Original Research Article

Empowerment in the Healthcare Context: Concept Analysis

Musaad Salem Alghamdi[1*] 📷, Dr. Ahmad A Alhussain[2], Dr. Omar Ghazi Baker[3]

[1]Ph.D. Candidate, College of Nursing, King Saud University, Riyadh, Saudi Arabia, **ORCID:** 0000-0001-6897-2242
[2]Ph.D. In Health Services Policy and Management, Administrative consultant, The Deputyship of Human Resources Development, Ministry of Health, Saudi Arabia
[3]Professor, Department of Community, Psychiatric & Mental Health Nursing, College of Nursing, King Saud University, Riyadh, Saudi Arabia

*Corresponding author: Musaad Salem Alghamdi
Ph.D. Candidate, College of Nursing, King Saud University, Riyadh, Saudi Arabia

Abstract

The concept of empowerment is broad and is frequently viewed as a way to give more power to the powerless in numerous aspects of life. However, the empowerment of patients seeking health care has received less attention. Consequently, this article aims to examine how the notion of empowerment is defined in the scientific literature pertaining to healthcare. This concept analysis was conducted utilizing the eight-step Walker and Avant approach (2014). The data resources used in the analysis were obtained from health-related literature retrieved from the CINAHL, PUBMED, and PsycINFO online databases. Four distinguishing characteristics, including Mutually beneficial connections, Knowledge and skills, Self-determination and shared decision making, and Sharing of social power, were retrieved from the analysis. This concept analysis demonstrated to both patients and medical practitioners the optimal method for initiating the therapeutic relationship. Empowerment can facilitate health professionals' practice and increase patients' and consumers' confidence and happiness with health services. Additional analysis can be conducted to get a fresh understanding of the concept, contributing to the body of health-related information.
Keywords: "Empowerment," "power," "healthcare." disempower, "and "health professionals."

INTRODUCTION

The concept of empowerment is widely acknowledged in health-related fields. It is essential to assist patients in gaining control over their lives in order for them to alter their health behaviors. However, there is a common perception that the concept is overly abstract and lacks a practical definition. The World Health Organization (WHO) defines empowerment as the process by which individuals gain more authority over health-related decisions and actions. In this paper, the concept of empowerment in the healthcare context will be analyzed by employing the methodology of Walker and Avane (2014). The stated concepts, empirical studies, and research methods may be useful for healthcare professionals who wish to incorporate the concept into their professional practices.

METHOD

Concept analysis is an approach to conceptual expansion (Meleis, 2011). It can help move a concept closer to being applied in research or clinical practice. Labeling a concept should not be considered a permanent or static process but rather a dynamic process that responds to new knowledge, experiences, perceptions, and data. Based on Walker and Avant (1995), the following eight steps will be used to analyze the concept:

1. Choose a concept.
2. Determine the purpose of the analysis.
3. Identify all possible applications of the concept.
4. Determine the distinguishing characteristics (attributes).
5. Create a model case.
6. Create borderline and contrary cases.
7. Determine the antecedents and consequences.
8. Define empirical referents.

These eight processes serve as the foundation for the following analysis.

1. Selection of the concept

Empowerment has been characterized as a concept based on mutual and trustworthy relationships that enable individuals to develop their skills and approaches (Hermansson & Artensson, 2011) or as a process that produces a sense of inner strength via connection with others (Mok, 2001). Nevertheless, the concept of empowerment is intricate and subtle (Kieffer, 1984). Consequently, it has been widely employed in numerous fields, such as social theory, in which disadvantaged groups are classified as oppressed (Ward & Mullender, 1991), organizational and management theory (Lashinger *et al*., 2010), and social psychology theory (Kuokkanen & Leino-Kilpi, 2000). Rappaport (1984) is one of the first to explain the notion of empowerment, considering it as simple to characterize in its absence in terms of powerlessness, helplessness, alienation, and loss of sense of control but challenging to define positively because it takes diverse forms for different people and in other settings.

