

The Wittmann-Price Theory of Emancipated Decision-Making in Women's Health Care

An Analysis Based on McEwen

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The use of theories in nursing reflects the discipline's progression toward autonomy and delineates its scope, directly guiding practice, research, education, and administration. This paper analyzes and evaluates the theoretical model for nursing care of women involved in health care decisions—The Wittmann-Price Theory of Emancipated Decision-Making in Women's Health Care—based on McEwen's systematic theory 3-phase evaluation method. Developed through a rigorous process, this theory centers on the concept of emancipation and its associated subconcepts crucial to decision-making in women's health. This included crafting explanatory propositions and incorporating them into a structured theoretical framework. Having been applied and refined in various clinical settings, the theory has improved in applicability and proven effective for guiding nursing care across diverse environments. Furthermore, fostering a flexible environment that enhances personal knowledge significantly contributes to emancipated decision-making, which is closely linked to decision satisfaction. **KEY WORDS:** *decision-making, nursing theory, women's health* *Holist Nurs Pract* 2025;39(3):141–150

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INTRODUCTION

The Wittmann-Price Theory of Emancipated Decision-Making in Women's Health Care (EDM Theory) elucidates the shared decision-making process between women and nurses, with a keen sensitivity to the health issues women face. This framework promotes analyzing choices through a feminist perspective to mitigate decisional risks tied to prevailing social norms.¹ Decision-making is depicted as a dynamic, temporal process influenced by a woman's personal, familial, social, or historical context, and her health beliefs and experiences should also be integrated into this process.²

Contextual and relational factors can impede women's autonomy and influence their decision-making, such as pressure to accept specific interventions, differing opinions from health professionals, or feeling rushed, coupled with insufficient information about available options.³ Moreover, studies on pregnancy and birth indicate that women still face restricted access to shared decision-making, with a paternalistic care model continuing to sway health care decisions.^{4,5}

Systematically exploring theories such as the EDM Theory enhances understanding and drives improvements across nursing practice, research, education, and

management. Theory analysis involves a methodical organization and evaluation to grasp its core, relevance, usefulness, and empirical support. This structured scrutiny can reveal a theory's strengths and limitations, elucidate connections between concepts, and identify areas for enhancement. Such systematic approaches enable nurses to make informed decisions, contribute scientifically, and impact various aspects of the field.^{6,7} In practice, theory evaluation enriches nurses' understanding, helping them select and assess the efficacy of interventions based on theoretical relationships supported by research. In the realm of research, it clarifies a theory's form and structure, assessing its suitability as a conceptual framework and identifying any inconsistencies or gaps.⁷ Since 1968, various strategies, techniques, and methods have been proposed for theory evaluation, initially focusing on grand nursing theories and conceptual frameworks.⁸⁻¹⁰ Only recently have these techniques been adapted for middle-range and practice theories to meet the needs of analyzing and evaluating continuously evolving theories.⁶

This paper aims to analyze and evaluate the EDM Theory using McEwen's systematic theory evaluation method, developed from a comprehensive review and comparison of different models. This method, synthesized from the contributions of prominent nursing scholars, is tailored to be contemporary and responsive to ongoing and expected shifts in theoretical applications in nursing. It encompasses a 3-phase process: theory description, theory analysis, and theory evaluation, chosen for its clarity and ease of use.⁶

THEORY DESCRIPTION

Scope and purpose of the theory

The EDM Theory delineates a shared decision-making process between women and nurses, emphasizing sensitivity to women's health issues such as decisions regarding contraception, pregnancy and birth care, infant care, and health treatments. These decisions require thoughtful consideration of multiple options, analyzed through a feminist lens to mitigate the decisional risks associated with prevailing social norms.¹ There is ongoing debate regarding which theories should be categorized as middle range, as these designations are not clear-cut and can seem arbitrary.¹¹ The EDM Theory has been designated by its authors as a middle-range theory.^{12,13} Specifically, it is considered a "low" middle-range theory because it directly

