

Promoting empowerment and self-care in older women through participatory action research: Analysis of the process of change

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Abstract

Aim: To generate and understand the process of change in the empowerment of women from 60 to 80 years old through a Participatory Action Research. Specific aim: To analyse the women participants' experiences concerning empowerment and self-care.

Design: We use the Participatory Action Research approach (in its critical option) in the Socio-critical Paradigm and applying the Kemmis and McTaggart Model.

Methods: A group of 10 women participants from 60 to 80 years old was created and developed the Participatory Action Research from June 2019 to May 2020. This group was involved in 22 group sessions, individual interviews, reflective diaries and triangulation with quantitative data.

Results: Findings were interpreted based on the Gestalt Self Theory. Women generated changes in their empowerment based on three characteristics (self-determination, self-esteem and self-confidence) and, consequently, in their self-care. They did so according to two distinct patterns of behaviour: Leader women and follower women. The former took the lead in transforming their realities and the latter observed them and evolved in a slower and more reflective manner. These changes had an impact on the most individual level (inner world) and went beyond that barrier, modifying in turn their immediate surroundings and the social level (outer world).

Conclusions: The group of older women began to consider their needs and consider themselves as important once they worked on their self-determination, self-esteem and self-confidence; we show these are key aspects to work on their empowerment and promote their self-care.

Impact: The patterns of behaviour and dimensions of empowerment detected may help in future research designs and emancipatory community interventions in this population group.

KEYWORDS

aging, empowerment, empowerment for health, gender perspective, health promotion, nursing, participatory research, qualitative research, self-care, Women's health

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1 | INTRODUCTION

The World Health Organization, in its report 'Decade of Healthy Aging 2020-2030' (World Health Organization, 2020), has declared that, in the end of this decade, there will be 34% more people over 60. In fact, by 2050 this age group will outnumber those between 15 and 24 years old. Furthermore, in many countries, women live up to 3 years longer than men do, that translates into a feminization of aging. This requires cross-cutting actions with a gender perspective due to the risk for women, those, who may live longer, will do under more precarious conditions and in poor health.

Older women are subjected to two elements of social discrimination: Machismo and ageism, that is why the need to respond to their demands from an intersectional feminist approach is unavoidable (Freixas, 2008). As a result of this approach, Feminist Gerontology emerges, showing the importance of an exhaustive cultural analysis of the androcentric values that prevail in this society, and how these affect an aging process full of negative stereotypes and social deprivation (Freixas, 2008).

Not only should we be concerned about what happens psychologically in the age changes, but we should also pay attention to their social significance, as we have already mentioned. So much so that older women seem to be forgotten by society and research does not pay attention to how they age (Wray, 2004).

2 | BACKGROUND

Aging is a biopsychosocial process that needs to be reinterpreted to develop strategies for a healthier experience of aging. The study of this process should be carried out from the perspective of Critical Gerontology because it analyses the personal experience of aging from a critical social point of view. This dual perspective is of great interest for multiple disciplines and levels (Acrich, 2012). At the individual level, women, who have not seen themselves as protagonists of their existence due to the gender socialization they underwent, reach the stage of old age feeling unknown to themselves and having difficulty in recognizing and authorizing themselves as important or as a priority (Freixas, 2008).

This awareness is an important step in their empowerment because it leads to an evolution in their identities. This is an essential idea in the 'Self' Theory that establishes the importance of the knowledge of the 'I' to generate a personal change and consequently result in a complete and resistant change of attitude and action (Tschacher & Rössler, 1996).

Based on literature (Ros-Sánchez & Lidón-Cerezuela, 2018), we can consider empowerment as the capacity of people to take control of their lives, making informed decisions, to occupy a specific space in their context and to build strong bonds, including with themselves. The lack of empowerment made older women incur in a clearly deficient self-care. In this way, they have prioritized the needs of others over their own, caring first their social environment. That is why there are three interrelated aspects that should

be studied together in terms of older women self-care: Aging, health and gender. On these aspects, three factors determine the self-care of older women: 'autonomy and control, proactivity and adaptability, and engagement with life'. These factors result in the ability to take control of their lives and their health, their empowerment (Tuohy & Cooney, 2019).

Promoting women's empowerment can reduce the overload that often has repercussions on the physical, social and mental dimensions—the so-called 'women's malaise'—and on their own self-care. Promoting empowerment could directly influence their self-care through a liberating process (Sastre, 2013). To this end, research is needed to generate changes in their attitudes of empowerment and self-care, that is, interventions that lead to a social transformation. Thus, Participatory Action Research (PAR), taking into account these considerations, aims to generate changes in population groups that are especially subjected, to seek liberation and transformation (Lewin, 1999). We consider PAR to be the most appropriate method of implementing change in this context for several reasons: (a) it takes a critical view of inequality situations (b) its participatory nature involves women in the research from the beginning to the end and (c) it involves research in action. There is little research using PAR as a tool for transformation with patients, especially with older women (Dickson, 2000; Kingery et al., 2016). Those developed in the health field have been conducted mainly with healthcare professionals. This establishes gaps in the overall impact of knowledge on the population.

