



## Anti-Opressive Health Coaching: Awareness of Power in Nurse-Patient Relationships

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### ABSTRACT

Health coaching is a nursing intervention that supports patients in managing chronic illnesses, such as diabetes. Its primary goal is to empower patients by equipping them with the knowledge and strategies necessary for effective self-management. Success in this context must be defined by the patients themselves. By critically reflecting on the power dynamics within the health coaching relationship, nurses can gain deeper insight into their patients' experiences and meet them where they are in their health journey. Through this reflection, health coaches have the opportunity to practice anti-oppressive nursing, enriching the health coaching relationship and promoting patient-centered care.

In this paper, Paulo Freire's philosophy, which proposes that knowledge of reality facilitates the transformation of reality, is drawn on to argue that health coaching can be an anti-oppressive nursing practice. Freire's philosophy is the foundation of the concept of empowerment, making it an appropriate framework to examine the potential of anti-oppressive health coaching. According to Freire (2005), examining the power dynamics within relationships is crucial for creating an emancipatory practice. By engaging in discussions, reflections, and naming their health realities, nurses and patients can actively work to foster a collaborative process of learning and knowing, empowering patients to make informed health decisions that challenge oppressive systems.

*Keywords:* health coaching, nursing, Freire, oppression, power, nurse-patient relationships, empowerment

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Health coaching is a highly supported, well-intentioned nursing intervention to assist patients in self-managing chronic illnesses such as diabetes (Racey et al., 2022). Health coaches aim to empower their patients by providing knowledge and strategies to manage chronic illnesses

successfully, but what does success look like to their patients? Health coaching is ubiquitously connected with positive patient outcomes but has yet to be scrutinized or critiqued in the literature to ensure that it fulfills the promise of patient empowerment (Baker et al., 2021; Dossey & Hess, 2013; Malecki et al., 2020; Meng et al., 2023; Miyamoto et al., 2019; Thom et al., 2016; Waddell K et al., 2020; Young et al., 2020). By critically reflecting on the power dynamics within the health coaching relationship, nurses can gain deeper insight into their patients' experiences and meet them where they are in their health journey. Through this reflection, health coaches have the opportunity to practice anti-oppressive nursing, enriching the health coaching relationship and promoting patient-centered care.

Power is equated with domination and control over people and things, whereas empowerment is having agency and actively participating in changing one's own life (hooks, 1994). In the paper the power dynamics between nurse health coaches and their patients are critically examined, encouraging an opportunity for reflection on anti-oppressive nursing. According to Freire et al. (2005), oppression stems from systems that perpetuate control and dominance, often limiting the agency of those affected. Healthcare systems, though intended to promote well-being, often reflect and reinforce systemic inequities, disproportionately impacting certain populations and perpetuating oppression within colonial structures. When nurse health coaches impose system-driven guidelines and develop care plans without considering patients' preferences, values, or contexts, they risk unintentionally contributing to oppression and undermining the patient's autonomy.

In contrast, anti-oppression is a commitment to creating an environment of change (Potts & Brown, 2015). To be anti-oppressive, nurses can actively work to foster a collaborative process of learning and knowing through dialogue with their patients, empowering them to make informed health decisions that challenge oppressive systems (Freire et al., 2005). Health coaches have an opportunity to practice anti-oppressive nursing and can enrich the health coaching relationship by reflecting on the inherent power in their role.

In this paper, Paulo Freire's philosophy, which proposes that knowledge of reality facilitates the transformation of reality, is drawn on to argue that health coaching can be an anti-oppressive nursing practice (Moosa-Mitha, 2015; Potts & Brown, 2015; Rogers, 2012; Sanders, 2020). By exploring the power relationships in health coaching, nurses can move towards understanding their responsibilities in practicing anti-oppressive nursing and understanding the relationship between the knower, what is known, and those who want to know (Potts & Brown, 2015).