describes phenomena related to practice and is quite concrete, applicable primarily to a narrow range of individuals and situations, particularly in the clinical setting of women's health care. However, some may view it as more fittingly classified as a situation-specific theory or a practice theory, given its clinical specificity, contextual relevance, and practical directives for action.¹¹ With its lower level of abstraction and context specificity, it is readily applicable in nursing research and practice, allowing for an in-depth analysis of specific nursing interventions.⁶ The EDM Theory is a nursing model that acknowledges gender differences within the health care environment and underscores the importance of recognizing social norms that can influence women's health care decisions, potentially constraining free choice. This issue often manifests in women's nursing care settings where women may feel pressured to conform to the most socially accepted option rather than choosing what best suits their individual needs, leading to dissatisfaction with their decisions. This theory advocates for a more emancipated decision-making process that aligns with the true preferences and needs of women.¹⁴

Origins of the theory

The concept of EDM is informed by specific concepts from Feminist Theory, Critical Social Theory, and Freire's Theory of Emancipatory Education.^{14,15} Social norms, reflection, and personal knowledge are central themes derived from Critical Social Theory. Both Freire's Theory and Feminist Theory emphasize the importance of reflection and advocate for women's empowerment through enhanced access to knowledge and the creation of a flexible environment.^{14,15} These theories highlight how social norms and the pervasive phenomenon of oppression can shape women's health care decisions, viewing the decisional environment as an extension of the societal systems with which individuals belong and identify.^{1,13} Emancipation in the context of clinical nursing practice and decision-making is a critical focus of EDM. This theoretical framework describes the process of achieving a more liberating state of choice by acknowledging the emotional experience of oppression.¹⁴ It becomes evident when decision-making is compromised by societal endorsements of one alternative as superior, thus imposing personal, familial, and societal consequences. To reach an emancipated decision, a woman must consider all available options and leverage personal knowledge along with the empowerment afforded by professional insights. Decisions are made

within a supportive environment that fosters the desired outcome of free choice, ultimately leading to satisfaction with the decision.^{14,15} Additionally, oppression is a recognizable phenomenon in women's health care when a woman feels pressured to select the most socially approved option rather than what she deems best for herself or her family. Often, this societal or professional preference is influenced by factors such as convenience for the health care provider, traditional practices, or prevailing beliefs.¹³

Concepts

Based on a comprehensive review of the literature and contributing theories, Wittmann-Price identified 5 essential attributes necessary for an emancipated decision to occur in the clinical setting of women's health care: personal knowledge, empowerment, reflection, awareness of social norms, and a flexible environment. The integration of these 5 subconcepts helps to elucidate the phenomenon of EDM in women's health care, ultimately leading to the expected outcome of satisfaction with the decision.¹⁴

Theoretical propositions and major assumptions

An interactive worldview underpins the EDM Theory, viewing the environment as an integral part of human development where oppression is omnipresent. This oppression is both contextual and continuous, impacting women's decision-making processes. The EDM Theory aims to acknowledge and mitigate oppression, thereby promoting the freedom to choose the best option for oneself, leading to a more positive state of being and greater satisfaction with the decision.¹⁵

The nursing metaparadigm as described by Fawcett¹⁶ defines the person as constantly interacting with and being influenced by the environment, characterized as both a holistic and a social entity "who receives nursing care as a necessary component of the complex environment for the purpose of attaining or regaining emancipated health care decisions".^{17(p. 20)} Health is culturally and socially defined, valued, and practiced, representing the "ability of individuals or groups to be satisfied through emancipating decisions".^{17(p. 21)} Health is also conceptualized as a process by which an individual maintains their uniqueness while recognizing their interconnectedness with the environment, including the ability to make choices that are emancipatory and satisfying.¹⁷ The environment is defined as a complex concept encompassing both "internal and external

factors that affect the person," which includes the physical space, as well as the "feelings and attitudes that surround and permeate the individual".^{17(p. 20)} It also considers past social and personal issues that influence the present, alongside current issues poised to shape the future.¹⁷ From this perspective, the environment involves an individual's interpretation of past, present, and future circumstances, incorporating cultural and social factors that influence decision-making.