3 | OBJECTIVES

The main objective of this research was to generate and understand the process of change in the empowerment of women aged 60–80 years old through a PAR.

With the view to determine how the change in the women occurred to try to understand the characteristics, stages, difficulties and facilitators of the process, the following specific objectives were established.

To design and develop a PAR aimed at promoting the empowerment and self-care of the study participants.

To analyse the experiences of empowerment undergone by the female participants.

4 | METHODOLOGY

4.1 | Design

The qualitative methodology was applied in the Socio-critical or Social Inquiry Paradigm, as a theoretical perspective that studies social processes from a critical point of view to subsequently initiate change. We used the PAR approach, in its most critical version, because it is adequate to address social problems that deal with the subordination and oppression of certain groups, and because it

promotes change aimed at emancipation and social transformation. The objective of this approach is to empower the people who participate in and to change the power relations perceived in the initial problem (Lewin, 1999).

4.2 | Participants

A purposive sampling was carried out by means of a recruitment process consisting of different phases. In the first phase, potential participants were recruited through primary care nurses from an urban health centre in the city of Murcia (Spain) who checked they met the following selection criteria.

- Be a woman from 60 to 80 years old
- Independence for Basic Activities of Daily Living, with a score on the Barthel Scale greater than or equal to 91.
- No cognitive impairment, with a score on the Minimental Scale greater than or equal to 29.
- Influence of gender roles at home: Cohabiting with men.
- Willingness to improve self-care

Subsequently, in a second phase, the principal investigator (independent to the Health Center team) informed the participants in detail about the project, explained the research in depth and, if they considered it appropriate, an appointment was set for an individual interview (third phase). In the third phase, informed consent was obtained from 10 women (Table 1), although during the PAR one of them dropped out of the project. Finally, 9 participants took part in the PAR group, and there was an overall 15% absenteeism (although none of the women exceeded 6 absences).

4.3 | Development of the PAR fieldwork

The PAR was developed from June 2019 to May 2020 and consisted of 22 sessions (held with the 9 participants) and two final phone calls

TABLE 1 Socio-demographic characteristics of the participants.

	Age	Education	Marital status	Children	Profession
PEM01	79	Basic	Married	4	Housewife
PEM02	60	University	Married	2	Housewife
PEM03	67	Basic	Married	5	Housewife
PEM04	76	Basic	Married	2	Housewife
PEM05	74	Basic	Married	7	Housewife
PEM06	61	Basic	Married	2	Housewife
PEM07	69	Basic	Married	2	Housewife
PEM08	60	Basic	Divorced	1	Housewife
PEM09	79	Basic	Married	0	Retired
PEM10	73	Basic	Married	3	Housewife

to each individual of the group members, which replaced the last two group meetings cancelled due to the COVID-19 pandemic and confinement.

The sessions were structured in four thematic blocks that addressed different real-life situations faced by older women: Machismo, ageism, health problems and empowerment. Dynamics and activities were also carried out in the PAR aimed at fostering the empowerment as well as at generating social skills and ownership in the group.

The group constantly decided how to work in the PAR, as an empowerment strategy, since they themselves established what they expected from the group and how they could achieve it. To foster a critical feeling in the PAR and as a characteristic of this approach, cycles of assessment of its development were carried out using the Kemmis and McTaggart Model. Three cycles were carried out from the thematic blocks in which, based on summaries of the findings of the previous sessions, the women reflected on the contents, activities and purposes of the group and planned new strategies to continue.

The researcher performed an analytical role. In spite of belonging to a different age group and not having met the participants until PAR began, the investigator played a participant, facilitator and coordinator role, a trustworthy person that facilitated the creation of a strong bond that united the group.

4.4 | Data collection

Different qualitative techniques were applied, such as the Reflective Diary of the participants and the researcher, 22 group sessions and follow-up and end-of-PAR calls to each participant. All sessions and calls were video and audio recorded, producing 68 h of recording. To facilitate the individual use of the Reflective Diary, several tools were used, such as the assessment of vital priorities, assessment of functioning skills at home and an Empowerment Booklet.

On the other hand, and to learn more in detail about possible changes, we carried out, in three occasions, a methodological triangulation on the level of self-care and functioning at home; to this end, we used the Nursing Outcome Classification (NOC) and the Self-Care Agency Scale (ASA).

4.5 | Ethics considerations

This research had the ethics approval of the Clinical Research Ethics Committee and the Head Management of Area VII of Murcian Health Service (Spain).

