Health is empowerment

A consideration of health in relation to global and diverse social and economic contexts forces nurses to reexamine the centrality of health in the discipline of nursing and to confront the issue of whether health is a personal matter. In this article, the authors review development of the concept of health in nursing science, discuss the limitations of some current definitions in addressing diverse clients, and challenge members of the discipline to develop a contextualized definition of health congruent with societal needs and the mission of nursing.

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HEALTH as a central concept in the discipline of nursing is strongly evident in the literature over the past decade.[1-3] Emerging as a nursing goal in the mid-19th century,[4] the issue of its significance in the current development of nursing science is less debatable than its nature. A view of health that enables nursing and other disciplines to describe, explain, and predict health for individuals of all ages, cultures, and contexts warrants continued and concerted effort.

HEALTH IS A CENTRAL CONCEPT

The centrality of health in nursing has been conceptualized in a number of different ways.[5,6] For example, it is considered one of the four concepts in the metaparadigm of nursing[5,6] and is discussed within the conceptual domain of client or nurse-client.[7] Some argue for more unity in nursing's view of health to avoid confusion, while others[3] argue for diversity to encompass the

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variety of clients whose health is nursing's concern. The question is not whether there should be unity or diversity of definition, but what aspects of health can be agreed on and what aspects demand diversity.[3]

The concept of health as an optimal disease-free state permeated both medicine and nursing for the first half of the 20th century until the World Health Organization (WHO) proposed a definition of health as more than the absence of disease, focusing on the positive condition of physical, mental, and social well-being.[8] The WHO definition increased awareness of the complexity and multidimensionality of health and stimulated an interdisciplinary debate in which this article participates. However, while it enlarged the arena that needs to be considered when assessing health, the definition still represents an ideal state rather than a realistic goal.[9] If health is a goal of nursing, the discipline needs definitions and interventions that address the diversity of clients in need of health and must influence policies that make health attainable by more than a few.

Winstead-Fry[1] was one of the first to note that in spite of nursing's tremendous commitment to health, both in the hospital and in the community, a great deal of confusion persists about what it is and how to achieve it. She attributed this primarily to two major constraints: the limitations of the scientific method in studying integrated or holistic health in human beings, and the politics of health care in this country, in which illness care, rather than health care, is funded.

Allen[10] challenged the premise that health and illness are dimensions of one continuum, suggesting instead that they represent two distinct variables. Health, she says, is not so much a static quality as a way of being, living, and becoming. Smith[11] organized the various fundamental approaches to health into four models that she called *eudaimonistic*, *adaptive*, *role-performance*, and *clinical*. She viewed these models as standards against which the health of individuals is assessed and presented them as a way of emphasizing the relative nature of health itself.

Tripp-Reimer[2] called attention to the various ways in which health has been defined (an absolute entity, a state, a process, a goal, and an equilibrium) and to three conceptualizations of health in nursing that create confusion: namely, health as a dichotomous variable, a continuum, or a more inclusive holistic state. Tripp-Reimer contributed to the discussion about health by introducing the use of the terms *emic* and *etic* from linguistic theory in classifying health; *etic* refers to the objective viewpoint of an observer and *emic* to the subjective viewpoint of the client. Illness, she says, is an emic classification referring to the individual's altered perception of self, whereas disease is an etic classification developed from the biomedical perspective.[2] Both perspectives are necessary in assessing the health state of an individual. Tripp-Reimer recommends this dual approach to health assessment as particularly useful in cross-cultural health care, but valid for any client and context.

Dixon and Dixon[12] suggest an evolutionary model of health that assumes that, among other factors, the social context is significant. In other words, one's evolutionary viability is related not only to the natural process of gene selection from one generation to the next, but also to the network of links between an individual and social group and the extent to which individuals promote the survival and well-being of the

group. Allen[13] alerted the nursing community to the political and social impact of definitions and their purposeful use as exercises in power. A definition of health, for example, has considerable potential for effecting emancipation from previously constraining visions and from future enslavement. Allen explained how critical social theory (CST) provides a framework for effecting social change even through such an apolitical undertaking as a definition of health.[13] Chinn[14] challenged the nursing profession to consider how little of what happens in our present health care system is consistent with any nursing definition of health or even with the WHO definition. If a goal of nursing is health, she argues, the profession and the discipline must influence prevailing social policies to help change the disease-oriented system of care to a true health care system.

