

# Advocacy and Empowerment: Integral Components of Culturally Congruent/Competent Care

Maria Graf, Dula F. Pacquiao, Priscilla L. Sagar

## I. Introduction

The [Universal Declaration of Human Rights](#) was influential in creating the movement for advocacy across disciplines and institutions.<sup>1</sup> The [ICN](#) and [ANA Code of Ethics](#) emphasized the fundamental responsibilities of nursing to promote and optimize health, prevent illness and injury, and alleviate suffering. In nursing, patient advocacy can be on behalf of an individual, family, community, group, or population.<sup>2,3</sup>

*Advocacy* is a process of acting for or on behalf of others who are unable to do so for themselves.<sup>4</sup> Central to advocacy is the concept of vulnerability or circumstances threatening autonomy in an individual, families, communities, and populations. Patient advocates may include healthcare professionals, policymakers, legal professionals, and activists. Health advocacy may be carried out without recipients asking for it. Advocacy relies mostly on the judgment of the advocate or professionals creating the potential for paternalism and imposition of the professionals' views on the recipient<sup>4</sup>

The concept of empowerment is associated with [Paulo Freire](#)<sup>5</sup> who advocated for the development of *critical consciousness* through education enabling individuals to identify, examine, and act on the root causes of their oppression.<sup>4</sup> Empowerment is one of the desired outcomes of advocacy. Empowerment is both a process and an outcome. Empowerment differs from advocacy in that it requires individuals and/or communities to actively participate in the process of diagnosing the problem affecting them, the actions to be taken and the outcomes to be achieved.<sup>4</sup> Because of this involvement there is greater potential for growth and sustainability of actions and outcomes.

The discovery of the major role of social determinants in creating population health disparities, requires that empowerment becomes a social process involving multisectoral and interdisciplinary collaboration with communities and populations to create broad-based changes that impact life conditions of the people. Empowerment of individuals and

groups is evident in society's recognition of their changed status. Social transformation is evident in empowerment through changes in social policies and programs beneficial to the population.<sup>6</sup>

The overlap between advocacy and empowerment is evident in WHO's definition of *advocacy for health* as a combination of individual and social actions to gain political commitment, policy support, social acceptance, and systems support for a particular health goal or program.<sup>7</sup> The [Ottawa Charter for Health Promotion](#) identified the three major strategies of health promotion as: (1) *advocacy* for resources favorable to health including political, economic, social, cultural, and environmental resources as well as behavioral and biological changes; (2) *enablement or empowerment* of individuals and groups to control the determinants that affect their health in order to reach the highest attainable quality of life; and (3) *mediation* through multisectoral and multilevel collaboration by all sectors of government, organizations, and communities. *Empowerment* is the process through which an individual or group gain greater control over decisions and actions affecting their health; it is both an individual and a community process.<sup>7</sup>

## II. Case Study:

**Purpose:** The following case study demonstrates the application of advocacy and empowerment in caring for Filipino migrant workers.

### Learning objectives:

1. Describe advocacy and empowerment behaviors by healthcare professionals.
2. Analyze the significance of advocacy and empowerment on culturally congruent/competent care for the population.
3. Evaluate outcomes of advocacy and empowerment in care.

### Case Study Description:

45-year-old, Ramon Malabon accompanied by his 25-year-old, Oscar is seen by Ms. Smith, the APN at a federally qualified health clinic. He is complaining of pain in his right foot and his inability to work for 2 days. His wound is covered with a clean handkerchief. He has a 5

cm. ulcer in his left heel with moderate swelling and small drainage of yellow green thick secretions. He said that the ulcer started as an irritation from his wet shoes as he is on his feet all day and his shoes get wet when it rains.

His vital signs are: T102F, BP145/90, P 90, R 18. He is moderately obese based on his height and weight. Ms. Smith obtained a specimen for C&S from the wound, then cleansed and bandaged the wound. She advised Ramon to go to the hospital as the wound is infected and he may need IV antibiotics. Ramon denies any medical diagnosis; both his parents died from complications of diabetes. He smokes a pack of cigarettes daily and likes to drink 2 beers every night. Because of their migratory work Ramon and his wife only completed 3<sup>rd</sup> grade and their children completed sixth grade.

Ramon and his son insisted on just getting a prescription to take home with them. The nurse later learned that they have no medical insurance and drove for 2 hours to reach the clinic. They have been working at a vegetable and fruit farm since 2 months ago and will go to another state after to follow the harvest. Ramon is married and is a 3<sup>rd</sup> generation Filipino farm worker much like his parents and grandparents. They are renting an apartment nearby along with his 40-year-old wife and three children - a son, Oscar and 2 daughters ages 23 and 20 years as well as his 59-year-old uncle and his 40-year-old son.

Ms. Smith requested the hospital social worker to speak with Ramon and Oscar who assured them that she will meet them at the Emergency Room to find out what resources the hospital will provide for them. She also promised to assist them with any insurance forms if they are eligible. Ms. Smith likewise contacted the Visiting Nurse Association in their area to see if they can arrange a home visit to teach Ramon and his family about wound care, dietary management of hypertension, weight management and preventing smoking exposure of family members at home. Ms. Smith communicated to the Visiting Nurse that all family members probably need age-appropriate health screening. Ms. Smith learned from the Visiting Nurse that there is a local parish that donates free shoes and some protective clothing for migrant farm workers in the area.

Ramon decided to go to the hospital ER after informing his wife by phone. Ms. Smith gave them the name and phone number of the Social Worker, the VNA and the local parish. She encouraged them to come back for follow-up and to bring other family members for check-

up. After learning about their work schedule at the farm, Ms. Smith plans to meet with the Clinic Administrator to suggest opening the clinic on evenings one day a week and to reach out to farm owners to inform their workers about the evening hours at the clinic.