4.6 | Data analysis

Data analysis was carried out using content analysis: On a semantic level (the meaning of words and the analysis of categories emerging

during the process), on a pragmatic level (circumstances in which the research occurs) and on a theoretical level (influenced by the Gestalt Self Theory).

The data were repeatedly coded; the categorization process was profiled using memos and analytical reports to build each model component.

The principal investigator transcribed, coded, subcategorized, categorized and related categories from the verbatim records of group discussions, personal diaries and field diary with the aim of elaborating explanations that 'made sense' of the texts.

The pre-analytical ideas were agreed and refined by members of the research team with expertise in qualitative research.

Finally, feedback from the participants was achieved by requesting them to collaborate and verify the final analysis.

4.7 | Validity and reliability

The methodological rigour criteria included confirmability, credibility, dependence, transferability, reflexivity and search for an interpretative analysis in depth (Finlay, 2002; Lincoln & Guba, 1985). The 22 sessions and 18 follow-up phone calls generated 68 h of recordings and 6000 pages of text transcripts that evidence the process.

The data were compared and contrasted on several occasions by different members of the research team. To achieve the confirmability and credibility criteria, the following procedures were used: The participants contrasted the summary of findings and triangulation (of theory, methodologies, techniques and sources). To provide clues about the replicability of findings (dependence), the roles of the participants were made explicit and the contexts were explained. An attempt was made to make a rich and detailed description looking for maximum transparency and transferability in handling the data. Finally, the main researcher carried out a reflection process about all the decisions taken throughout the research process, her relationship with the participants and how their concerns and interests influenced the study, process that has been published (Ros-Sánchez et al., 2022).

5 | FINDINGS

To understand the evolution of the participants' empowerment during the PAR, we presented the findings of our analysis in two main blocks: The patterns of change and the process of empowerment. This process was built based on three of its dimensions (self-determination, self-esteem and self-confidence). To this end, we analyse this phenomenon on the basis of the Gestalt Self Theory (Tschacher & Rössler, 1996), which studies how the concept of 'self', as awareness of the self, assumes gradual and determining cognitive changes in those who perform the exercise of observing themselves to modify their vital coping.

From a holistic view of the self, with the awareness of the 'self' a continuous reflection is established, reflection that enriches and, in

the case of this research, helps to complement the collective reflection of the PAR group.

The participants had initially an identity constructed based on gender socialization. They responded to the reproductive role assigned to women, being housewives, doing housework and serving their families as caregivers. This designation complicated their self-care and the way they saw themselves as the protagonists of their lives. They were consequently distanced from their self.

These findings are consistent with quantitative data on self-care, empowerment and role performance collected to triangulate the results, although the small number of participants precludes generalizability to other population groups.

The women's experience in the PAR began to promote changes resulting from introspection, which they worked on and encouraged at the time their participation in the group developed. Thanks to the work done in terms of self-awareness, they transformed their realities in response to the management of two distinct worlds in them: Outer world and inner world.

Below, we will develop the patterns of change and the dimensions found in the empowerment process.

5.1 | Patterns of change

Based on the way of proceeding of the participants in each world and the work carried out to develop the consciousness of the self and modify their realities, two patterns of behaviour were observed in the process of change in these women in terms of personal transformation. These patterns are: Leaders women and followers women.

The difference between the two groups was due to their own initiative to undertake change and how they empowered themselves to transform their realities was determined by being part of a specific behavioural pattern.

5.2 | Patterns of behaviour facing change

Leaders women actively sought change. They established what could be improved in their inner world in relation to aspects of self and empowerment such as self-esteem, self-determination and self-confidence. The desire for transformation towards these characteristics was great and they sought mechanisms to work on. Aware of their needs, they advocated for actively reconstructing their responses.

They also developed strategies so that their fellow followers could work on this change, undergone and evidenced, in the framework of PAR, teaching the others how to do it. Thus, they extended bonds of solidarity with their peers:

"PEM02: That is what I have sometimes seen in the group, I see that they have very few people to listen to them. So, I think it is a good idea because I see that some people in the group, not all of them, but

some people have helped them a lot because they have nothing else behind them. Nothing more than, perhaps, her husband who pays almost no attention to her."

The followers women, despite having identified certain weaknesses and having in mind the tools for change, did not have a proactive attitude towards transformation because they did not feel sufficiently empowered to embark on a path of reinvention of the 'self'.

"PEM01: Let's see, that's why I am here, because otherwise I would be at home. Or I would go out, even if I complained. I'm here to see if I can be happy with myself."

They reacted to the change process of leaders women, they evaluated and took example from them. They slowly transformed their realities, with the need to accredit and approve themselves in their deeds, on a small scale. Their evolution, therefore, involved being part of the group, which served as a driving force in the transformation.

"PEM06: All of us being together, listening to each other, and all of us helping each other."