While the health-illness continuum is losing support, a "health-within-illness" perspective of illness as an event that can accelerate human growth is developing.[15] Nonphysical dimensions of being—psychological, social, and spiritual, for example—may grow or strengthen during the experience of an illness or transition. There is, in fact, increasing evidence that illness stimulates personal transformation[16,17] and promotes greater "aliveness."[18] Younger's[19] theory of mastery, consistent with Moch's idea of health-within-illness,[15] explains how individuals who experience illness or other stressful health conditions may emerge healthy rather than vulnerable. New strategies developed during a crisis situation may broaden an individual's adaptive capacity.[20] Through mobilization of adaptability,[21] characteristics of efficacy,[22] resilience,[23,24] and hardiness[25] may develop and become available to the individual in future situations.

Simmons[26] abstracted two critical attributes of health from the four theoretical perspectives presented by Smith[11]: namely, biopsychosocial adaptation and self-actualization (ie, the maximizing of one's potential through goal-directed behavior). In her conceptualization, health is defined as a multidimensional human state or condition and is not necessarily disease free. Simmons called attention to the lack of operational definitions of health and the need for researchers from several disciplines to examine the biopsychosociocultural antecedents and outcomes of health.

Meleis[3] challenged nurses to consider constraining social conditions that limit achievement of clients' health potential in some communities and societies and questioned the validity of an assumption common in most health models that health is a personal matter. Health, she says, may be a personal matter for privileged individuals but not for those without access to health care. Furthermore, as long as diverse, underserved, and disenfranchised groups face overwhelming obstacles to achieving their health potential, nursing cannot afford to focus too long on attempts to develop definitions. The social significance of nursing practice may be determined by the abil-

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ity of the profession to develop midrange theories that describe, explain, and predict health in ways that allow not only for "being healthy," but also for "becoming healthy," not only by a privileged few but by people from diverse societal groups. There is a need, she says, to articulate conditions that are essential to understanding health (eg, pattern, human right, societal obligation, and development) and to develop nursing therapeutics that create and maintain contexts that support health.[3]

DEFINITIONS OF HEALTH IN NURSING THEORIES

Historically, there has been a great deal of diversity among nurse theorists in how they viewed health, how much attention they gave to it, and how much writing they devoted to its development. Florence Nightingale defined health as being well and using to the fullest extent every power the person has.[4,27] Her primary concern focused on the environment as the source of elements that affect health, both negatively and positively, in individuals. Although she discussed primarily the physical aspects of environment in relation to health, the influence of social and psychological factors was implied. Peplau[28] defined health as a concept that implies forward movement of personality and other human processes in the direction of creative, productive, personal, and community living. For Abdellah,[29] health is mutually exclusive of illness and implicitly defined as a state when the individual has no unmet needs and no anticipated or actual impairments. Similarly, Orlando[30] implicitly assumed that feelings of adequacy and well-being from fulfilled needs contribute to health. Wiedenbach[31] didn't discuss health at all. Travelbee[32] subscribed to the WHO definition and to the idea that health is able to derive meaning from suffering. Henderson[33] viewed health as a quality of life basic to human functioning and believed that individuals will achieve or maintain health if they have the necessary strength, will, or knowledge to do so.

Johnson[34] perceived health as efficient and effective functioning of the human system that results in a dynamic state of behavioral system balance and stability. Roy[35] first viewed health as a state of adaptation and as part of a continuum with death on one end and peak wellness on the other. Later she expanded her definition to include health as both a state and a process of being and becoming integrated and whole.[36] The state of adaptation is manifested in free energy to deal with stimuli.[36] Neuman[37] defines health as the condition in which all parts of the human system are in harmony with the whole. Health is reflected in the level of wellness; "if man's total needs are met, he is in a state of optimal wellness."[37(p9)]

Rogers[38] uses the term *health* in her theoretical work, although she doesn't attempt a formal definition. She views health and illness as continuous, not dichotomous, and an ongoing expression of the life process. Rogers later added that both health and illness are socially defined, with health representing "characteristics and behaviors emerging out of the mutual, simultaneous interaction of the human and environmental fields."[39] Parse[40] developed a framework in which health is defined as a process, not a continuum, and an experience of growth through energy exchange with the environment throughout the life cycle.