Additionally, the environment is about how each person interprets the totality of self and surroundings to derive unique meaning in various situations and transform this meaning into personal knowledge.¹⁷ Nursing is defined as the "science and art of purposeful interaction with a person to promote and support emancipated decision-making" in health care. This definition highlights the multidimensional aspects of care, physiological, psychological, emotional, and spiritual.^{17(p. 21)} The nurse's role is to facilitate this process by providing a "flexible, empowering, and reflective environment that recognizes social norms and personal knowledge and encourages free choice," thus enhancing satisfaction with decisions made.^{17(p. 21)}

The theorist outlines major assumptions as specific conditions that reflect reality, including the linkages between subconcepts aimed at facilitating emancipated decision-making.¹⁷ Within the context of the EDM Theory, there is a continuous interaction between the person and the environment. The individual seeks to maintain empowerment by balancing power dynamics encountered with other individuals, groups, or systems. The environment, whether internal or external, includes sources of power that can lead to either emancipatory or oppressive outcomes. It is depicted on a spectrum ranging from flexible to non-flexible. In a flexible environment, diverse forms of knowledge are appreciated, enabling the individual to engage in introspection and cultivate an awareness of their personal knowledge.¹⁵

Context for theory use

Emancipation in decision-making related to women's health care is a nursing concept that aims to enhance understanding of decision-making processes and promote humanistic, woman-centered care throughout all life events and health-illness cycles by championing free choice.^{14,15} While the current context of women's health care supports shared decision-making, oppression, as a pervasive and historical phenomenon, still impacts women's ability to make autonomous health decisions. Therefore, decisional science must also

address the influence of oppressive social norms, as highlighted in feminist theories, to ensure true freedom of choice in nursing care, a core humanistic principle.¹⁴

As a nursing concept, EDM is crucial in the domains and contexts of nursing practice. It advances the role of nurses as promoters of women's emancipated decision-making, improving nursing care for women and their families and fostering their disciplinary knowledge and professional growth. Nurses must also confront and overcome oppression within their professional domains to enhance emancipated nursing care for greater social impact.¹⁴ They can leverage the concept of emancipation to influence women's health care decisions by empowering them not only with knowledge but also through the unconditional acceptance of their choices. The first step toward creating emancipated health care environments is acknowledging and recognizing that oppression still exists, although it may be less overt than in the past. Environments conducive to oppression often arise from entrenched traditions and established routines that prioritize patient compliance with recommended treatments.¹⁴ This phenomenon continues to persist within women's health care settings.^{2,5,18,19}

THEORY ANALYSIS

Theoretical and operational definition of the concepts

For EDM to be effectively implemented in the clinical setting of women's health care, the presence of several subconcepts is essential: personal knowledge, social norms, flexible environment, empowerment, and reflection. These subconcepts were developed through clinical practice and a comprehensive review of the literature.¹⁵ Personal Knowledge is defined as a woman's understanding of various health care options and their potential impacts on her.^{14,15} It is assessed using the personal knowledge subscale of the revised EDM scale (EDM-r).²⁰ Social Norms refer to a woman's recognition of how society values different health care alternatives, often promoting one as more acceptable than others.¹⁵ This aspect is measured by the social norms subscale of the EDM-r.²⁰ Flexible Environment is characterized as a setting that allows women to pursue their chosen health care options without opposition, as perceived by them.¹⁷ This is evaluated by the flexible environment subscale of the

EDM-r.²⁰ Empowerment is fostered through education and is defined by the information and resources provided to women about all available health care alternatives.^{14,15} Initially, empowerment was narrowly measured by an education-focused subscale in the original EDM scale. However, empowerment also encompasses self-efficacy and responsibility, contributing broadly to the emancipated decision-making process.^{13,20} Reflection involves a woman deliberate cognitive engagement when evaluating her health care options.¹⁵ It was initially measured along with empowerment in the original 35-item scale but showed the lowest average scores in initial studies, suggesting it did not effectively capture its intended concept.^{13,20}