To be valid, concepts must be defined and explained. Although empowerment was studied in various related health fields such as mental health nursing (Ryles, 1999), the midwifery context (Hermansson & Artensson, 2011), and chronic disease (Dowling *et al*., 2011), concept studies on empowerment have been published, but rare studies on empowerment in the healthcare environment have been found. This research will therefore provide an investigation of the concept of empowerment, focusing on its application to healthcare practice. Furthermore, this research is believed to provide a basis for evaluating and growing empowerment in the health care sector.

Empowerment in the healthcare system, particularly in nursing, is a familiar concept (Lawn *et al*., 2014), yet most of the literature focuses on the empowerment of nurses and hospitalized patients (Bradbury-Jones *et al*., 2010). In reality, the majority of the literature on empowerment in nursing has focused on nurses, and only recently has it been applied to patients (Rao, 2012). Thus, investigating the concept of empowerment, considering the diversity of the healthcare context, will be crucial and add value to healthcare-related knowledge.

According to Cawley and McNamara (2011), the health professional's responsibilities have evolved from curative care to population health and health promotion. In light of this, this paper explored patient empowerment in relation to health care received. This concept analysis is required by the assumption that health professionals will empower and advocate for their clients. Thus, the phrase empowerment could refer to an individual, family, community, or entire population.

2. The purpose of the analysis

The concept analysis aimed to examine literature from various healthcare-related disciplines that have employed the concept of empowerment to provide a definition applicable to healthcare practice.

3. Use of the concept
Search method

To gain an understanding of how the concept of empowerment is utilized in the health and care sciences, a search was undertaken using the keyword 'empowerment' in the following databases: MEDLINE, CINAHL, and PsycINFO. The data indicate that the term's usage has steadily increased over the past few decades. The terms ' power,' 'disempowerment,' and 'healthcare' were used in an advance search to distinguish the application of empowerment in healthcare contexts in accordance with approved mesh terms. Articles authored in English and focusing on healthcare empowerment met the inclusion requirements. No time limit was implemented.

Search Results

The search outcomes and selection included 21 papers that met the criteria and were included in the final analysis. Seven of these papers were focused on patients, four on family members, and ten on staff.

4. Defining attributes

According to Walker and Avant (2014), the essence of concept analysis is identifying the distinguishing characteristics of an idea. The objective is to identify the cluster of features, or defining traits, that provide the best understanding of the concept. The identified characteristics of empowerment in the healthcare context include mutually beneficial relationships. Knowledge and skills, Self-determination and shared decision, and Sharing of social power.

Mutually beneficial relationships

Cultivating mutual relationships is essential for patients, family members, and professionals. An empowering process necessitates participation in addition to healthy, interactive relationships based on mutual trust and regard (Browning, 2013). An empowering relationship requires acknowledgment and encouragement, as well as authenticity, sensitive communication, active listening, and equality, which means that everyone's experiences and emotions are relevant and of equal importance (France *et al*., 2011). Possibility and support to express feelings, investigate difficulties, and discover solutions are enabled in a pleasant, loving, and friendly environment with room for a caring attitude, joy, and a sense of humor (Lundqvist, 2002). Empowering relationships may aid patients, family members, and staff in healthcare settings in mobilizing their resources to address existing obstacles. Supportive connections may also give individuals a sense that they are not alone, that someone

is traversing the challenging journey alongside them (Fitzpatrick, 2011).

Knowledge and skills

Knowledge is a source of power, and access to knowledge is crucial for everyone in healthcare-related treatments, including patients, family members, and staff. The quality of the information and the context in which it is provided and received will determine how much it empowers individuals (Christensen & Hewitt-Taylor, 2007). Information and explanation provide patients and family members with situational awareness and a sense of clarity (Engstrom & Soderberg, 2007). In this case, knowledge is not an objective evaluation but rather an individual's impressions of their own knowledge concerning the issue at hand. Therefore, information must be tailored to the needs of the individual (Funnell, 2004). A mutual sharing of information is a crucial stage in the process of empowerment. Although workers may contribute through professional knowledge, all parties have unique perceptions and information and are capable of learning from one another (Funnell, 2004). In addition to lectures and conferences, the exchange of experiences and the support of coworkers are significant sources of the staff's ongoing development of professional knowledge (Wahlin *et al*., 2009).