Levine[41] also viewed health as socially determined patterns of change in which the organism retains its integrity in both the internal and external environment through its adaptive capability. King[42] defines health as a dynamic human experience with continuous adjustment to stressors through the optimum use of one's resources to achieve maximum potential for daily living. King emphasizes the significance of interaction with the environment in maintaining health.

Patterson and Zderad[43] view the interactions of clients and nurses as existential experiences and equate health with greater well-being, as much as is humanly possible. The focus is on the human encounter rather than on interaction with the larger environment. Watson[44] believes nursing is concerned with health, that health is elusive because of its subjective nature, and that caring promotes health. Benner and Wrubel[45] suggest that health is the lived experience of well-being characterized by a sense of coherence and integrated development of the whole person. Pender[9] describes the actualizing and stabilizing aspects of health, with focus on development of inherent and acquired human potential. Newman[46] describes health as a pattern of interaction and energy exchange with the environment in the process of expanding consciousness.

Whereas early works defined health as a state of being,[29,34] later definitions include health as a process of becoming.[40] A few clearly identify the role of social factors in determining health, while others simply recognize interaction with the environment as part of the health experience. Nightingale, for example, saw the environment as crucial but viewed the patient primarily as passive and acted on by the environment.[4,27] More recently, nursing scholars have viewed the individual as actively engaging the environment to achieve health and have challenged nursing practice to transform environmental conditions that constrain health and human potential.[47,48]

Broadened conceptualizations of health and environment in nursing science are timely and necessary in view of the WHO's goal of health for all[49] and the United States' goal set forth in *Healthy People 2000*.[50] New approaches to practice are needed if nursing is to contribute to achieving either of these goals. In 1988 Maglacas,[51] then chief scientist for nursing in the WHO, described nursing's response to the challenge of health for all as "fragmented, sporadic, unplanned and uncoordinated."[51(p67)] This judgment stemmed from a view of health as having two key dimensions—health balance and health potential—and a concern that nurses accept development of health potential as a fundamental part of nursing care. Maglacas charged nurses to develop new skills and specializations to enable and empower individuals for health and to help mobilize resources that will create contexts within which health is fostered.[51] If nursing is to accept and respond to this challenge, models of nursing practice are needed that empower individuals to mobilize personal and environmental resources to achieve their health potential.

RESOURCES IN THE HEALTH EQUATION

Stress and coping theories

Stress and coping theories[52-55] combined with a systems perspective in which the human being interacts with the environment

provide a framework for the model of health proposed here based on empowerment of human potential. The complementarity of interactions between human beings and the environment demonstrates principles of interdependence and exchange by which whole systems operate. Rogers[56] calls this the *principle of integrality*, encompassing the idea that the human field and environmental field are integral with each other while mutually exchanging with each other. Rogers views the nature of the relationship between human beings and the environment as active, in contrast to other conceptualizations of passive adjustment to environmental changes. The adequacy or inadequacy of personal and environmental factors is expected to influence outcomes. In addition, the nature and intensity of the exchange will vary according to individual needs and environmental resources. Nevertheless, the essential function of interaction and exchange for a state of stability or growth to occur is clear. Therefore, if nursing aims to assist people in achieving their maximum health potential, assessment and enhancement of the role of both person and environment in the interaction is necessary.