Due to these findings, items measuring empowerment and reflection were subsequently removed from the revised EDM-r scale because they failed to operationalize the concepts adequately. The theorist suggests that, depending on the health care context and the urgency of decision-making, these concepts may need to be assessed at different stages of the decision-making process.²⁰

Predicted outcomes or consequences

The EDM Theory enhances health outcomes for women by promoting a decision-making process that supports individuality and freedom, key elements in health care that increase satisfaction with health care decisions. This theory focuses on decisions that are socially relevant and viable within the context of women's health care. It ensures that women can reflect on and make decisions without coercion, leading to decisions that are both satisfying and contribute to a more positive state of being.¹⁵ An emancipated decision is defined as one where a woman freely chooses what she believes is best for herself, regardless of whether it aligns with popular social norms, and can implement this decision without adverse consequences. This highlights a persistent issue where choices that deviate from social expectations can lead to negative outcomes. The ultimate goal of an emancipated decision is to enable free choice, ensuring that women are aware that their decision represents the best alternative for them.¹⁴ The effectiveness of EDM is measured using the total scores on the EDM-r scale, and theoretically, successful EDM leads to satisfaction with the decision.²⁰ Satisfaction with health care decisions is considered a positive health outcome and a crucial aspect of decision quality. It is associated with a reduction in the unnecessary use of health care options and more efficient use of the time required for decision-making.^{1,21} Furthermore, decision satisfaction can

influence health behaviors, potentially increasing adherence to treatments, reducing reliance on addictive and unhealthy behaviors, and improving relationships with family and health care professionals.²² The level of satisfaction with a decision can be measured using the Satisfaction With Decision (SWD) Scale, which evaluates satisfaction at the point the decision is made, before the outcomes are experienced. This measurement is particularly significant as it reflects the individual's intention to act on the decision, thus influencing health outcomes.²³

Empirical research on health care issues related to pregnancy and childbirth reveals that while most women prefer to make their own decisions regarding care options, they still experience pressure regarding decisions about labor induction, cesarean births, or epidural anesthesia, often leading to a sense of forced choice and dissatisfaction.^{2,5,19} Maintaining control over health care decisions is critically important, especially for women facing barriers to access due to economic, racial, immigrant status, or other socioeconomic factors.¹⁹

Model of the theory

The schematic diagram of the EDM Theory in women's health care illustrates the theory's initial statements and serves as a tool to elucidate the main concepts and the connections between these concepts and the theory's propositions.¹⁴ This aids in clarifying the theory and demonstrating how EDM facilitates the outcome of free choice (Figure 1). The theory is well-organized with a detailed description, and its concepts and propositions

are used consistently, including the sequential relationships among the subconcepts. The connections between these subconcepts are both described and operationalized, enhancing the theory's testability by specifying how each is interlinked.^{15,17} This structured arrangement of statements and connections enables the formulation of hypotheses that can address significant issues in clinical practice, thereby amplifying the potential to advance nursing knowledge.^{6,10,24}

THEORY EVALUATION

Congruence with the nursing standards and interventions

The EDM Theory in Women's Health Care aligns with Carper's patterns of knowing (empirical, aesthetic, ethical, and personal)²⁵ and extends to White's sociopolitical knowing²⁶ and Chinn and Kramer's emancipatory knowing.²⁷ The significance of ethical knowledge is paramount in today's complex health care settings, transcending basic awareness of ethical standards and codes. It necessitates a deep understanding of individuality and decision-making capacity.²⁵ Sociopolitical knowledge is crucial for comprehending other patterns of knowing because it contextualizes health care settings, focusing on the roles and perceptions of both women and nurses within the broader societal understanding of nursing and policy impacts. This knowledge enriches Carper's pattern of personal knowing by equipping nurses to