### **III. Critical Thinking Exercises and Reflection**

1. What adverse social determinants affect migrant farm workers?
2. What health disparities are more likely to affect migrant farm workers?
3. What are examples of advocacy and empowerment approaches by the health care professionals?
4. Which of these approaches address SDoH and promote health equity?

### **IV. Conclusion**

Culturally congruent care is rooted in the social determinants of health and must be shaped by the people and communities it serves. Healthcare providers should advocate for cultural competence, social justice, and human rights to address health inequities, especially among disadvantaged populations. Culturally congruent care fosters health equity by empowering diverse patients to engage in transformative change and enhance their capacity for health.<sup>8</sup>

Strategies for achieving culturally competent care are conceptualized at the individual, community, and population levels, creating meaningful and supportive patient care.<sup>6</sup> Integration of social care into health care screening and planning should be a universal practice.<sup>9</sup> Health equity achievement requires health professionals' commitment to advocacy and empowerment.<sup>9</sup>

Advocacy means supporting policies and practices that drive positive change and ensure that patients' voices are heard.<sup>10</sup> Empowerment equips patients with the knowledge, skills, and confidence to actively participate in their care.<sup>10</sup> Advocacy and empowerment are the foundation for a culturally congruent/competent care, in which the values, beliefs, experiences and life contexts of diverse individuals and communities become central components of their care. Embedding these principles into practice, enables healthcare professionals to address disparities, promote trust, enhance patient engagement, and improve overall health outcomes.

### **V. References**

1. U.N. (2025). *30 articles on the 30 articles of the Universal Declaration of Human Rights*. Accessed 9/26/25 <https://www.ohchr.org/en/press-releases/2018/11/30-articles-30-articles-universal-declaration-human-rights>
2. ICN (2021). *The ICN Code of Ethics for Nurses*. Accessed 9/26/25. [https://www.icn.ch/sites/default/files/inline-files/ICN\\_Code-of-Ethics\\_EN\\_Web.pdf](https://www.icn.ch/sites/default/files/inline-files/ICN_Code-of-Ethics_EN_Web.pdf)
3. ANA (2025). *Code of Ethics for Nurses* . Accessed 9/26/25 <https://codeofethics.ana.org/provisions>
4. Pacquiao, D.F. (2018). Advocacy and empowerment for individuals, families and communities. In Douglas, M., Pacquiao, D. & Purnell L.(eds.).*Global applications of culturally competent healthcare: Guidelines for practice*. Springer (pp. 239-254).
5. Freire Institute. (2025). *Concepts used by Paulo Freire*. Accessed 9/26/25 <https://www.freire.org/concepts-used-by-paulo-freire>
6. Pacquiao, D. F., Maxwell, J. B., Ludwig-Beymer, P., Stievano, A., Sagar, P. L., Purnell, L., Daub, K. F., & Halabi, J. O. (2023). Integration of population health, social determinants, and social justice in transcultural nursing and culturally competent care: White paper by the Scholars Education Interest Group. *Journal of Transcultural Nursing*, 34(3), 175–177. <https://doi.org/10.1177/10436596231163878>
7. WHO.(2025). The Ottawa Charter for Health Promotion 1986 . Accessed 9/26/25. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>
8. Pacquiao, D. F., Katz, J. R., Sattler, V., Zha, P. & Daub, K. F. (2021). Development of the Clients’ Perceptions of Providers’ Cultural Competency Instrument. *Journal of Transcultural Nursing* (1-12). <https://doi.org/10.1177/1043659620962559>
9. Sagar, P. L. (2023). TCN Scholars: How Prepared Are Nurses in Advocacy and Influencing Policy for Health Equity? *Journal of Transcultural Nursing*, 34(3), 174–174. <https://doi.org/10.1177/10436596231158135>.
10. Heck, L. O., Carrara, B. S., Mendes, I. A. C., & Arena Ventura, C. A. (2022). Nursing and advocacy in health: An integrative review. *Nursing Ethics*, 29(4), 1014–1034. <https://doi.org/10.1177/09697330211062981>.
11. Hickmann, E., Richter, P., & Schlieter, H. (2022). All together now – patient engagement, patient empowerment, and associated terms in personal healthcare. *BMC Health Services Research*, 22(1), Article 1116. <https://doi.org/10.1186/s12913-022-08501-5>

## Other resources

1. Bonney,T. Madigan, D. Espinosa-Ravi, V. & Forst, L. (2025). Applying the NIOSH worker well-being framework to migrant and seasonal farmworkers: Insights from the literature. *AM J of Am Med.* 68:573–587 <https://doi.org/10.1002/ajim>.
2. Carlson, K. (2023). [When nurses roar. Embracing advocacy and empowerment.](#) *My American Nurse*
3. Hartwell, E.L., LePrevost, C.E., Cofie, L.E., & Lee, J.G.L. (2022) Community Health Workers’ role in addressing farmworker health disparities, *J of Agromedicine*, 27(4): 391-401, DOI: 10.1080/1059924X.2022.2040069.
4. Ramos, A. K.(2018). A human rights-based approach to farmworker health: An overarching framework to address the social determinants of health. *J of Agromedicine*, 23(1):25-31.<https://doi.org/10.1080/1059924X.2017.1384419>
5. van Selm, L., Williams, S., de’Donato, F., Briones-Vozmediano, E., Stratil, J., Sroczynski, G., Tonne, C., De Sario, M.,& Requena-Mendez, A. (2025). Occupational heat stress among migrant and ethnic minority outdoor workers: A Scoping Review. *Current Environmental Health Reports* 12:16. <https://doi.org/10.1007/s40572-025-00481-y>

## Video:

[Strategies for empowerment and advocacy in community action initiative.](#)