When environmental contexts present demands that exceed the resources of an individual to manage effectively, they are interpreted by the individual as stressors.[57] Lazarus and Folkman[54] call the interpretation process *cognitive appraisal*; this includes an evaluation of an encounter as irrelevant, benign, or stressful (primary appraisal) and an evaluation of the options and resources available to manage the situation (secondary appraisal). Reappraisal might also occur on the basis of new information. Lazarus and Folkman explain that both cognitive processes and the resources available for coping influence responses.[54]

Pearlin and Schooler[58] maintain that many important human problems are not responsive to individual coping alone and that social systems contribute to coping failures of individual human beings. The prevalence of stressors in people's lives may be related to social factors over which they have little or no control. However, people are viewed as individually responsible for coping and maintaining their health regardless of contextual restraints.[3] Pearlin et al[59] describe the stress process as composed of four domains: the background or context, stressors, mediators, and outcomes. Pearlin[60] classifies stressors as primary (those that occur first) and secondary (those that occur in relation to the primary stressor). Primary stressors, he says, may originate in social factors such as ethnicity, gender, and socioeconomic class. Mediators buffer stress both indirectly, by limiting the severity of the stressors, and directly, by influencing outcomes.[60]

Resources may also enable individuals to manage internal or external stressors. Antonovsky[52] focuses on resources that enable individuals to manage stressors in ways that are health generating. He refers to characteristics of the person, group, or environment that facilitate tension management as *generalized resistance resources* (GRRs) and maintains that the extent to which GRRs are available plays a decisive role in determining health. GRRs include personal adaptability (physiological, biochemical, psychological, cultural, and social), and environmental ties with people and institutions in the community. GRRs contribute to development of a sense of coherence, a per-

vasive and enduring feeling of confidence that one's internal and external environments are predictable and things will work out as well as can reasonably be expected.[52,53] This global orientation to life serves as a personal resource in buffering the impact of stress and influencing outcomes.

How people cope within the context of the enabling or inhibiting resources has also been addressed by stress and coping theories. Lazarus and Folkman[54] define coping as a mediator of stress and a process that evolves from resources. The way people cope, they say, depends heavily on the resources available and the contextual constraints.[54] Pearlin[60] describes personal and social resources as mediators or factors that support the development of mediators. Antonovsky maintains that resources contribute to resistance and coping, and coping then becomes a resource for dealing with and overcoming stressors.[52] While differences exist among the three stress theories, points of agreement provide the basis for a conceptual approach to empowering human beings to achieve their health potential. First, all three theories describe stress as a transactional process in which the individual's cognitive perception of the stressor influences the response. Second, all three distinguish between personal characteristics (what people are) and coping responses (what people do in specific situations). Third, all three theories identify the critical role of resources in influencing responses to stress. Regardless of whether a resource buffers the impact of stress or supports coping responses (or both), in all three theories the importance of resources in influencing outcomes of stress and enabling individuals to respond to stressors in ways that promote health and well-being is clear. Therefore, efforts by health professionals at facilitating access to and utilization of resources are called for.

Resources are commonly categorized as personal and social or contextual; both support the development of mediators.[60] Examples of personal resources include self-esteem, a sense of coherence,[52] adaptability,[21] and hardiness.[25] Examples of social resources include social support, social network, and economic resources.[60] Availability of these resources varies widely, partly because social systems embody unequal distribution of resources, and is partly related to the extent that personal and social resources are mobilized. As an individual's repertoire of resources increases or is maintained, he or she is able to develop skills to effect change in his or her own life.

Empowerment

Increasing resources is not, however, the all-encompassing answer for being and becoming healthy. If individuals are not active participants in creating and using these resources, gaps between the resources and the individual's health will continue to grow. Empowerment of individuals may be the link. The concept of empowerment is almost becoming a cliché in reference to women and other groups whose basic rights have been denied. Only recently, however, have there been serious attempts to clarify or explicate the concept.[61] Still, it is more easily understood by its absence (as in powerlessness, helplessness, subordination, and loss of control) than by a definition of its properties. Empowerment encompasses

people's rights, strengths, and abilities, implying competence or the development of potential. Webster[62] describes empowerment as enabling, or giving authority and ability to do something. It is transactional in that it involves interaction and relationships with others and incorporates environmental as well as individual change through sharing of resources and collaboration.[61]

Empowerment is both process and outcome. Kieffer[63] describes it as a process of becoming and of progressive development. Facilitating empowerment begins with helping individuals develop a critical awareness of their situation and enabling them to master their environment to achieve self-determination,[64] if it is their desire to do so. The WHO's definition of health promotion[65] and Maglacas's[51] challenge to nurses to empower individuals to achieve and maintain health support the necessity for nurses to develop and utilize this concept. Gibson[61] emphasizes that if nurses subscribe to an empowerment model, they will adopt the role of facilitator and resource person, recognizing that self-awareness, self-growth, and resources, not the services provided, are the tools of empowerment. Gibson redefines empowerment as a social process of recognizing, promoting, and enhancing people's abilities to meet their own needs, solve their own problems, and mobilize necessary resources to take control of their own lives.[61] More simply, she describes empowerment as a process of helping people assert control over factors that affect their health.[61] Therefore, the nurse in an empowerment model is not only a resource person but a resource mobilizer, facilitating access to both personal and environmental resources that foster a sense of control and self-efficacy and support health.