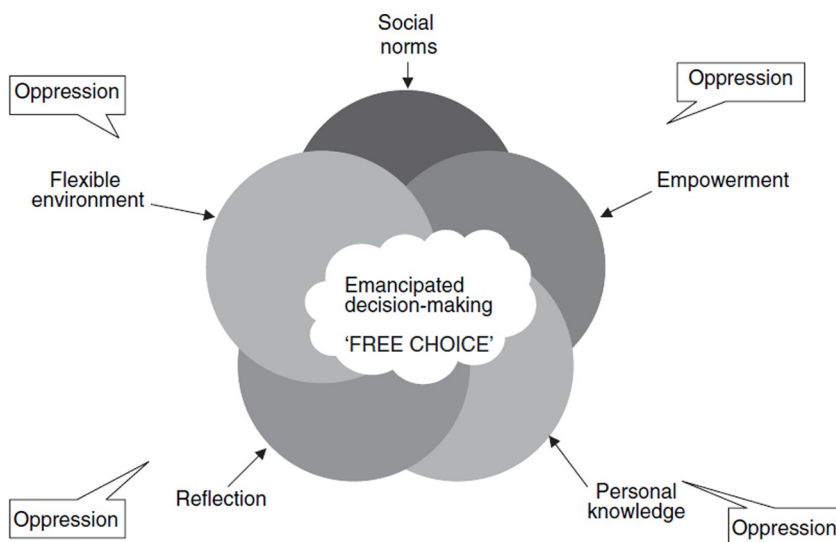


FIGURE 1. Conceptual model of the theory of EDM in women's health care^{14(p. 443)}.

understand how social, political, and economic structures influence individual and community health.²⁶ Emancipatory knowing, identified as the praxis of nursing, involves nurses' critical ability to recognize social injustices and the conditions fostering them, comprehend their impact on health and well-being, and initiate actions aimed at transforming social structures toward more equitable and supportive practices.²⁷

Although numerous models and theories of decision-making exist, few effectively represent women, who are often influenced by prevailing social norms within health care environments.¹⁵ According to Pierce and Hicks, a "decisional hazard" occurs when one option is presented as more attractive than another, potentially compromising the evaluation of the chosen option as decisions may be based on perceived appropriateness rather than thorough assessment and reflection.^{28(p. 270)} The EDM Theory addresses these decisional hazards by enhancing women's ability to critically assess the influence of external environmental factors and their effect on personal knowledge. It advocates for a flexible environment that enables women to make emancipated decisions and find satisfaction with their choices, thus mitigating the impact of potentially biased social norms on decision-making.¹⁵

Decision-making theories and models typically suggest that decision-making occurs when there is a disruption in an individual's normal pattern, presenting several potential alternatives. Knowledge plays a crucial role in these theories, as it is essential for making informed decisions. However, not all theories acknowledge personal knowledge or the impact of social norms as significant factors.¹⁵ Many nursing studies on decision-making have drawn on behavioral theories such as Ajzen and Fishbein's Theory of Reasoned Action²⁹ and Bandura's Social Learning Theory.³⁰ The Theory of Reasoned Action emphasizes the influence of the expectations of significant others on an individual's decision-making process.²⁹ In the context of the EDM Theory, these significant others are associated with the subconcept of awareness of social norms and can adversely affect the decision-making process if perceived as oppressive.¹⁴ Bandura's Social Learning Theory explores decisional balance, the weighing of the pros and cons of each option, and self-efficacy, which is the individual's confidence in their ability to perform a behavior.³⁰ The EDM Theory leverages these concepts to help women achieve a decisional balance by enhancing their knowledge and awareness within a supportive and

flexible environment.¹⁴ Janis and Mann's Conflict Model of Decision-Making highlights the importance of information gathering, engaging with various information sources, and assessing the risks associated with each option.³¹ Within this framework, the EDM Theory posits that women will experience greater satisfaction in health care decision-making if they can make choices without feeling pressured to select an option that contradicts their personal knowledge and understanding.¹³

Evidence of empirical testing

The EDM Theory was empirically tested and supported through 4 studies conducted in the US, examining diverse clinical scenarios: infant feeding methods, pain management during labor, delivery type, and medication use for treating anxiety and/or depression during pregnancy.^{1,12,13,15}

