intersectionality, privilege, micro-aggressions, and implicit biases. *ANS Advances in Nursing Science, 39*(3), 200-215. https://doi.org/10.1097/ans.0000000000000123

Hall, J. M., Stevens, P. E., & Meleis, A. I. (1994). Marginalization: A guiding concept for valuing diversity in nursing knowledge development. *ANS Advances in Nursing Science, 16*(4), 23-41. https://doi.org/10.1097/00012272-199406000-00005

Havranek, E. P., Mujahid, M. S., Barr, D. A., Blair, I. V., Cohen, M. S., Cruz-Flores, S., . . ., Lockwood, D. W. (2015). Social determinants of risk and outcomes for cardiovascular disease: A scientific statement from the American Heart Association. *Circulation, 132*(9), 873-898. https://doi.org/10.1161/CIR.0000000000000228

Heale, R., & Rieck Buckley, C. (2015). An international perspective of advanced practice nursing regulation. *International Nursing Review, 62*(3), 421-429. https://doi.org/10.1111/inr.12193

Hunt, L., Ramjian, L., McDonald, G., Koch, J., Baird, D., & Salamonson, Y. (2015). Nursing students’ perspectives of the health and healthcare issues of Australian Indigenous people. *Nurse Education Today, 35*(3), 461-467. https://doi.org/10.1016/j.nedt.2014.11.019

Kagan, P. N., Smith, M. C., & Chinn, P. L. (2014). Philosophies and practices of emancipatory nursing: Social justice as praxis. New York: Routledge.

Kagan, P. N., Smith, M. C., Cowling, W. R., 3rd, & Chinn, P. L. (2010). A nursing manifesto: an emancipatory call for knowledge development, conscience, and praxis. *Nursing Philosophy, 11*(1), 67-84. https://doi.org/10.1111/j.1446-769X.2009.00422.x

Kanuken, J. (2014). *The Nordic welfare state in three eras: From emancipation to discipline*. New York: Routledge.

Kiczkóvá, Z., & Farkašová, E. (1993). The emancipation of women: A concept that failed In N. Funk & M. Mueller (Eds.), *Gender politics and post-communism. Reflections from Eastern Europe and the former Soviet Union* (pp. 303-312). London: Routledge.

Kim, J., & Kim, N. C. (2017). Effects of birth control empowerment program for married immigrant Vietnamese women in South Korea. *Korean Journal of Women Health Nursing, 23*(1), 1-10. https://doi.org/10.4069/kjwnh.2017.23.1.1

Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health, 105*(Suppl 2), S198-206. https://doi.org/10.2105/ajph.2014.302182

Laperrière, H. (2018). Critical consciousness-raising, popular education and liberation in community health nursing: Let's start the debate. *Nursing Philosophy, 19*(1), e12199. https://doi.org/10.1111/nup.12199

Macleod, C., & Nhamo-Muiré, M. (2016). The emancipatory potential of nursing practice in relation to sexuality: A systematic literature review of nursing research 2009-2014. *Nursing Inquiry, 23*(3), 253-266. https://doi.org/10.1111/nin.12131

McGuire, S. (2014). Borders, centers, and margins: critical landscapes for migrant health. *ANS Advances in Nursing Science, 36*(3), 229-242. https://doi.org/10.1097/ANS.0b013e3182eddf3
Science, 37(3), 197-212. https://doi.org/10.1097/ans.000000000000030

Meleis, A. I. (2012). Theoretical nursing: Development and progress. Philadelphia: Lippincott, Williams & Wilkins.

Merriam-Webster. (2006). Webster’s new encyclopedic dictionary. Massachusetts: Federal Street Press.

Mills, K. T., Bundy, J. D., Kelly, T. N., Reed, J. E., Kearney, P. M., Reynolds, K., . . . He, J. (2016). Global disparities of hypertension prevalence and control: A systematic analysis of population-based studies from 90 countries. Circulation, 134(6), 441-450. https://doi.org/10.1161/circulationaha.115.018912

Morse, J. M. (1995). Exploring the theoretical basis of nursing using advanced techniques of concept analysis. ANS Advances in Nursing Science, 17(3), 31-46. https://doi.org/10.1097/0012272-199503000-00005

Murray, J. A. (1993). Health as expanding consciousness (2nd ed.). New York: National Nursing League Press.

Muscat, D. M., Morony, S., Smith, S. K., Shepherd, H. L., Dhillon, H. M., Hayen, A., . . . McCaffery, K. J. (2017). Qualitative insights into the experience of teaching shared decision making within adult education health literacy programmes for lower-literacy learners. Health Expectations, 20(6), 1393-1400. https://doi.org/10.1111/hex.12580

Newman, M. (1999). Health as expanding consciousness (2nd ed.). New York: National Nursing League Press.

O’Keefe, E. B., Meltzer, J. P., & Bethea, T. N. (2015). Health disparities and cancer: racial disparities in cancer mortality in the United States, 2000-2010. Frontiers in Public Health, 3(5), 1-5. https://doi.org/10.3389/fpubh.2015.00051

Orton, L., Pennington, A., Nayak, S., Sowden, A., White, M., & Whitehead, M. (2016). Group-based microfinance for collective empowerment: a systematic review of health impacts. Bulletin of the World Health Organization, 94(9), 694-704. https://doi.org/10.2471/blt.15.168252

Pauity, B. B., McCall, J., Browne, A. J., Parker, J., & Mollison, A. (2015). Toward cultural safety: nurse and patient perceptions of illicit substance use in a hospitalised setting. ANS Advances in Nursing Science, 38(2), 121-135. https://doi.org/10.1097/ans.0000000000000070

Pearson, G. S., Hines-Martin, V. P., Evans, L. K., York, J. A., Kane, C. F., & Yearwood, E. L. (2015). Addressing gaps in mental health needs of diverse, at-risk, underserved, and disenfranchised populations: a call for nursing action. Archives of Psychiatric Nursing, 29(1), 14-18. https://doi.org/10.1016/j.apnu.2014.09.004

Pfadenhauer, L. M., Mozygemba, K., Gerhardus, A., Hofmann, B., Booth, A., Lysdahl, K. B., . . . Rehfues, E. A. (2015). Context and implementation: A concept analysis towards conceptual maturity. Zeitschrift für Evidenz, Fortbildung und Qualitat im Gesundheitswesen, 109(2), 103-114. https://doi.org/10.1016/j.zefq.2015.01.004

Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: a causal review. Social Science & Medicine, 128, 316-326. https://doi.org/10.1016/j.socscimed.2014.12.031

Pinker, S. (2011). The better angels of our nature: Why violence has declined. New York: Penguin Books.
World Health Organization. (2011). *World conference on social determinants*. Retrieved from http://www.who.int/sdhconference/background/news/facts/en/

Yamin, A. E., & Frisancho, A. (2015). Human-rights-based approaches to health in Latin America. *The Lancet*, 385(9975), e26-e29. https://doi.org/10.1016/s0140-6736(14)61280-0

**Cite this article as:** Moreno-Lacalle, R. C., Locsin, R. C. (2019). Emancipation through nursing within the context of health disparities. *Belitung Nursing Journal*. 5(2), 65-74. https://doi.org/10.33546/bnj.760