A synonym for power is energy, which Webster[62] describes as natural power and the capacity of acting or being active. Other synonyms are strength, efficacy, and effectiveness implying "power to." Hawks[66] defines power as the actual or potential ability or capacity to achieve objectives through an interpersonal process in which the goals and means to achieve the goals are mutually established and worked toward. This definition reflects King's[42] framework, which views power as goal directed. Josefowitz[67] describes power as effectiveness, the ability or capacity to act or perform effectively. Brown and Schultz[68] observed that health was an outcome of empowerment reported by participants in a phenomenological study of nurse administrators.[69] Administrators who experienced empowerment in their everyday practice described positive health in the form of greater energy and well-being, which is consistent with Smith's[11] description of eudaimonistic health and Benner and Wrubel's[45] description of health as development of the whole person's potential. This article proposes that, as Brown and Schultz[68] observed, empowerment can result in greater energy, well-being, and effectiveness in the realization of health potential. Empowerment, in both individuals and groups, links people with resources. However, where there is a dearth of resources, nurses cannot facilitate access unless they also participate in creating the needed resources.

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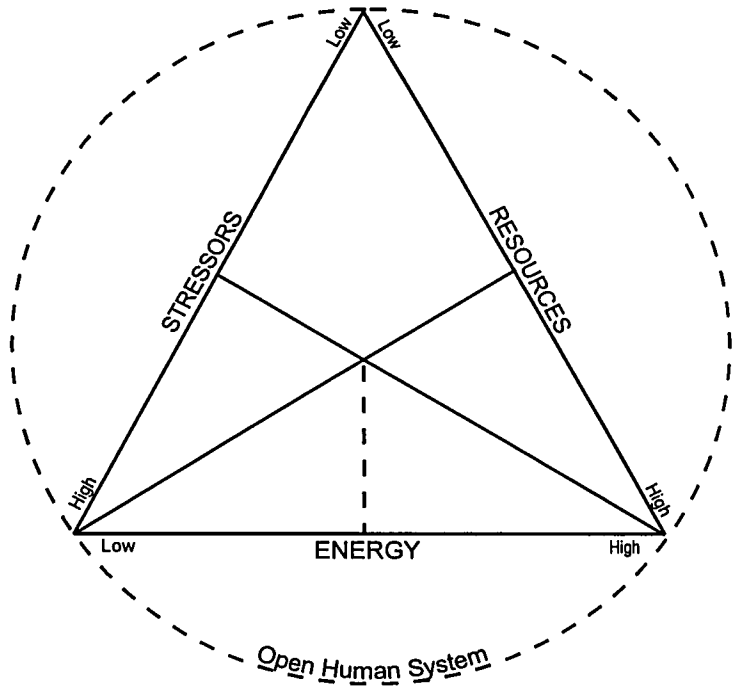

Fig 1. Interaction of the three variables in the empowerment model.

EMPOWERMENT AND HEALTH POTENTIAL

The significance of resources in influencing human responses to stressors and in mobilizing energy for development of health potential is supported in the literature discussed above. The relationships among stressors, resources, and energy available for health achievement can be conceptualized in an equilateral triangle (Fig 1). The sides of the triangle are three continua representing levels of stressors, resources, and energy in a given person. Relationships among variables can be depicted by the intersection of two lines: one drawn from a point on each of the upper continua (stressors and resources) to the opposing apex. The point of intersection reflected down on the base continuum represents an outcome of the interaction of the two variables—in this case the level of energy available for developing health potential. Change in one of the upper continua will be reflected in change in the base continuum. Change in both will be reflected in even greater change in the base. Therefore, interventions that increase resources or lessen the stressor, or both, can lead to an increase in energy available for goal attainment. For example, one stressor commonly encountered by individuals is unmet needs. Personal resources, such as adaptability, are capable of mobilizing energy to meet needs[21,70–72] (Fig 2). Availability of environmental resources has a similar role in increasing energy. Satisfaction of unmet needs (eg, self-esteem) may lead to an increase in energy and then be-