The rates of change between these two patterns were very different. The leaders women changed their realities more quickly by detecting their needs and working to respond to, while the followers women

did so more slowly, spending more time on each part of their transformation process, being more hesitant. The difference in the rate of change between these two groups was due to the objectives they set themselves. The leaders women thought more about the benefits of the results they could obtain, and the followers women thought more about the process of change, because they needed to join forces to achieve the transformation. For the latter, both the objective of change and the process to be followed were important, what complicated their evolution.

The way they worked their inner worlds also determined how they occupied and developed in their outer worlds (Figure 1). We observed differences between those who lived with the permission to be able to develop independently and those who played roles in terms of care and dependence on others. The management of the external world, therefore, was related to the management of the internal world and the accompaniment or support they had.

Leaders women modified both their internal and external reality in parallel. That is to say, while they were reflecting on personal change, the innermost change, they were showing changes in their outer spheres, in their relationships with others, with their families, undergoing a metamorphosis in both worlds. They faced a holistic transformation of the inner self.

On the other hand, followers women made changes in their empowerment in a cautious manner. The outer world was not significantly modified by these women because they needed to be strengthened and accompanied by others to prolong their changes from the inner world to the outer one.

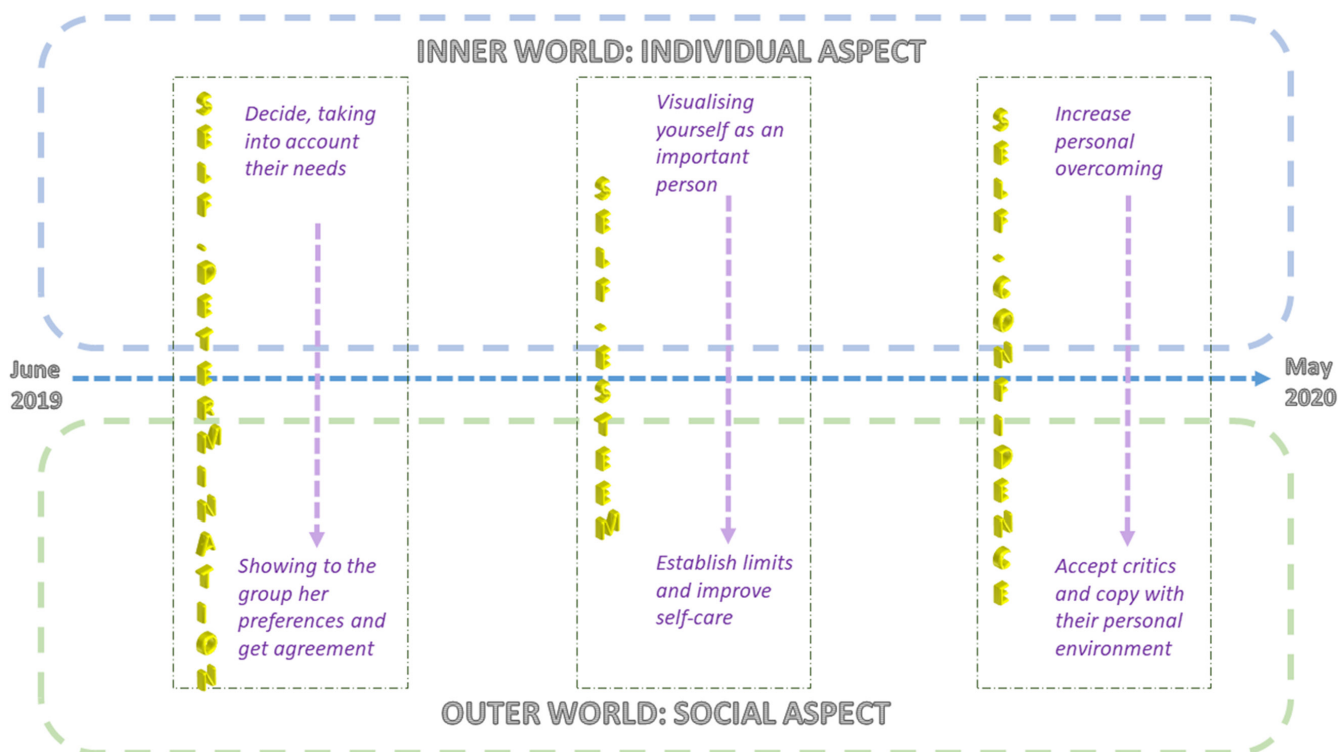


FIGURE 1 Evolution of characteristics of empowerment based on their inner and outer worlds.

"PEM04: You used to be cast down, crying, sad (...) Not now! Why? Because the rest of us, we've made you wised-up".

In short, leaders women were so aware of the need for change that they externalized it and included the rest of the group in their process. Whereas followers women, despite being aware of their needs, omitted them to continue responding to their environment's needs, so they did not freely externalize the change, which was limited to what had been transformed in their inner world.