## **Background**

There is often a disconnect between what is medically recommended by health practitioners to manage chronic illnesses and what patients can adhere to in their daily lives. Health coaching has emerged as a critical intervention to help bridge this gap, offering a person-centred approach that supports self-management of chronic illnesses. According to Malecki et al. (2020), health coaching is a process that empowers patients to implement medical recommendations and sustain lifelong wellness. Effective health coaching requires understanding

the person's lived experience, a commitment to person-centred care, and recognizing the power dynamics inherent in the nurse-patient relationship (Olsen, 2013). For this paper, the term health coach refers to a nurse trained in health coaching techniques focusing on managing diabetes. Health coaches provide education and training on the behaviours that contribute to self-management, such as mindful eating, increased physical activity, medication adherence and consistent blood glucose monitoring (Miyamoto et al., 2019; Racey et al., 2022; Thom et al., 2016).

In a systematic review of the benefits of health coaching in diabetes management, Racey et al. (2022) found health coaching to go beyond improving glucose control to improving cardiac and mental health outcomes. The positive impact of health coaching on multiple health outcomes speaks to the value of understanding the holistic patient. Personalized health care that incorporates the patient's values, needs, and goals promotes patient engagement while establishing trust in the health coaching relationship (Malecki et al., 2020). This approach aligns with the principles of person-centered care, where the nurse critically reflects on their role and the power they hold in the relationship (McCormack & McCance, 2010).

There is evidence connecting health inequities and chronic illnesses, with diabetes being a common chronic condition amongst low-income households (Camargo-Plazas et al., 2021). People with diabetes who have limited financial resources often experience worse health outcomes due to complications and co-morbidities (Hill-Briggs et al., 2021). It is crucial to understand how social determinants of health, such as income and education, affect patients' abilities to manage their diabetes. Health literacy, which is the ability to access, understand, and use health information to navigate the healthcare system, must be considered when creating a self-management plan for patients with diabetes (Zanchetta et al., 2023). Like education, health literacy is a means to critically and creatively use the healthcare system and discover how to create positive changes in their realities (Freire, 2005). Health literacy helps reduce health inequities by empowering patients, especially those from vulnerable populations, to take control of their health. This is particularly important in health coaching, where nurses can support patients in overcoming oppressive structural inequalities, such as low income or limited education, to improve self-care behaviours in themselves and their families and delay diabetes-related complications (Camargo-Plazas et al., 2021).

### **Nurse-Patient Relationships in Health Coaching**

While health coaching is an effective method to improve health literacy and empower patients, it also introduces the potential of reinforcing oppression if the inherent power imbalances in the nurse-patient relationship are not addressed. Traditionally, this relationship is characterized by a power disparity, with the nurse positioned as the expert and the patient as the passive care recipient (Molina-Mula & Gallo-Estrada, 2020). As agents of the healthcare system, nurses operate within a structure that has historically been oppressive and silencing. However, health coaching offers nurses an opportunity to challenge these power dynamics by creating a more equitable partnership, where collaboration and knowledge sharing, encourage patients to use their power and take an active role in their care (Miyamoto et al., 2019).

Contrary to the nurse-passive-patient relationship, a therapeutic nurse-patient relationship is characterized by mutual trust, compassion, and respect (Strand & Bondas, 2017). Therapeutic nurse-patient relationships are associated with improved health outcomes and are used in various nursing roles (Kelley et al., 2014; Peplau, 1988). These relationships are a relational process in which a nurse aims to improve the patient's health situation (Moreno-Poyato & Rodríguez-Nogueira, 2021). Health coaching builds on the concept of therapeutic relationships, advancing it by actively supporting patients in managing chronic illnesses. In health coaching, trust is a pillar of a positive relationship and central to the coach's ability to support the patient (Coats et al., 2018; Thom et al., 2016). When patients trust their nurse, they feel safe to ask questions, express doubts, and be critical of their treatment plan. This sense of safety in dialogue can shift the power dynamic in the relationship. The nurse-patient relationship is built on a balance of trust, dependence, and power (Delmar, 2012). While power often favors the nurse, acknowledging the vulnerability and dependence of the patient is essential for creating a person-centred and empowering health coaching experience (Delmar, 2012).