On the other hand, in an empowered healthcare setting, individuals might mediate assistance or instruction that enhances skill development (Wahlin *et al.*, 2010). Enhanced critical reasoning and positive feedback are advantageous to skill development. With essential resources (e.g., time and equipment), skills and knowledge provide the ability to manage obstacles and get things done (Fitzpatrick, 2011). Skills are acquired through an ongoing process of individual development. Therefore, staff engagement in empowering activities are abilities in involvement and relational competence, enabling effective alliances with others regardless of one's role or position within an organization (Roche *et al*., 2009). In empowerment studies with patients, skills are frequently discussed in terms of staff skills but rarely in terms of the patient's own abilities. Relatives may feel empowered if they receive assistance in building skills that enable them to engage in caring (Wahlin *et al*., 2009).

Self-determination and shared decision

One can experience self-determination when one is involved in meaningful processes, but also when one is treated with respect, is taken seriously, is listened to, and one's wants and desires are acknowledged (Fitzpatrick, 2011). Regarding patients in the healthcare setting, self-determination could be viewed as a process of enabling rather than holding or relinquishing power (Lewin & Piper, 2007). Self-determination entails the opportunity to participate when one is willing and competent and possesses opportunities (Christensen & Hewitt-Taylor, 2007). This may involve, for instance, entrusting care to health professionals, collaborating on

decisions, or making an informed decision (Christensen & Hewitt-Taylor, 2007). Even though one's opinion is never solicited, next-of-kin in critical care frequently experiences involvement through being informed and having the ability to watch the growth process (Wahlin *et al*., 2009). Regarding health professionals, self-determination and engagement are supported by congruence between personal and professional/ organizational values and objectives (Hauck, 2011).

Sharing of social power

Empowerment is characterized by increased energy. In an empowering interaction, emotional strength and vigor are formed and sparked (Wahlin *et al*., 2009). When one receives positive feedback, feels worthwhile and secure in oneself and in what one is doing, and feels in control of the situation, self-esteem and trust in oneself improve (Christensen & Hewitt-Taylor, 2007). Confirming interactions occur when individuals encounter data that either reinforces their positive self-evaluation or diminishes their negative self-evaluation (Engstrom & Soderberg, 2007). Patients and family members in the healthcare setting experience inner strength, which could be described as a fighting spirit or self-efficacy and self-esteem, when they are recognized, acknowledged, and valued as individuals and for their way of thinking (Johansson *et al*., 2005). Being heard and acknowledged signifies that one's experience is supported and encouraged, hence validating one's value (Engstrom & Soderberg, 2007). In addition, feelings of altruism and perceptions of meaning and motivation can provide vitality to health care personnel (Wahlin *et al*., 2010). A key notion is that it is impossible to empower another person; in an empowerment process, power is not transferred from one individual to another but produced inside an individual.

5. Model Case

Ahmad, a home health care nurse, was recently hired and assigned to lead the home health care team east of Riyadh. Ahmad leads a team consisting of one physician, one social worker, and one physiotherapist. The team has a daily schedule to visit about 15 clients at their houses and provide the care they need. Ahmad conducts a planning meeting every morning before initiating their visits. In this meeting, every team member shares what they will offer to the patients and discusses how they will perform the visit with other members. Then, the team members go together to their patient's houses and share the information about each case based on their specialty perspectives for each member. Ahmad introduces his colleagues to the patients and their family members when the team arrives. After that, Ahmad is usually given a chance to the visited patient and family members to talk, clarify their complaints, and state their expectations. The team members then start their assessment and keep the client informed about the results of the evaluations. During this time, the team members provide holistic care to

their patients and build mutual relationships considering their physical, social, and psychological needs. Patients and family members are free to reject or change the plan set by the team after the discussion and clarification. The visit ends with a final conversation, including a summary of the examination finding, plan of care, and patient needs and preferences. The patient is given an appointment for the next visit and the communication information in case of emergencies. Finally, the team members say goodbye to their patients and emphasize taking care of their health. These visits will be regular to the patient, consolidating the relationships between them and keeping the patients empowered as they feel that they are receiving the proper care.