5.3 | Empowerment process

Time is a determining key factor in the Self Theory. The cognitive transformation that establishes the internal reflection of needs, emotions, desires and wishes, among others, requires time, which generates changes from a more solid base and in a determined order. The 'Self' uses environmental information to generate action, which is reproduced and integrated in the identity, modifying and recomposing it.

The process of change was observed based on women's awareness of the characteristics of empowerment: Self-determination, self-esteem and self-confidence. In [Figure 2](#) we can observe the

traits of these characteristics as a driving force for empowerment change.

5.3.1 | Dimensions of empowerment

In relation to self-determination, understood as decision-making power, several stages were considered: Being aware of their desires, identifying their needs, assessing the importance of making such a decision, being patient with the time for reflection and finally deciding. Decision-making was often difficult, responding to the family's considerations without taking into account one's own. This attitude was shared by most of the participants when PAR began.

Women came from a basic self-determination, which included making routine decisions on day-to-day aspects (domestic level). Even though it was the sphere most closely linked to women due to their reproductive role and gender mandates, and to be considered their own place, in some cases they did not even have the security to decide on these household aspects.

Out of this sphere, if the decisions were very important, her husband made them. An example of this would be those complex decisions related to economic issues. This was the basic idea established by the women in the first sessions.

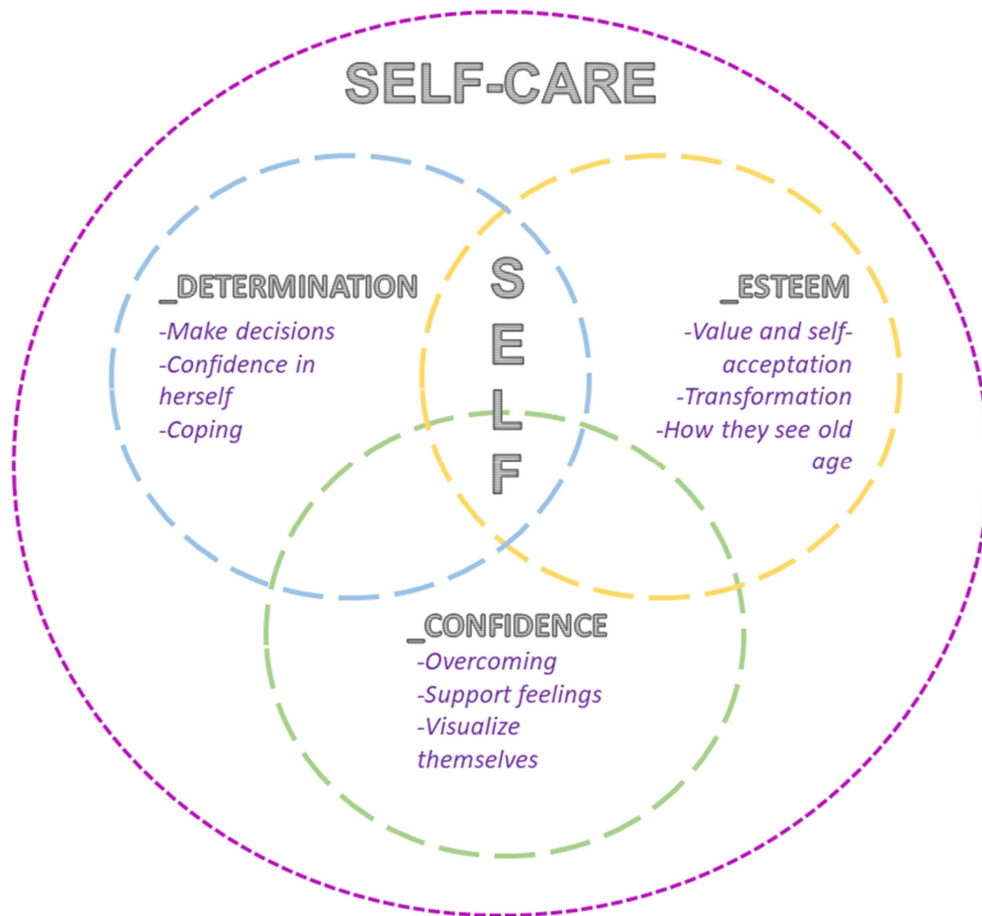


FIGURE 2 Driving force for empowerment.

PEM07: When I am going to do something, I decide for myself... "I am going to do it because I think it is so", I don't do it. I have to say it to someone and consult about. And then, maybe they'll agree with me. "Do it, because you've consulted about." That's my little boy. That's... "Did you say that? Do you believe that? Do it this way." But... me saying, "I want to do it and I'm going to do it? I can't".

The women worked on decision-making throughout the PAR. Thus, at the end of the research, they showed a greater predisposition to make independent decisions. This occurred after overcoming the fear of failure and feeling guilty about failing their family if any decision resulted in error.

