

4-2017

The Citizen Nurse: An Educational Innovation for Change

Kathleen M. Clark

Augsburg University, clarkk@augsborg.edu

Joyce P. Miller

Augsburg University, millerj2@augsborg.edu

Cheryl Leuning

Augsburg University, leuning@augsborg.edu

Katherine Baumgartner

Augsburg University, baumgark@augsborg.edu

Follow this and additional works at: https://idun.augsburg.edu/faculty_scholarship



Part of the [Public Health and Community Nursing Commons](#)

Recommended Citation

Clark, Kathleen M.; Miller, Joyce P.; Leuning, Cheryl; and Baumgartner, Katherine, "The Citizen Nurse: An Educational Innovation for Change" (2017). *Faculty Authored Articles*. 17.

https://idun.augsburg.edu/faculty_scholarship/17

This Article is brought to you for free and open access by Idun. It has been accepted for inclusion in Faculty Authored Articles by an authorized administrator of Idun. For more information, please contact bloomber@augsborg.edu.

The Citizen Nurse: An Educational Innovation for Change

Introduction

The struggle for health equity and social justice is more urgent than ever as the gap between socio-economic groups continue to widen deepening already appalling disparities in health. Promoting equality and justice in our communities requires “full participation in society and the balancing of benefits and burdens by all citizens,” a principle upon which health equity is built (Buettner-Schmidt & Lobo, 2012, p.948). While social justice is a theme in many nursing programs’ mission statements and core practice models, the path of action remains unclear (Pollitt, 2016; Minnesota Department of Health, 2001). Equipping nurse educators with foundational tools to address injustice in our communities is a critical first step toward igniting a desire to right the wrongs in society and create a healthier, better world. This desire is essential to becoming a *citizen nurse*, a role that is focused on generating change through the emancipatory power of knowledge formed in practice---*praxis*.

Emancipatory knowledge requires nurse educators to explore critical questions with their students. Questions such as “Who suffers?” and “Who benefits?” from the way things are can illuminate inequity or injustice embedded in a system or situation (Chinn & Kramer, 2015; Leuning, 2001; Ray, 1999; Falk-Rafael & Betker, 2012; Kim, 1994). Since awareness of the injustice is a first critical step to addressing inequity, it is essential to develop ways of recognizing injustice as well as ways of fostering a passion within nursing students and faculty to make a difference in healthcare practice. Putting awareness together with a passion for changing

25 unjust situations in local and global communities and the skills and everyday
26 political savvy to actually make change characterizes the citizen nurse.

27 Citizen nurses are deeply connected to individuals as co-creators of change
28 through invested public work that is both meaningful and timely. Citizen nurses
29 realize the importance of de-emphasizing the expert models to form purposeful
30 relationships for the common good and practice from a social justice framework (H.
31 Boyte, personal communication, October 8, 2014; Boyte, 2008).

32 It is important to remember that the scope and practice of nursing extends
33 far beyond the bedside, as nurses bear witness to the daily lives of people who have
34 complicated circumstances that affect their health (Farmer, 2003). Through
35 working skillfully with people in local and global contexts, nurses can play vital roles
36 in creating more humane processes for persons who are seeking liberation from the
37 unfairness created by the dominant technocratic healthcare culture (Kagan et al.,
38 2014; Wilkinson & Pickett, 2009; Milstein, 2008). As such, nursing education is in a
39 unique position to prepare nurses to learn the skills required to collaborate with
40 communities, to understand and impact complex power systems, and to organize for
41 change. Professional nurses need to tackle barriers to desired health outcomes
42 through a lens focused on solution driven approaches instead of problem motivated
43 approaches. This *pedagogy of thought* is deeply embedded within teachings from
44 educators such as Paulo Freire (1970) and N. F. S. Grundtvig (Allchin, 1997). Both of
45 these educators de-emphasized the role of the expert and focused on learning
46 through relationships with people living in local contexts.

47 **The Citizen Nurse: Background**

48 In all levels of nursing education, students learn about healthcare challenges,
49 injustices, and disparities that exist in care settings worldwide---acute care,
50 ambulatory care, and local community health care. This new knowledge often
51 invigorates students to want to take action and create change. However, the
52 structure of academic curricula fails to teach students effective or applicable means
53 of taking action. Often, students oversimplify the situation for those who are being
54 oppressed or fail to co-create just means of change. Students frequently become
55 frustrated and lose momentum in creating systemic, sustainable differences as they
56 encounter endless barriers, such as intimidating institutional constraints or
57 complicated community partnerships driven by numerical means of success.