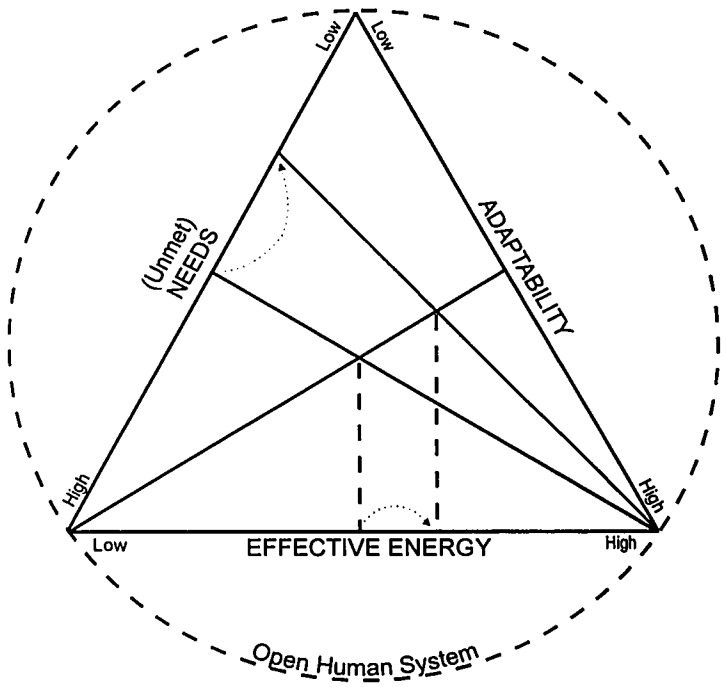

Fig 2. Change in energy resulting from interventions.

come a resource for growth. Thus, it is proposed that the combined effect of increasing resources and limiting stressors can greatly enhance mobilization of energy for achieving health potential.

The energy necessary for growth and effectiveness in the process of developing one's health potential is greater than the kinetic energy required for physical activity. Because human beings are holistic, the energy or power for being or becoming healthy is influenced by all dimensions of the individual—physiological, psychosocial, cultural, and spiritual. In this model, such energy is referred to as *effective energy* and defined as "energy currently available to an individual which can be mobilized, controlled and directed toward goal achievement."[70(p21)] Increasing the individual's energy for action and ability to function as an effective change agent in his or her own life supports coping, promotes self-efficacy, and empowers growth toward a higher level of health. According to Younger, growth is a state of health in which the net flow of personal energies is directed toward upward aspirations, and the mastery of a life transition.[19] Thus, the concept of effective energy represents empowerment for mastery, health, quality of life, and development of the whole person's potential.

Example

Ann is a 50-year-old woman who is caring for her 77-year-old mother, who has Alzheimer's disease and cardiovascular problems, and her 78-year-old father, who

has severe cognitive and functional deficits. At the same time she is raising two grandsons, ages 7 and 9 years. Four years ago Ann sought and obtained legal custody of the grandsons after they were abandoned by their mother and left homeless. At that time her parents were living independently 3,000 miles away, although her mother was already in the early stages of Alzheimer's disease. Two years ago her father was placed in a nursing home after a stroke, and his condition rapidly went downhill. Her mother continued living alone, unsupervised and at risk. Eight months ago Ann, who was employed in a management position with a lot of responsibility, resigned from her position, sold her home, and moved to a quiet neighborhood where she could afford a house large enough to accommodate her parents and grandsons along with her teenage son and herself. Ann has siblings 3,000 miles away and one about 150 miles away but receives no assistance from them except for verbal appreciation from one sister. She manages well on a very limited income. After months of seeing her small savings depleted, her parents' Social Security income is finally directed to her. This, together with a few other miscellaneous sources of income, gives her a total annual income of about $21,000, out of which she makes a house payment.