6. Borderline Case

A governmental primary health care center designated a project for community schools in the Riyadh region to assess students' health status and lifestyle. PHC team members start their visit every day, and upon arrival, they ask the school administration to organize a meeting. During the meeting, they presented to the school manager their plan and the program they intended to perform. Then, the team members start their survey by distributing questionnaires to all students and asking them to complete them. After collecting all surveys, the team members analyze the study and, based on that, provide some services based on the finding of their survey. For example, PHC team members found that students at the schools are primarily obese, and the nutritional status of most of them is unhealthy. In addition, The classrooms consisted of more than 40 students in a small space warning of air pollution and infection spread. The team members write these remarks to the school manager and recommend instructions for solving these issues.

The preceding instance possesses some, but not all, characteristics of empowerment. While the focal team members attempted to create relationships and highlight the school's weaknesses, they never demonstrated a desire to share or relinquish control to the community schools and promote mutual decision-making.

7. Contrary Case

Mrs. Fatima, a 35-year-old mother, brought her four-year-old son Ali to one primary health care center with a one-day history of severe dehydration and acute diarrhea. After evaluating the child, Mona, the attending nurse, obtained a feces sample from Ali and sent it to the laboratory. A positive finding for vibrio cholera, the bacterium that causes cholera. Mrs. Fatima is a widowed housewife with four children aged 2 to 14 years; they live in a small house, share the same toilet, and obtain their drinking water from the community stream. After completing the evaluation and confirming the diagnosis of cholera, the doctor prescribed the child antibiotics for three days and oral rehydration therapy.

Fatima also instructed the mother to refrain from drinking water from the stream and to continue purchasing ORT sachets after the child had finished the one she provided.

In contrast to the preceding instance, there was no evidence of empowerment. The nurse and doctor took a paternalistic stance when addressing the presenting issue. She disregarded the fact that the woman was a widow and impoverished, and she did not ask for her opinion on the issue; instead, the doctor and nurse simply outlined the remedies she wanted her to implement, regardless of whether the woman possessed the means to carry them out.

8. Antecedents and Consequences

The events that took place before the introduction of the concept are referred to as its antecedents, as stated by Avant and Walker (2014). According to the findings of the research, there are four factors that serve as precursors to empowerment. These are social motivation, the availability of knowledge or options, involvement by all parties, and a desire to share power with others. The results of empowerment can be broken down into three categories: social justice (Cattaneo *et al.,* 2014), independence (Johnston & Shaw, 2013; Lawn *et al.,* 2014), and confidence (Munn, 2010).

9. Empirical Referents

There are a variety of instruments used to measure empowerment. However, due to the fact that various tools were independently developed for unique circumstances, there is no consensus regarding the ideal strategy. A few examples of empowerment scales are the Empowerment Scale for mental health, the Diabetes Empowerment Scale for diabetics, and the Patient Empowerment Scale for cancer patients (Bravo *et al.,* 2015).

Even though there are numerous instruments for measuring empowerment in other contexts, there are currently instruments developed for measuring empowerment in specialized health-related contexts. For example, the Patient Empowerment Scale (PES) was developed to assess patient empowerment and disempowerment in hospitals serving older patients (Faulkner, 2001) and nursing homes (Tu *et al.,* 2006). In addition, Rodgers *et al.,* (1997) established a patient empowerment scale to assess mental health patient empowerment. The Empowerment Scale (ES) created by Spreitzer *et al.,* (1995) has been utilized to evaluate psychological empowerment in the workplace. In contrast, the Conditions of work effectiveness questionnaire-II (CWEQ-II) (Laschinger *et al.,* 2010) measured the underlying construct of structural empowerment. Additionally, individuals with chronic disorders have been treated with the ES produced by Andersson *et al.,* (2000).