In the initial study, which employed a descriptive correlational design using a 35-item EDM Scale with 97 women who delivered full-term infants without complications, it was found that women who engaged in the EDM process for choosing an infant feeding method reported higher satisfaction with their decisions ($r = 0.74, P < .001$). The most influential subconcepts in facilitating emancipated decisions were personal knowledge and a flexible environment, which together accounted for 62.2% of the variance in decision satisfaction.¹⁵ Further analysis confirmed that the interaction of these 2 subconcepts was the strongest predictor of satisfaction, as evidenced by significant positive correlations between these subscales and the total score on the Satisfaction with Decision Scale. In the second study, which employed a descriptive correlational design and involved 92 women recruited from a postpartum nursing care unit, the findings further emphasized the contributions of personal knowledge, awareness of social norms, and a flexible environment to the EDM process. A significant relationship between EDM and Satisfaction With Decision (SWD) was observed ($r = 0.70, P < .001$), particularly pronounced when personal knowledge was utilized within a flexible decision-making environment ($F_{2,84} = 63.84, P < .001$).¹³ However, in this study, the subconcepts of empowerment and reflection did not significantly predict decision satisfaction, and the subscales measuring these concepts demonstrated low reliability and internal consistency ($\alpha = .46$ for empowerment and $\alpha = .18$ for reflection). These results highlight the strengths and limitations of the

subconcepts, suggesting that a reconceptualization of empowerment and reflection may be necessary to enhance their efficacy and reliability in the EDM framework.¹³ In the third study, a mixed-methods approach was employed to explore the correlation between the type of delivery and 3 theoretical subconcepts of the EDM Theory, personal knowledge, awareness of social norms, and flexible environment, and women's satisfaction with their decisions.¹ Conducted with 50 women in an in-patient setting who had delivered healthy infants, this study utilized the 27-item EDM-r scale, which incorporated 3 of the 5 subscales previously tested. The findings indicated a strong correlation between EDM and satisfaction with the decision. A stepwise multiple regression analysis showed that the combination of the 3 EDM-r subscales could significantly predict Satisfaction with Decision scores ($F_{3, 42} = 19.02, P = .001$), explaining 58% of the variance ($r = 0.76$). Women who made more emancipated decisions were also more satisfied with those decisions, with personal knowledge emerging as the strongest predictor of decision satisfaction ($P = .03$). The streamlined EDM-r scale, which contained fewer items than the original scale used in earlier studies, demonstrated effectiveness in predicting EDM outcomes. In this study, the flexible environment subscale scored the highest ($M = 4.2; SD = 0.67$), indicating a reflection of the quality of care received.¹ Nurses play a crucial role in the care environment, and their flexibility is indicative of their competence in therapeutic communication skills. It is vital to recognize personal knowledge as a legitimate and reliable source of decision-making for many women, although it is often overlooked by health professionals. Nurses are ideally positioned to effectively implement a shared decision-making paradigm that truly benefits women. This includes providing pertinent health care information, recognizing women's preferences, and addressing the impact of potentially oppressive social norms.¹ The fourth study focused on understanding women's decision-making processes regarding medication use for anxiety and/or depression during pregnancy.¹² Conducted with 143 pregnant women over 3 months, the study utilized the 20-item revised EDM scale (EDM-r). It revealed that satisfaction with the decision score was significantly lower among women with lower levels of emancipation ($M = 24, SD = 2.9$) compared to those with higher levels of emancipation ($M = 27.6, SD = 2.6; t = 8.0, P < .001$). As in previous studies, regression analysis indicated that the overall EDM model, encompassing the 3 subscales, was

a statistically significant predictor of satisfaction with the decision ($F_3, 125 = 50.47, P = .001$), with the personal knowledge subscale providing a significant contribution to the model (standardized $\beta = .67$).¹² The study also found that the decision-making process regarding medication use might be influenced by oppressive social norms associated with mental health stigma. Women who made more empowered decisions to take medication were significantly more satisfied with their decisions. This suggests that these women were better able to navigate societal perceptions and the perceived risks of medication use during pregnancy through their personal knowledge, awareness of social norms, and a flexible environment. The personal knowledge subscale continued to play a crucial role in decision satisfaction, emphasizing that enhanced communication with health professionals, encouraging openness and supporting women's decisions, can significantly improve outcomes.¹²