58 The Sabo Center for Democracy and Citizenship at Augsburg College, located
59 in an urban setting, has been rooted in the ongoing community and academic efforts
60 to use public work to build civic agency embedded in democratic principles and
61 make change in professional systems (Boyte et al., 2007). Nursing faculty from
62 Augsburg College and leaders from the Sabo Center for Democracy and Citizenship
63 began exploring means of educating students on civic problem solving and
64 transforming health care for the common good. For many decades, faculty
65 members, students, and volunteers practiced transcultural care practices in a
66 health-focused drop in center with marginalized community members who are
67 living in poverty or without shelter. Many times the faculty found it difficult to
68 articulate the skills needed to develop an emancipatory praxis approach to social
69 justice issues. Nursing faculty began collaborating with the Sabo Center for
70 Democracy and Citizenship staff to focus on educating nursing students about

71 democratic skills to develop agency. Agency, in this context, means that nurses are
72 engaged in developing one's ability to self-organize, co-create and shape the world
73 around them, whether at the bedside or in local communities.

74 The Sabo Center for Democracy and Citizenship and Augsburg College's
75 Department of Nursing held workshops throughout the academic year to facilitate
76 the application of civic agency practices into a conceptual framework of practice for
77 nursing faculty to use in practice and curricular design. The term "citizen nurse"
78 emerged from the collaboration (Boyte, 2008). Faculty explored this term, and the
79 habits of organizing, which was then applied to nursing scholarship and teaching
80 methods.

81 Questions regarding the role of the citizen nurse as it compares to a public
82 health nurse surfaced. Although the role of the public health nurse is built on social
83 justice principles, many differences were discovered. A citizen nurse is not
84 employed or governed by an organization or health department with assigned
85 priorities and required reporting and financial accounting. A citizen nurse is a nurse
86 who is part of local grassroots efforts that co-creates efforts and programs with
87 community members and also works effectively as an agent of change in health
88 institutions of all kinds. Harry Boyte describes this as "being on tap, not on top."
89 (Boyte, 2008, p.144). Community in this instance is broadly defined as a geographic
90 location, such as a neighborhood or town, or an institution. Citizen nurses are
91 viewed as collaborators or catalysts who are engaged in public work while
92 minimizing their role as the expert but as equals who value the knowledge of all
93 peoples. A citizen nurse can work in a variety of settings and communities with a

94 strong sense of place. This way of being in the world strengthens the work already
95 being done in this department of nursing, which has a strong focus on experiential
96 learning and incorporates the concept of accompaniment of people on their
97 journeys to change to create health.

98 As the process of integrating the new knowledge learned from the
99 collaborative effort with Sabo Center for Democracy and Citizenship, lectures were
100 designed and implemented at all levels of the nursing curriculum. The lessons of
101 these lectures inspired the faculty to create curricular changes, where skills of the
102 citizen nurse have intentionally been threaded throughout the various plans of
103 study. The skills identified by faculty were: (1) the ability to act, (2) building public
104 relationships, (3) analyzing complex and multidimensional dynamics of power in
105 concrete terms, and (4) capacity to employ and evaluate different means of change.
106 Faculty embraced these learned skills and integrated them into their scholarship,
107 practice and classroom teaching in meaningful and intentional ways.

108 **Skill Building: The Creation of the Citizen Nurse**

109 *Level 1: The Ability to Act*

110 The citizen nurse must first critically reflect on his or her self-interests,
111 biases, or motivations (Boyte, 2008). Self-interests, understood as the unique and
112 distinctive passions, stories, and concerns of each person are important to
113 understand and engage, as they are the reasons or issues that drives individuals to
114 want to take action or create change (Clear Vision, 2011). This will not only allow
115 the nurse to be aware of personal interests for participating in public work but will
116 help the nurse identify the self-interests in others. By establishing one's self-

117 interest, the process of “being political,” understanding politics as different than
118 partisan stances – the engagement of diverse interests to get things done – makes
119 action more strategic and purposeful. For example, the nurse will need to build
120 public relationships with community members, despite differences of opinions or
121 values, to be able to examine the self-interest in others. This will allow the nurse to
122 better understand the starting point to engage in relationships with various
123 community members (Boyte et al., 2007). The nurse will need to begin to recognize
124 the dynamics of power since power, understood as the capacity to act, influences
125 working towards the common good. For example, the nurse must examine his or
126 her attitudes towards the word "power". Power, through the lens of the citizen
127 nurses, needs to be relational and establishes a means to act (Boyte, 2004). As a
128 citizen nurses, power is essential to building relationships.

129 These concepts were embedded in coursework in meaningful ways. One
130 curricular design was to incorporate a guest lecturer from Sabo Center for
131 Democracy and Citizenship in a selected graduate course. During this presentation,
132 students, faculty and the community organizer discussed power in healthcare
133 institutions, assumptions of the word itself and the importance of dealing with
134 tensions in the world. Students shared meaningful examples of times they felt they
135 lacked power to act. The class then brainstormed on ways that meaningful change
136 could have been made through developing relationships with key leaders in the
137 community. Students were then assigned to complete one-on-one’s in their
138 communities or place of practice. During subsequent classes, students shared their
139 experiences with the exercise.