Ann is an excellent manager and strongly committed to the care of her parents and grandchildren. Her father's physical and mental status has greatly improved under her care, but her mother's condition is steadily deteriorating and a great source of stress. When unsupervised she becomes abusive to her husband and to Ann's youngest grandson, so she cannot be left alone for even a short time. The grandson is developing psychological problems and recently attempted suicide.

Ann is an unusually strong person and copes amazingly well with the heavy demands of caregiving. When asked to identify the most stressful aspects of providing care she responded,

> Watching my mother deteriorate, and picking up the phone to call for help and finding no help there. In this society unless you are wealthy and can pay for everything yourself, you cannot get help. I've called so many numbers—Social Security services, national and local Alzheimer's associations, and private organizations—only to be referred back to where I began. I'm on the list at a local agency to receive respite care but will have to wait at least a year, because the list is long and the funds that support the service just aren't coming in.

Use of the effective energy empowerment model with Ann led to identification of stressors that could be limited and resources that could be mobilized to support caregiving. Ann felt frustrated and powerless from trying to access community resources to support her efforts and finding none available. Providing 24-hour supervision and management of her mother's agitation along with total care for her invalid father, without assistance or respite, was clearly energy depleting. Lack of sleep was an added stressor that threatened her ability to cope with the demands of caregiving. In spite of the lack of external resources and support, Ann's inner strength sustained her through months of overwhelming caregiving demands. Eventually, however, severe migraine headaches and symptoms of chronic fatigue developed.

Because her own attempts at accessing social resources failed, Ann needed assistance in establishing linkages with support

services to continue caregiving for both parents and her grandchildren. In-home assistance with the total care of her father would spare some energy for managing her mother's behavior; adult day-care services for her mother would allow her to rest during the day and compensate for the 4 hours of sleep she is able to get each night.

Nursing interventions began with a referral to the visiting nurses association, which resulted in regular in-home visits to assist with the care of her father. Adult day care for her mother required many referrals, since Ann could not transport her mother to the center or cover the high cost of care. Arrangements are in process for adult day-care services that include both transportation and financial assistance. Ann is encouraged and feels empowered as these linkages develop. "I feel better already," she said. Identifying and limiting stressors and strengthening contextual and personal resources were essential to caregiver health and continued caregiving.

Health is empowerment

In the discipline of nursing, health has been described as met needs,[29] adaptation,[35] dynamic stability,[34] optimum wellness,[37] a process of growth and becoming,[40] being whole,[41,73] and maximizing development of one's potential.[74] We propose an additional model for health: empowerment. In this model, health is being empowered to define, seek, and find conditions, resources, and processes to be an effective agent in meeting the significant needs perceived by individuals.

Health as empowerment can be experienced even when a chronic or acute illness threatens or when a person is terminally ill. For example, the person with chronic obstructive pulmonary disease (COPD) who manages daily activities within the limits of available energy and oxygen, the intensive care unit (ICU) client who participates in decisions related to treatment options and pain control, the long-term care resident who makes choices regarding participation in daily activities and use of restraints, and the hospice patient who participates in establishing a living will and resolution of relationships in preparation for a peaceful death are all experiencing health as empowerment.

Health as empowerment addresses people's rights for resources, strengths, responsibilities, and availability of options. The responsibility for health is shared across individual, contextual, and political arenas. When individual rights for autonomy and control of one's own life are recognized, strengths can be developed even in very limited cases. Mobilization of personal resources can be enhanced by interventions from health care professionals. Utilization of social resources can be increased by greater availability and accessibility, as well as by heightened individual initiative. Limited personal and social resources for health, on the other hand, become a political issue, particularly when health care is available only to those who can pay and when social service programs are discontinued because of a lack of funds. In such situations, health is clearly more than a personal matter.

Health is empowerment when individuals are enabled to become well and whole, to develop potential, to add quality to life, or to let go of life. In holistic human beings interacting with their environment, empower-

ment and health are very much related to both internal and external resources. When nursing interventions empower individuals and groups to develop their health potential, the nursing profession contributes significantly to achieving health for all.

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