

CONCEPT ANALYSIS

EMANCIPATION THROUGH NURSING WITHIN THE CONTEXT OF HEALTH DISPARITIES

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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 evolvment 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

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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 ([Krahn 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

times more likely to be attended by a health professional than those of four-fifths of the global community. These data suggest a wide health disparity between the rich and the poor or between the advantaged (e.g. Japanese) and the disadvantaged (e.g. Malawians). Because of this situation, health disparity is being given increased attention in nursing research (Hunt et al., 2015).

One factor that explains this wide health disparity is the restriction caused by the economic conditions of the poor, thereby exposing the accompanying health care inequality. Other reasons attributed to the increased attention given to and the upsurge of interest in emancipatory nursing include focusing on attention-association of health disparity to mortality (O'keefe et al., 2015), to morbidity (Fontanil-Gomez et al., 2017), and to overall social justice issues (Ratts et al., 2016). This increased attention has led to a call for more intensive, holistic, and involved efforts to reduce health disparity through emancipatory nursing.

Emancipation has emerged in recent times as one of the keys that may enhance the closure of the gap between advantaged and disadvantaged persons in terms of health disparities. In other countries than Japan, health gaps of citizens are often more evident, as is the case of Malawi, where the richest 20% of the population often tend to take better care of their own health than the remaining 80%. Emancipation is usually associated with the degree of freedom and other qualified limitations in social classes (Pearson et al., 2015). To illustrate this, one should imagine a horizontal straight line. At one end are the advantaged (in this exemplar- the Japanese), while at other end are found the disadvantaged (in this instance- the 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. Velega and Cornielje (2016) believes that the richest or advantaged people personally take 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).

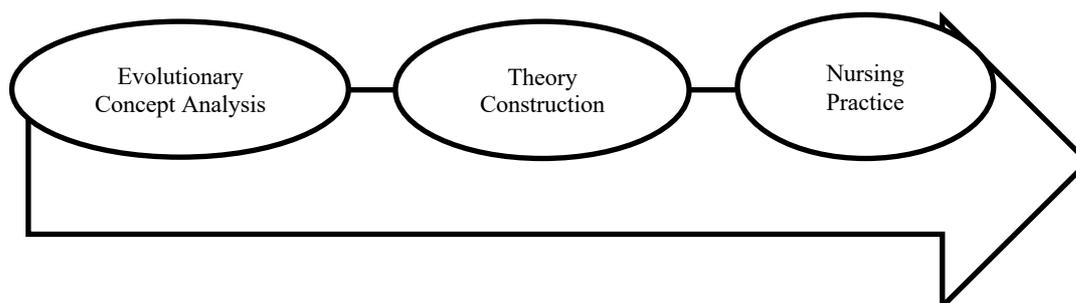


Figure 1 Process of Development from Concept Analysis to Nursing Practice

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, evolvment/ 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. Underscoring 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 subservient 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 evolvment. 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 evolvment therefore changing the persons from being subversive 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 evolvment 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 evolvment 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 evolvment.

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 evolvment) 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 evolvment 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 distinct or biological characteristics ([Bickford, 2014](#)). In an article by Caiola, Docherty, Relf, and Barroso (2014) ([Caiola et al., 2014](#)), factors like being African American, female, and living with HIV determine health outcomes. Similar outcomes can be gleaned from a study conducted among the Mi'kmaq aboriginal people in Canada. [Whitty-Rogers et al. \(2016\)](#) exposed that all other things being equal, the ethnic minority is afflicted with diabetes three to five time more than the general population.

[Mcguire \(2014\)](#) posits that one of the major contributory factors of hegemony is the existence of neoliberal policies. As 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.

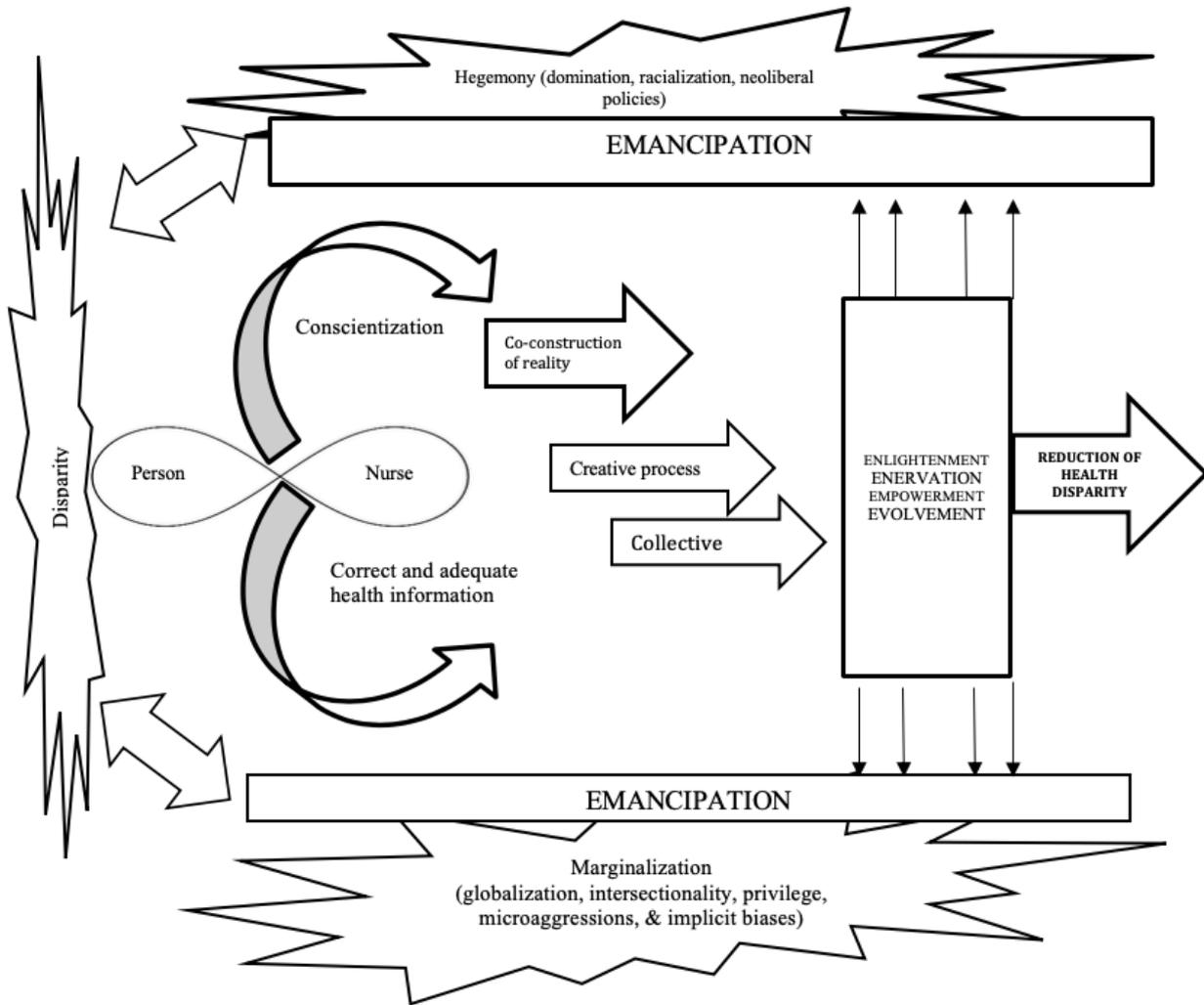


Figure 2 Emancipation through nursing within the context of health disparities

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. This

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 four E's of enlightenment, enervation, empowerment, and evolvment. 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.

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