### **Critical Reflection, Reflexivity and Allyship in Nursing Practice**

Critical reflection is essential in nursing practice, particularly in the context of health coaching. According to Ng et al. (2019), critical reflection involves examining one's assumptions, values, and practices to better understand how they influence patient care. In health coaching, nurses can foster more supportive and effective relationships by reflecting on how their positionality (shaped by race, gender, ability, and socioeconomic status) affects the nurse-patient dynamic (Ng et al., 2019). Rushton (2023) argued that positionality is valuable in understanding the transformative potential of nurses and can impact how nurses address social disparities across the healthcare system.

Critical reflexivity goes further than reflection by encouraging nurses to examine how their personal and professional identities influence their practice. It requires nurses to be aware of their privileges and biases to work to mitigate their impact on patient care (Ng et al., 2019). Reflexivity involves recognizing the power dynamics in the nurse-patient relationship and understanding how these dynamics either empower patients or contribute to sustaining systems of oppression in healthcare (Hardeman et al., 2016; Metzl & Hansen, 2014).

Nixon's (2019) *Coin model of privilege and critical allyship* offers a helpful framework for understanding these dynamics. The author conceptualizes systems of oppression as a coin in which unearned privilege places individuals on the top side, while marginalization positions others on the underside. Nixon (2019) states that privilege (top of the coin) and oppression (bottom of the coin) exist on a continuum, with individuals potentially experiencing both simultaneously. This model aligns with the belief that nursing identities are constructed within networks of both repressive and liberatory power (Rushton, 2023). For example, societal structures such as sexism, racism, heterosexism, and ableism create health inequalities that privilege some groups over others (Nixon, 2019). Nurses may be on the bottom of the coin for some groups while on the top for others. Although nursing as a profession has historically faced oppression, individual nurses may still hold professional privilege compared to their patients (Nixon, 2019). Therefore, they can work to advocate and ally with patients who may be marginalized. By critically reflecting on their

positions of privilege, nurses can take intentional steps to share power with their patients, fostering a more inclusive and empowering care environment (McCormack & McCance, 2010).

## **Empowerment Through Health Coaching**

Qualitative research has shown that participants expressed a greater sense of inclusion in their care and felt empowered to improve their health after receiving health coaching for their diabetes management (Miyamoto et al., 2019). In a review of empowerment in nursing literature, empowerment is described as an action nurses performed for their patients (shared power or gave power) or as an individual process of self-awareness (Friend & Sieloff, 2018). The later concept of empowerment has origins in the work of Paulo Freire (2005), who sought to challenge societal inequities through education. Freire believed that knowledge of reality empowers people to transform their realities, opening pathways to fuller and richer lives (Freire, 2005; Sanders, 2020). This process of empowerment supports both personal and collective liberation, with the potential to drive societal change (Freire, 2005). Freire argued that education can create an environment that encourages critical thinking and positions the learner as a co-creator or partner of knowledge. His approach inspired collaborative teaching practices that incorporate the learner's needs and social context (Smith, 2014).

Empowerment happens when health coaches can apply their medical knowledge, esthetic knowledge, and professional experiences to mobilize the internal strengths of patients and support them in achieving their personal goals (Todorova, 2022). However, there are limits to individual empowerment. Social inequalities and systemic power imbalances can create significant barriers, preventing patients from achieving their health goals despite their best efforts. By reflecting on their power within the nurse-patient relationship and critically examining the policies and structural inequalities that may limit their patients, health coaches can promote more equitable care. This examination of power dynamics is fundamental to practicing anti-oppressive nursing.

### **Freirean Emancipatory Knowledge**

Paulo Freire (1921-1997) was a Brazilian philosopher and educator famous for his influential text *Pedagogy of the Oppressed* (2005). He grew up during the great depression and experienced poverty and hunger, which increased his awareness of how societal class contributes to educational inequities. Freire believed that knowledge was power, and he dedicated his life to advocating for the poor and marginalized in his country (Sanders, 2020). Freire compared traditional education to banking by stating that educators consider students piggy banks that need to be filled with knowledge. Instead, he suggests that knowledge should be co-created with the teacher and the student working together. In one of his last books, *Teachers as Cultural Workers* (2005), Freire encourages critical thinking in pedagogy that creates space for students to understand a concept rather than memorize it so they can produce knowledge on that concept. As knowledge producers, students have power over their situations and futures.