This change of self-determination in the inner world was also transferred to the outer world. As a result of the awareness of their own desires, they determined actions for change and shared them with their personal environment. They had an assertive communication with others, their family and friends, avoiding imposing their own criteria and allowing space for new and different points of view, as valuable, powerful and respectable as their own.

The process of change occurred as a result of the PAR and the relationship among the participants, based on the patterns described in the previous section. In this way, they became better at listening to themselves and expressing their wishes, and gradually responded decisively. This also increased their self-confidence and empowerment, as well as their coping with the stage of old age as a stage of learning and transformation. The internal and external transformation, led them to gradually implement other dynamics in their relationships with their partners and families, becoming more aware of their desires and establishing changes in the way they relate to the management of power.

"PEM05: To value old age above all, that is, to see how old age comes, how limitations come, how things come. And that does not have to... That should not limit you. But to help you to be able to accept them and that's all. That doesn't make you a worthless person."

They valued the change positively at the end of the PAR because they felt something as powerful as self-understanding, self-visibility and self-listening. Regardless the final change was greater or lesser, they felt happy to have been able to see themselves, value their needs and respond to them.

Strengthening self-determination, as well as self-esteem and self-confidence, led them to become more visible to themselves and, therefore, to prioritize themselves more often and take care of their own needs as well as those of their personal environment. Their transformation led them to affirm themselves and this enhanced self-care.

Self-esteem was another of the dimensions worked on and improved in the participants. At the beginning of the PAR, their

self-esteem was damaged and they could not find a way to value themselves positively, so their self-esteem varied according to the evaluations of others (especially their partners, daughters and sons). In turn, self-esteem was closely related to seeing themselves as productive and useful in solving problems in daily life.

During PAR, strategies were shared to improve their sense of self-worth. It was no longer just about accepting how they were, but trying to modify those aspects that they no longer wanted to take into consideration and that they could transform.

These strategies were born from women who have transferred to their environment, from assertiveness, life experiences that helped them to modify the image they had of themselves.

"PEM09: Trying and not saying "well, I'll give it up and I won't try anymore, because I see that there is no way to..." I mean, and I see that I have improved. That is where I have improved. I say "well, step by step"."

Sharing these strategies had a deep-rooted principle: Sorority. This was demonstrated during PAR as they looked for ways to help others, giving priority to caring for others, something that also rewarded themselves. They were eager to learn strategies to value themselves more and accept themselves as they were. Thus, they moved from theoretical self-esteem to more practical self-esteem.

"PEM09: Self-esteem a little better with... with your words and... and the team. I felt better. Because you know that I felt very badly when I started, that I was always crying and very low in spirits with my complexes. And I recognize that I feel better and it has helped me a lot."

At an intermediate point of PAR, there was a change in self-esteem: It no longer seemed to be something unattainable, but could be enhanced by modifying their self-concept. Reflecting on the history they had lived through was the key to loving themselves more since they had made important life decisions and could see their own power.

At the end of the research, the women were able to value self-esteem very positively, perceiving it as necessary. They were convinced that with self-esteem, life was better. They felt calm, as a consequence of a more positive approach to life and personal circumstances. This motivated them to continue working on improving their self-esteem and taking care of themselves.

PEM02: "I believe that people can modify, but self-esteem, or not self-esteem, is yours. I mean, that's inside yourself."

The way they perceived old age was another factor affecting self-esteem. Old age, associated with unproductivity and often reviled as unsightly, has been viewed as a grey stage of life, whose physical changes and limitations impact self-esteem and, therefore, empowerment. The paradigm shift, understanding changes

as a natural consequence of the passing of time, served as a shield for self-esteem, as they accepted reality and reconciled with their bodies.

“PEM05: Feeling that you are good for nothing. “Nobody loves me anymore, nobody looks at me, because I'm good for nothing.” That's very... That is very negative. In this group, the time we have spent there has helped me because I have seen that self-esteem is the most important thing for a person. That you are still a person, that you are still alive and that you are still useful.”

Leaders women initiated the movement of this change by establishing the dynamic of verbalizing positive aspects about themselves and their peers. Followers women, due to the inertia from the rest, managed to follow this dynamic of transformation and to implant in their inner world self-esteem as a tool for effective coping with life circumstances. Thus, both patterns generated a working tandem to cross the inner line and fill the outer one, asserting themselves in the stage they occupied, for their family and friends, and being aware of their value when coping with and developing themselves in this aspect.

“PEM03: So I'm saying “no, we've come this far. Because of this, because of that”. I demand of myself. I say “well, yes”. Do you understand? Without being... Without losing my way of being, because that's the way I am, but... But yes. Yes, I... Yes, it's been very good for me, yes. My self-esteem has improved... Yes. I value myself more. I say “well... well... well, I also feel good the way I am”.”