The final version of the EDM-r is a 20-item, 3-subscale instrument demonstrating high global ($r = 0.89$) and individual subscale reliability.²⁰ The personal knowledge subscale includes 6 items, while the social norms and flexible environment subscales contain 7 items each. Scores above 4.0 on the total EDM-r mean are classified as indicating an emancipated decision, while scores below 4.0 suggest moderate to low levels of emancipation in the decision-making process. The EDM-r is designed to be completed in approximately 10 minutes, with a reading level assessed at the Flesch-Kincaid Grade Level of 5.1, making it both a valid and reliable tool for determining emancipation in women's health care decision-making. The EDM Theory in Women's Health Care aligns with current paradigms of shared decision-making and evidence-based practice in the health care sector.²⁰

Use of the theory in nursing education, research, and administration

The EDM theory has been adapted to the education of novice nurses to evaluate the effectiveness of structured externship programs on nursing students' self-efficacy and their ability to engage in Emancipated Decision-Making.³² The authors of this application underscore the significant relationship between these concepts as novice nurses transition into clinical practice. The theory posits that increased experience enhances the personal knowledge base of nursing students or novice nurses, which is crucial for

effective EDM. As such, they are expected to become more aware of potentially oppressive social relationships and norms within workplace interactions and better equipped to assess the flexibility of their learning environments as they advance through their educational programs.³² However, the study revealed challenges in assessing EDM in clinical settings among nursing students or novice nurses due to the higher levels of proficiency required, as outlined in Benner's model of clinical competence.³³ Consequently, it is recommended that the EDM-r2 instrument be revisited and validated by experts in health and education for its applicability to a non-patient population.³² The authors also explore the potential application of the EDM Theory within nursing administration, noting that structured externship programs can enhance self-efficacy, confidence, and decision-making skills in novice nurses. This not only facilitates a smoother and more satisfying transition into the roles of autonomous and competent Registered Nurses (RNs) but also offers economic benefits for health care organizations by reducing recruitment and replacement costs.³²

In the realm of nursing education, the EDM Theory has been employed in various other contexts, such as the CONEWCH project (Community-Oriented Nursing Education Programme for Women and Child Health) in South Africa. This initiative, a collaboration between the University of Pretoria and the University of Limpopo, began in 2009. It aims to implement a nursing education model that enhances health care services for women and children and aligns nursing education with community needs.³⁴ Supported by the Iowa Model of Evidence-Based Practice, the project focuses on improving outcomes in maternal and perinatal services, reproductive health, gender-related violence, and HIV & AIDS and related malnutrition.³⁴ The EDM Theory significantly enhances the nursing care provided to women, increasing their satisfaction by supporting their informed health decisions. This model underscores the importance of women making the best choices for themselves without facing adverse consequences.

Social and cross-cultural relevance

The EDM Theory is particularly relevant to individuals, families, and groups, with a special focus on women's health care. To enhance understanding of the theory's applicability, the theorist recommends using the EDM-r scale across diverse cultural, religious

backgrounds, and even in more patriarchal settings. Future studies should explore whether EDM can influence changes in health care options and improve adherence to selected treatments. It is also crucial to determine if nursing can effectively create a flexible environment that facilitates the emancipated decision-making process.²⁰ Additionally, the theory's application was examined in the Jordanian health care context, which is characterized as paternalistic, patriarchal, and hierarchical. These attributes support oppressive ideologies in health care decision-making.¹⁸ The decision-making process among Jordanian women with early-stage breast cancer, particularly concerning surgical options, was studied to better understand these dynamics. Paternalistic approaches in health care represent a form of oppression, placing nurses in a vital position to advocate for women's rights to autonomy and self-determination. While education is a critical tool, it alone may not be sufficient to empower individuals fully. Therefore, the support of health professionals, especially nurses, is essential. Nurses must not only accept people's right to free choice unconditionally but also strive to gain more power and authority within the health care system to effectively support this aim.¹⁸

