

STRENGTHS-BASED CARE: A PHILOSOPHY TO CARE IN NURSING PROMOTING EMPOWERMENT, SELF-EFFICACY, AND HOPE

STRENGTHS-BASED CARE: UMA FILOSOFIA PARA CUIDAR EM ENFERMAGEM PROMOTORA DO EMPOWERMENT, DA AUTOEFICÁCIA E DA ESPERANÇA

STRENGTHS-BASED CARE: UNA FILOSOFÍA PARA CUIDAR EN ENFERMERÍA PROMOVRIENDO EL EMPODERAMIENTO, LA AUTOEFICACIA Y LA ESPERANZA

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Currently, although nurses try to redirect their care models to person/family/community-centered care, a model oriented towards solving the problems that the person has, that is, to deficit. Although this model also “looks” at the person, it cannot see him/her as an integrated being. It focuses its attention on understanding the possible cause and symptoms related to the underlying pathology, the organ or process of the dysfunctional body system, with the goal of curing, correcting and/or minimizing this cause.

Based on this model based on biomedical assumptions, the person is often forgotten in his/her singularity, being simpler for nurses to label it according to what is dysfunctional. Instead of referring, for example, to “Mrs. Vera”, “Mrs. Ana”, “Mrs. Maria” (fictitious names), they refer, with some frequency: “The one with pacemaker”, “The one with chronic gastritis”, “The one with gastric ulcer”. This label attributed to the person diverts the focus of *observation* (integrated), considered the cornerstone of clinical practice, in the context of health care in which it is located. If the nurse, during the initial evaluation, ignores the *singularity* of the person, he/she can tend to focus only on deficits and problems, letting the person’s forces and his/her *health* and *cure* potential go unnoticed⁽¹⁾.

The *observation*, as a precursor of judgment, reasoning, clinical decision-making and nursing action, requires excellent communication skills of nurses, aiming to collect information in a systematic and intentional way. For this, they must know *what* and *how* to observe⁽¹⁾.

Based on The Strengths-Based Care (SBC)⁽¹⁾ values (value 1: health and cure; value 2: singularity of the person; value 3: holism and embodiment; value 4: objective/subjective reality and construction of meaning; value 5: self-determination; value 6: person and environment are integrated; value 7: learning,

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preparation and timing; value 8: collaborative partnership), here we are at the moment to reflect on clinical practice. *What* and *how* to observe the Other whom they care at a certain moment in their life, who has suffered changes, adversities, disabilities, shocks and traumas, begins to have a new direction, a new goal. Nurses are challenged to work with people and families in a true *collaborative partnership* and to make, together, the best decisions about health care that respond to the needs, objectives and interests of those same people and families.

Having the SBC as a philosophy that guides the clinical practice of Nursing requires a person/family/community-centered care. It helps to develop strategies with the person, so that he or she feels able to achieve his/her own goals (empowerment) and to find a new meaning in his life (hope). It means that the SBC becomes a prerequisite for change, for health promotion, encouraging the person to take responsibility for his/her own health⁽¹⁾.

Having a theoretical framework that guides clinical practice allows nurses to answer conceptual questions: What problems require my knowledge and skills? How do I orient myself as a professional? What skills and abilities do I need to take care of this person and his/her family? How do I know what I know? What counts for me as evidence?⁽¹⁾

Having the SBC as a theoretical framework allows shifting the focus of attention⁽¹⁾:

- a) "from" concentrating on deficits, "to" working with the person's *forces*;
- b) "from" doing for the person "to" working with the person;
- c) "from" concentrating on the disease and treatment "to" focusing on living and dealing with adverse challenges and events;
- d) "from" assuming the nurse as a teacher "to" assuming the nurse and the person as apprentices;
- e) "from" measuring a set of specific results "to" allowing the person to determine their own goals and measures of success.

Empowering the person means helping them realize that, although he/she has not chosen to get sick, he/she has the power to choose how to deal with what is happening to him/her. This means that professionals and the person find themselves in a relationship of equity in the decision-making process. This philosophy recognizes and respects the experiences and knowledge of both partners. This does not mean that the nurse transfers responsibility to the person. This means that the nurse listens to the person, recognizes the person's experience and, together, prepare a care plan that is made to the extent of goals, needs, preferences, lifestyle and circumstances of the person and family. People, when encouraged to express themselves, feel strengthened and believe that they have the ability to find solutions to their own problems (self-efficacy)⁽¹⁾.

Working with the *forces* involves training skills, techniques, abilities and expertise of nurses. Being able to work with forces requires knowing the characteristics of how a quality becomes a force. For its implementation, the nurse can use different techniques: make a list or inventory of existing forces; ask patients about their strengths and resources; share the observations of forces with the person; teach the person to discover his/her own strengths; avoid diagnostic labels to describe the person; praise; focus on finding solutions, rather than staying focused on problems, and finding opportunities to convey hope. People with hope have better psychological adjustment and quality of life. When people have hope, they discover and resort to other internal forces, such as courage, perseverance, and humor⁽¹⁾. "As/nurses have the power to transform the current health system [...] They have the power to bring the human touch to the healthcare environment that is highly sophisticated and technological, while touching the lives of many people. They have the power to create a new culture, an ethics of caring rooted in values of compassion and knowledge that respect the human spirit and give dignity to the person. They have the power to restore the centrality of the nurse/sick relationship and the person as the focus of care. The SBC grants this power to nurses."^(1:xxxviii)

Contributions:

The author is responsible for the design, analysis and interpretation of data; writing of the article, relevant critical review of the intellectual content, final approval of the version to be published and all other aspects, guaranteeing the exactness and integrity of all parts of the study.

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