Freire's ontological foundation is grounded in his belief that humans can overcome oppressive conditions through emancipatory knowledge and become active creators of their realities. Emancipatory knowledge is the development of self-awareness, the understanding of one's situation and the ability to control one's life (Corbett et al., 2007). Freire's approach is based

on his philosophy of critical pedagogy, which has an ethical commitment to emancipation to promote quality of life (Heidemann et al., 2017). Nurses, particularly in health coaching roles, can empower patients by co-creating emancipatory knowledge that enhances their ability to self-determine their health and well-being. Adopting a Freirean emancipatory approach restructures the health coaching relationship, challenging the inherent power imbalance between the nurse and the patient (O'Connor et al., 2023). Empowered patients can become active agents of change, transforming their own lives, and, in turn, contributing to societal shifts and the betterment of their communities (Freire, 2005).

Freire (2005) argued that the foundation of any educational program is a strong awareness of the local context. For health coaches, this means understanding our patients' backgrounds, cultures, and individual challenges. As anti-oppressive nurses, we must take time to reflect on our position in society, our power in our relationships and how we may be unconsciously contributing to oppression within the healthcare system. As Potts and Brown (2015) wrote, "We must find ways to see what we take for granted—the water we swim in." (p. 29). By embracing Freirean principles, health coaches can help patients recognize and transform their health realities.

In an integrative review exploring the application of Freirean philosophy and epistemological beliefs to the production of nursing knowledge, three main concepts were identified: dialogue, critical awareness, and action (Garzon et al., 2018). These three main concepts can be used iteratively in health coaching to empower patients and improve outcomes.

## **Dialogue**

Freire believed that knowledge is co-constructed through dialogue and is crucial to unveiling reality and driving change (Freire, 2005; Sanders, 2020). Freire (2005) explains that dialogue involves epistemological curiosity about the object of knowledge and how we can use individual experiences to not only understand the world but also to drive change. He emphasized the importance language in understanding the world around us, arguing that without being conscious of and naming our experiences, they would not exist (Freire, 2005). In nursing practice, particularly health coaching, dialogue involves listening more than speaking and creating an environment where patients feel comfortable discussing their health challenges (Antonini & Heideman, 2020; Shoukry & Fatien, 2023). Dialogue and discussions support patient engagement and highlight the value of diverse perspectives (Potts & Brown, 2015; Shoukry & Fatien, 2023).

In health coaching, the nurse shifts from being the expert to being the learner, recognizing that the patient is the expert in their own life and health (Moosa-Mitha, 2015). The patient's ideas, beliefs, and values take center stage, which is an empowering and transformative process. For example, in health coaching, instead of the nurse independently prescribing an exercise program, the patient and the nurse would first discuss the patient's goals, challenges, and preferences for their health. Together, they would engage in dialogue about the systemic factors influencing the patient's health and co-create a plan that aligns with the patient's lifestyle and encourages active participation. By prioritizing dialogue, nurses can create spaces where patients' voices are heard, allowing them to reflect on their experiences and needs within the healthcare system.

Additionally, dialogue is critical in assessing patient progress and adjusting the care plan. Freire argued that “true dialogue” honours the differences of perspectives throughout the critical pedagogy process so that the act of dialogue becomes a liberating social practice (Garzon et al., 2018, p.1753). This approach can be applied in health coaching by iteratively engaging with the patient, reflecting on what is working, and making necessary changes to the plan. The nurse’s role is to immerse themselves in the social reality of the patients, including understanding the patients’ culture and local context (Vandenbroeck, 2021). The nurse would then need to reflect on their position in the culture, as either an insider or an outsider, before participating as a facilitator in the dialogue.