Finally, this also occurred with self-confidence. Increased self-confidence was a significant change they gradually experienced as they became part of the group. The women used as a strategy to share in the group that they were conscious of bettering themselves by admitting the opportunity of error as part of the process.

“PEM02: Now I'm trying a little harder to say, “Well, if I'm wrong, I'm wrong”.”

As beings for others, they have prioritized the needs of others over their own, feeling insecure to attend to issues that only concerned themselves. As they commented in the sessions, the ones the least they thought about were themselves, because the others were the priority. The women have endured along the performance of the assigned role, the ceding of decisions to please others. To think more about themselves was the solution provided by PAR.

We, therefore, worked on their ideas about gender mandates to get a stable base on which rebuilding self-confidence and consequently, empowerment. Sometimes it was not enough to feel this

security when making decisions, self-confidence was not enough, but her closest personal environment had to support her and encourage this attitude.

“PEM05: Yes. In my humble opinion, to be confident... to be confident sometimes is not difficult, it's impossible. Because the fear, the fear of being understood, of not being understood, “Will they think I'm crazy? Will they think I'm in another galaxy?” That many times to people, at least to me, it makes me lose confidence.”

At the beginning of the PAR, as was the case with self-esteem, participants associated self-confidence with the feeling of external support, especially from their partners, daughters and sons. To overcome this relationship, they decided to visualize themselves individually to strengthen themselves and without thinking about being supported by people around. The women worked on improving their self-confidence to build a transformative framework in which they felt secure.

“PEM06: Thinking about oneself is okay, not just for others.”

This development of confidence in their inner worlds was also translated into their outer worlds, as they managed to overcome the negative conceptions from others, accepting criticism in an assertive manner and omitting the one that was not constructive. They established a security agreement with themselves to cope with life in the outside world and to do so in a firm way, considering themselves their own supporters and being faithful to their self-confidence. Confidence, in short, was a driver for change.

“PEM06: You have to stand your ground and know what's going on or whatever. But as long as you know one thing, if they are hurting you or anything, stand your ground.”

They overcame some of their deficiencies in terms of empowerment, surmounting limits to accredit and authorize themselves to take charge of their lives. Looking at themselves generated a change in their self-care, and not only did they do it in the most private scenario of the self, but they transferred it outward, to their relationships with family and friends, generating relationships on a more solid basis and taking into account their needs.

6 | DISCUSSION

From the findings obtained during PAR, we can state that the women showed positive changes in three dimensions of empowerment following different behavioural patterns. PAR was an impetus to provoke introspection, propose changes, live the transformation

process and serve as support, encouragement and example among themselves.

The women generated change during PAR by becoming aware of their own desires and needs. They worked on self-awareness throughout their personal work, in line with the Self Theory (Tschacher & Rössler, 1996). This theory emphasizes the importance of self-awareness to generate firm changes at all levels of the being, in a holistic way. Thus, the participants complied with these premises, committing themselves from a first step that supposed internal reflection until they were able to extrapolate these learnings and restructurings to their more external levels. The importance of this commitment and reflection are key in the PAR research approach, as shown by similar research (Corrado et al., 2020; Hernández Sánchez, 2010).

The changes were achieved thanks to the network of care and sorority established by the participants from the beginning of the PAR. Thus, the feeling of being part of a group was, in itself, transforming, being the first step in their evolution, and essential in the process.

We found similarities in the PAR carried out by Sánchez Gomez et al., 2015, since one of their results established the importance of solidarity and collaboration among peers to facilitate learning and change. This was observed in the aforementioned dimensions of empowerment, which improved both in the inner and outer worlds of the participants, who reinforced their loyalty to themselves. According to León (2000), women's empowerment involves building self-awareness based on their inner being, a point that is also supported by the Self Theory.

On the other hand, the sense of security that women should feel to take responsibility for their health, as evidenced by Petersson and Blomqvist, (2010), is also reflected in our research, creating awareness of how confidence should play a key role in the process of empowerment and self-care.

Our findings on the empowerment achieved through PAR and its relationship with self-care are in line with other research conducted with women with fibromyalgia (Oliveira et al., 2019), aboriginal women (Dickson, 2000), older women with disabilities (Raymond & Grenier, 2015) and in the community (Kingery et al., 2016), in which they not only made changes in small scenarios, through modification of lifestyle habits, but also showed themselves as health leaders in their environments, thus favouring collective empowerment.

However, there could be a limitation for this translation into the collective environment, as established by Roura (2020). In her research, she talks about power dynamics in changes at different levels: Micro, meso and macro. In our research, we were only able to work at two levels: The evolution of the participants is observed in their personal dimension, at microlevel, and in their closest family environment (a little part of the meso). Roura shows the need for a change in the conception of gender roles, since the personal can collide with social, cultural, economic and political structures that are more powerful and establish social order, while at the same time make the consolidation and expression of this personal transformation very difficult.