Contributions to nursing

As previously discussed, the EDM Theory in women's health care shares similarities with other decision-making models. It acknowledges the importance of information about various alternatives in the decision-making process but incorporates a feminist perspective by recognizing the influence of social factors in many women's health care settings. The application of this nursing theoretical framework in 4 clinical settings has supported the integration of 3 nursing diagnoses into the NANDA International Nursing Diagnoses, within Domain 10 (Life Principles), Class 3 (values/belief/action congruence): Impaired Emancipated Decision-Making, Risk for Impaired Emancipated Decision-Making, and Readiness for Enhanced Emancipated Decision-Making.³⁵ Further research is crucial to assess and validate the theory across diverse contexts, including those that are more or less patriarchal and hierarchical. This theoretical framework is poised to generate novel research questions, particularly relevant to addressing contemporary societal challenges in women's health. Additionally, it has the potential to significantly influence the design of nursing interventions that promote Emancipated Decision-Making for women. These interventions would involve

recognizing and valuing women's personal knowledge and fostering a flexible care environment, thereby enhancing the overall decision-making process.

CONCLUSIONS

The EDM Theory in Women's Health Care has successfully met the criteria for theory development, which includes: developing the concept of emancipation; specifying, defining, and clarifying subconcepts that describe the phenomenon of decision-making in women's health care; creating explanatory statements and propositions to articulate the relationships between these concepts; identifying underlying assumptions; and organizing the connections between concepts and statements to construct a cohesive theoretical framework. This theory has been rigorously analyzed in various clinical settings, allowing for the evolution and refinement of its subconcepts and the development of related instruments. Adjustments to the theory have been informed by empirical findings, demonstrating its practical applicability. In practice and research, the theory's statements have shown congruence, providing clear guidance for nursing care of women. The theoretical analysis confirms its utility and appropriateness across different health care settings. A key factor identified is the enhancement of personal knowledge within a flexible environment, which strongly predicts emancipated decision-making and is closely linked to satisfaction with decisions. Nurses are encouraged to continue valuing women's personal knowledge, acknowledging its reality, validity, and relevance, along with their previous experiences, personal values, and preferences. It is also vital for nurses to develop therapeutic communication skills to foster a safe and flexible environment conducive to informed and satisfying decision-making.

The EDM Theory acknowledges the impact of social norms within the health care system on women's choices, positioning women in health care decision-making as potentially vulnerable to oppression. Emancipation as a nursing concept is pivotal in its application to nursing practice, promoting more person-centered care through supporting women's autonomy in health decision-making and fostering professional growth among nurses by increasing their awareness of oppressive systems that affect physical, emotional, and social well-being. This promotes discussion about the role of nurses in enhancing EDM in women's health care.

The implications of the theory extend to teaching, administration, and research. It is crucial to continue refining the theoretical foundations, ensuring they are operationalized in practice, education, and research. In the context of 21st-century nursing, which emphasizes autonomy and self-determination, the EDM Theory offers substantial guidance for clinical practice and contributes significantly to advancing nursing paradigms.

Nurses can play a pivotal role in promoting an emancipated and satisfactory decision, providing all the information related to health care, identifying women's preferences, and discussing the potential existence of some kind of pressure that can render decisions more difficult or uncomfortable for women. Personal knowledge should be considered real, reliable, and essential for women making health care decisions. An intentional knowing and understanding of women, using proactive and conscious nursing interventions, is essential to conveying support to women in their decision-making process.³⁶ It is important to continue conducting studies in various cultural and social contexts using different methodologies to evaluate the applicability and social congruence of the theory in diverse health care settings. Given nursing's practice-focused nature, there exists a dual relationship between theory and practice, where practice informs theory development, and theory must be validated through practice. Therefore, further research could contribute to additional instrument development or theory-based adjustments, enhancing the effectiveness of nursing care and furthering the theory's development.

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