Finally, during dialogues, patients may become aware of their situations and begin to discuss which actions and practices would transform their realities. This process of critical unveiling is where patients start to take ownership of their health, supported by the nurse (Antonini & Heideman, 2020). Freire (2005) argued that unveiling reality occurs through the dialogical process of praxis, which he defines as action and reflection aiming for world transformation (Sanders, 2020). In health coaching, the dialogue process can connect nursing theory (reflection) with nursing practice (action), helping patients achieve health goals that better reflect their unique needs and aspirations. This praxis encourages both nurses and patients to explore their individual realities, collating different perspectives and viewpoints about a situation (Costa, 2022). Through meaningful dialogue, patients and health coaches co-create knowledge that is shaped by the patient’s social context, empowering them to make changes that not only improve personal health but also promote collective transformation

### **Reflection and Critical Awareness**

The Freirean approach is iterative, and nurses and patients will move back and forth between dialogue, reflection, awareness, and action. After the initial dialogue, reflection on reality and self-awareness begins (Heidemann & Almeida, 2011). Being critically aware involves self-reflection of one’s history and acknowledging the factors contributing to one’s health challenges (or oppressions). It also involves exploring the possibility of transforming one’s reality by taking appropriate actions (Garzon et al., 2018). Reflection is a fundamental aspect of nursing practice. Like the Freirean approach, nurses use the process of action-reflection-action to continuously learn, reflect, and improve their nursing practice (de Souza et al., 2021).

In health coaching, reflection can empower patients to share their experiences and knowledge and connect more deeply with the nurse to achieve their health goals. As Potts and Brown (2015) explained, all anti-oppressive practices are relationship work and require critical reflection. Nurses must be mindful, present, and prepared to witness the participants’ realities. Dialogue begins this process by supporting conscientization and reflection on reality, strengthening critical awareness (Antonini & Heideman, 2020). Reflecting on their health circumstances enables patients to learn from their experiences and incorporate their knowledge into a plan for future action.

A person’s health is often shaped by the broader socio-political systems, including the effects of colonialism and systemic oppression (Farmer et al., 2006). For example, a patient with

diabetes might reflect on their eating habits and the social pressures, such as limited access or cultural influences, which shape their diet. Through reflection and dialogue with the nurse, they become more aware of the factors contributing to their condition, and in turn, may feel empowered to make informed changes. Antonini and Heideman (2020), suggest that critical reflection strengthens awareness and autonomy, promoting participation as an act of empowerment and emancipation, using transformative action to reclaim their health.

This critical awareness is vital in health coaching as it highlights the role of power and control in health management. By facilitating this reflection, nurses help patients move from awareness to action, empowering them to take control of their health. For nursing practice, critically examining whether nurses contribute to systemic oppression or support patients through improving health literacy is essential for effective health coaching.

### **Action**

The process of critical unveiling follows dialogue, reflection, and awareness. During the critical unveiling, knowledge construction for action occurs to transform reality with a visionary outlook (de Souza et al., 2021). In the Freirean approach, “questioning” describes the transforming action of moving between critical unveiling, the reality of the situation and the planning of meaningful solutions for collective interests (de Souza et al., 2021; Garzon et al., 2018).

For nursing practice, particularly in health coaching, questioning helps to highlight the limits and possibilities of a new reality. After dialogue and reflection, the nurse and patient work together to create an action plan that addresses the patient’s health goals. This plan is not static; it evolves as the patient’s needs and awareness grow. The nurse supports the patient in questioning their current health practices, exploring alternatives, and implementing changes that lead to improved outcomes. Freire (2005) described action as actively overcoming challenges, rather than accepting things as they are. This approach offers hope because it creates opportunities for change. For example, when health coaching for diabetes, the nurse collaborates with the patient to identify lifestyle changes that can reduce blood glucose levels and improve quality of life. These changes may include dietary changes, exercise, or stress management techniques (Racey et al., 2022). The nurse also helps the patient build confidence in these changes and provides hope for a better reality. The key is that these actions are co-created with the patient, ensuring they are realistic, motivating, and aligned with their values and circumstances (Sherifali, 2017).