Thus, older women suffer ageism as a discriminating factor, which hinders their development and care. In our research, part of the empowerment process involved restructuring their identity: Leaving behind what had been socially imposed on them about old age and creating an idea based on what they had lived and experienced.

This perspective on old age is shown in different studies (Pérez Sánchez et al., 2018; Vasconcelos Moura et al., 2016) in which, as a group, they worked on aging and changed their perspective, which helped the women participants to face this stage of life with greater optimism and autonomy. In turn, in this study (Pérez Sánchez et al., 2018) the women raised the need to work on the eradication of negative stereotypes associated with old age from adolescence, as well as to work on the empowerment of older women from earlier stages in their lives. This last idea was also developed in our PAR, involving women under 60 years of age, not yet considered, by definition, as older women.

Coping with change followed two distinct patterns depending on the roles played by leaders and followers. The heterogeneity of profiles detected in the group, as well as their characteristics, may help in future designs of community interventions and are in line with the findings of Do Livramento Fortes et al. (2006) who abandon the view of "the older woman as an incapable, unproductive, useless person with deteriorated intelligence".

Our results encourage us to propose that nurses should lead more participatory research (innovative and emancipatory) due to our profile as agents of health change (Brear et al., 2018); PAR represents a change of approach for Primary Care and, therefore, for health promotion.

As this manuscript has shown, time is a key element to be taken into account in this type of research. The development of a PRA involves carrying out fieldwork over a sufficiently long period of time to promote change while adapting to participants' progress. This approach does not allow for narrow time margins, given that it seeks transformation. This characteristic must be taken into account for both researcher and participants. In the case of the latter, it could lead to absenteeism, although this did not occur in our research.

As strengths of the study, we can highlight that, unlike many PAR that work with healthcare professionals who care for patients, in our case it is a PAR that worked with older women on many aspects of their individual and social being, generating a change. In addition, extensive fieldwork was carried out, in time and volume, which allowed us to identify and analyse in depth the patterns of behaviour and change, as well as the dimensions of empowerment. In turn, working on empowerment in groups was a good decision because the solidarity established by the women facilitated the transformation process thanks to the bond created among them.

6.1 | Limitations

About the limitations of the study, we must take into account that the group was made up of women between 60 and 80 years of age,

and these differences brought together different social contexts, resulting in a lack of understanding among them.

In turn, the socio-demographic characteristics of the group may be a limitation in terms of the transferability of our findings, as these characteristics could condition the women's process of change.

As has been discussed throughout the manuscript, older age and the fact that they are women shape their response in reference to empowerment and self-care. This response is shaped by a cultural pattern that influences older women's empowerment.

The context in which this study takes place has to be taken into account. These women constitute a socio-cultural group that has been educated and raised under macho beliefs; gender roles are clearly defined throughout their lives. Moreover, gender equality is currently on the political agenda in developed countries, which creates a favourable environment for this type of research.

Therefore, a limitation to replicating this study lies in the framework and culture of the women participants.

7 | CONCLUSIONS

The older women who participated in the empowerment PAR created a strong bond that led them to promote changes in themselves and in their environments, enhancing their power and self-awareness. The behavioural patterns that generated change serve as a guideline to generate research aimed at different profiles of older women.

The participants improved the management of their inner worlds to do so in their outer worlds, leading to an individual and social transformation towards emancipation and understanding of their own desires, needs and priorities.

The older women increased their self-determination, self-esteem and self-confidence. They began considering their needs, visualizing themselves as important and increasing their self-improvement, to transfer this to the social dimension by expressing their preferences to others, establishing limits and developing more self-confidence in their environments. These three characteristics are the key to working on empowerment with older women, which would have an impact on their self-care.

PAR, as a research method, empowered the participants, and is ideal to establish ways of change and achieving emancipation from the gender mandates that, socially, established women's subordination. Group work was the vector of transformation in women and their different levels of initiative led to a movement among them, acting as a driver for change.

To conclude, our findings show that it would be advisable to consider empowerment as a tool to promote self-care, as one of the usual practices of health education programs in Primary Care, with emphasis on older women, group work with heterogeneous profiles and key contents on self-determination, self-esteem and self-confidence.

Women should work empowerment in all stages of life, with a special perspective on aging, to create an optimistic and responsible

attitude towards old age. To this end, it is necessary to increase PAR in this vulnerable population group, and not only with health care professionals, since this approach questions the social and cultural structures of power, seeking the much-needed social transformation.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there are no conflicts of interest in the conduct of this research.

PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1111/jan.15573>.

DATA AVAILABILITY STATEMENT

The data used to support the findings of this study are included within the article.

PATIENT OR PUBLIC CONTRIBUTION

The participants constantly decided how to work in the research since they themselves established what they expected from the group and how they could achieve it.

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