140 *Level 2: Building Public Relationships*

141 The ability to mobilize communities as a co-creator calls for a citizen nurse to
142 create meaningful relationships with community members. The nurse needs to
143 explore the neighborhood or organization by immersing him or herself in the local
144 context to learn the resources, the influence of policies and means of culture while
145 respecting the wisdom of cultural brokers (Boyte, 2008). The nurse will need to
146 conduct one-on-one relational interviews with community members to build public
147 relationships and discover key partners for future efforts (Boyte, 2008). A one-on-
148 one meeting is a “conscious exploration of another person’s interests, passions,
149 most important relationships, and stories” as a means to collaborate or take action
150 in future efforts (Boyte, 2008, p. 32). The nurse must create an environment of free
151 spaces to provide opportunities for citizens to share and brainstorm freely without
152 political constraints (Boyte, 2004). The importance of having conversations with
153 members in the community or within an organization is vital at this stage in the
154 process. The nurse must focus on developing relationships built on mutual benefit
155 as it deepens one's respect for the value of local knowledge and fosters
156 accompaniment in the journey of health (Farmer, 2003).

157 *Level 3: Analyzing The Influence of Power*

158 Taking meaningful action means that the nurse must first understand
159 fundamental power dynamics influencing a situation (Boyte et al., 2007). The nurse
160 must collaborate with community members or other health care professionals to
161 map out the key power figures and influences in any given situation (Boyte et al.,
162 2007). During this process, the nurse must find value in the practical wisdom of

163 others, regardless of the role of the individual. For example, if a nurse is attempting
164 to gather individuals in the community who are addressing food sustainability and
165 lack of access to fresh produce in the hopes to partner, the nurse would have to first
166 create a power map of all the people, groups, and institutions that influence this
167 work. From there, the nurse would then begin to conduct one-on-one relational
168 interviews with those individuals or groups identified to discover each person's or
169 organization's self-interest. The knowledge learned from these interactions will
170 guide the path of change created by the community members.

171 *Level 4: Evaluating the Means of Change*

172 Change is fluid and ongoing in political work (Boyte, 2004). The nurse must
173 find the freedom to conduct praxis while negotiating institutional constraints or
174 navigating cultural norms to create collective action (Kagan et al., 2014). Ongoing
175 evaluations of engagements and action plans will be conducted in order to develop
176 sustainable and lasting change. Dominant themes that influence a nurse's ability to
177 create change and act freely needs to be examined from multiple perspectives
178 (Boyte, 2004). The courses of action must be embedded with deep roots in
179 community knowledge and problem-solving from a grassroots approach.

180 In one graduate course, students are required to apply one civic skill to their
181 DNP projects. One student identified barriers institutions of power had created for
182 indigenous Mayan people in Guatemala to prevent practice of traditional methods of
183 healing. She was working with community health workers (CHWs) at a rural
184 Guatemala clinic to promote culturally congruent care and change the model of care
185 to incorporate indigenous wisdom. This student and the CHWs designed a power

186 map of people who held decision making power at the clinic. The group then
187 formulated a plan to conduct one-on-one relational interviews with people in
188 leadership at the clinic. This allowed the CHWs to advocate for themselves, analyze
189 informal power relationships, influence models of care and tackle health inequities.

190 **Reflections in Nursing Education**

191 Following the first year of curricular integration of these concepts and ideas,
192 students provided faculty with positive feedback. One student reported, “I believe
193 that although I am in my second semester of the nursing doctorate program, I am
194 already beginning to view ‘problems’ in a new light and the aspect of the citizen
195 nurse is an interesting concept.” Another student stated that she was inspired by
196 the concept of the citizen nurse and it reminded her of “the importance of being
197 non-judgmental.” Because of student comments such as these, and other reinforcing
198 experiences, the faculty members plan to continue to more deeply integrate the
199 concepts of the citizen nurse and the role of civic skills into future coursework and
200 scholarship.

201 **Conclusion**

202 The citizen nurse is a nurse who understands the tensions that exist in
203 creating desired health outcomes and health equity in a world which is continually
204 divided by ineffective policies, structural violence, and unequal distribution of
205 resources in communities (Farmer, 2003; Wilkinson & Pickett, 2009). The skills
206 involved in the formation of citizen nurses needs to be embedded in the curriculum
207 at all levels of nursing education to facilitate students’ agency. The goal of such
208 curricular design would produce citizens who can understand the importance of

209 relationships, the urgency of taking action and the means to lead change in the
210 processes of health and healing.