The iterative Freirean approach of dialogue, reflection and critical awareness supports patients and nurses in transforming their realities through action (Sanders, 2020). By critically reflecting on their health situations, patients can imagine how things could be different and are empowered to make changes. This dynamic process empowers patients to take responsibility for their health, supported by the nurses’ expertise and the shared knowledge created through their partnership. This approach improves individual patient care and health literacy, contributing to the broader efforts to reduce health inequalities and promote social justice in healthcare (Costa, 2022).

### **Health Coaching as an Anti-Oppressive Practice**

Health coaching increases self-efficacy by supporting the patient's internal resources to cope with stress and the burden of disease (Todorova, 2022). Diabetes health coaches aim to support their patients in the self-management of their chronic illnesses primarily through education on safe exercise, healthy diet, and medication management (Racey et al., 2022). For Freire, emancipation occurs when education is participatory (Antonini & Heideman, 2020). Camargo-Plazas and colleagues (2021) recommend using Freire's philosophy as a framework in self-management diabetes education programs to improve health literacy. The authors champion collaborative relationships between providers and patients where the patients are encouraged to educate the providers about their lives, environments, and perspectives. By restructuring the nurse-patient relationship into a partnership, the nurse becomes a facilitator who recognizes the patients' ability to drive change.

However, the health coaching relationship often falls into the victim-savior dyad, where the patient relies on the coach's expertise to change (Molina-Mula & Gallo-Estrada, 2020). In this dynamic, health coaches may unintentionally uphold oppressive systems by acting as saviours or experts, representing the all-knowing powerful clinicians and the healthcare system. Shoukry and colleagues (2023) challenge this historical relationship and argue that coaching can be emancipatory. They propose that both the coach and the patient function as co-partners, using critical reflection to progress toward freedom and emancipation. Emancipatory health coaching encourages the growth of a shared consciousness that amplifies the patient's voice and autonomy (Laperrière, 2018). According to Freire (2005) empowerment can come by unveiling reality through dialogue, critical reflection, and questioning whether the current nurse-patient relationship in health coaching is anti-oppressive or not.

For health coaching to be anti-oppressive, it must include actions responding to power, injustice or harmful practices and policies (Essex, 2021). This could include large-scale actions, like political protests or smaller actions, such as speaking out about systemic oppression in their workplaces and addressing unjust policies and practices (Essex, 2021). Emancipatory health coaching requires nurses to critically examine their role and confront the power dynamics in healthcare. Nurses must act as agents of social and political change by acknowledging that health choices occur within an economic, social, and political context (Camargo-Plazas et al., 2021; Laperrière, 2018). There are limits to individual empowerment when patients must overcome structural inequalities. By embracing this approach, health coaches can reduce health disparities and challenge systemic oppression in their practices (Todorova, 2022).

## Conclusion

To prevent contributing to systemic oppression, nurse health coaches must first critically examine the power dynamics inherent in the coaching relationship. Nurses begin with a power advantage due to their knowledge and expertise but can address this imbalance through practicing emancipatory health coaching. By engaging in dialogue and co-creating coaching plans, nurses can better understand and respond to the needs of their patients. For health coaching to claim empowerment, the nurse must begin by reflecting on their own power before focusing on their patient's ability to self-manage their illness.

Paulo Freire's emancipatory approach provides a valuable framework to examine nurse-patient relationships in health coaching. Central to Freire's philosophy is dialogue, which brings people together to establish a trusting relationship through conversation. Freire contended that dialogue is not only an action of communication but also a transformative action that can empower individuals to name and change their realities. In health coaching, dialogue enables nurses and patients to collaboratively reflect on the systemic factors impacting health and co-create personalized plans for change.

For health coaching to be an anti-oppressive practice, it must confront the power dynamics and systemic inequities embedded in healthcare. Freire's (2005) philosophy of empowerment through education underscores the potential of health coaching to be anti-oppressive and foster self-determination. By critically reflecting on power and embracing anti-oppressive praxis health coaches can empower themselves to drive change and support their patients in achieving greater autonomy and health equity. Through this process, health coaches are better positioned to empower patients and can work to counteract systemic oppression in their practice environments.

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