CONCLUSION

Based on the analysis findings, we can conclude that empowerment is a helpful and significant concept for healthcare workers and patients, administration, educators, and researchers. If a health professional wants to practice from a health empowerment perspective, they need to remember that empowerment is more than simply giving information; it incorporates strategies that foster awareness of and access to personal and social contextual resources. Empowerment emphasizes engaging all parties in the decision-making process and promoting power sharing. For clients to purposefully participate in the process of working toward achieving health goals, they need to become aware of and engaged with the resources available to them.

REFERENCES

- Anderson, R. M., Funnell, M. M., Fitzgerald, J. T., & Marrero, D. G. (2000). The Diabetes Empowerment Scale: a measure of psychosocial self-efficacy. *Diabetes care*, *23*(6), 739-743.
- Bradbury-Jones, C., Irvine, F., & Sambrook, S. (2010). Empowerment of nursing students in clinical practice: spheres of influence. *Journal of Advanced Nursing*, 66(9), 2061-2070.
- Bravo, P., Edwards, A., Barr, P. J., Scholl, I., Elwyn, G., & McAllister, M. (2015). Conceptualising patient empowerment: a mixed methods study. *BMC health services research*, *15*(1), 1-14.
- Browning, A. M. (2013). Moral distress and psychological empowerment in critical care nurses caring for adults at the end of life. *Am J Crit Care*, 22, 143-151.
- Cattaneo, L. B., Calton, J. M., & Brodsky, A. E. (2014). Status quo versus status quake: putting the power back in empowerment. *Journal of Community Psychology*, 42(4), 433-446.
- Cawley, T., & McNamara, P. M. (2011). Public health nurse perceptions of empowerment and advocacy in child health surveillance in West Ireland. *Public Health Nursing*, 28(2), 150-158.
- Christensen, M., & Hewitt-Taylor, J. (2007). Patient empowerment: does it still occur in the ICU?. *Intensive and Critical Care Nursing*, *23*(3), 156-161.
- Dowling, M., Murphy, K., Cooney, A., & Casey, D. (2011). A concept analysis of empowerment in chronic illness from the perspective of the nurse and the client living with chronic obstructive pulmonary disease. *Journal of Nursing and Healthcare of Chronic Illness*, *3*(4), 476-487.
- Engström, Å., & Söderberg, S. (2007). Receiving power through confirmation: the meaning of close relatives for people who have been critically ill. *Journal of advanced nursing*, *59*(6), 569-576.

- Faulkner, M. (2001). A measure of patient empowerment in hospital environments catering for older people. *Journal of Advanced Nursing*, *34*(5), 676-686.
- Fitzpatrick, J. J., Campo, T. M., & Lavandero, R. (2011). Critical care staff nurses: empowerment, certification, and intent to leave. *Critical Care Nurse*, *31*(6), e12-e17.
- France, N.E., Byers, D., Kearney, B., & Myatt, S.U. (2011). Creating a Healing Environment: nurse-to-nurse caring in the critical care unit. *Int J Human Caring*, 15, 44-48.
- Funnell, M. M. (2004). Patient empowerment. *Crit Care Nurs*, 27, 201-204.
- Hauck, A., QUINN GRIFFIN, M. T., & Fitzpatrick, J. J. (2011). Structural empowerment and anticipated turnover among critical care nurses. *Journal of nursing management*, *19*(2), 269-276.
- Hermansson, E., & Mårtensson, L. (2011). Empowerment in the midwifery context—a concept analysis. *Midwifery*, *27*(6), 811-816.
- Johansson, I., Fridlund, B., & Hildingh, C. (2005). What is supportive when an adult next-of-kin is in critical care?. *Nursing in critical care*, *10*(6), 289-298.
- Johnston, V., & Shaw, W. S. (2013). Helping workers help themselves: empowering physiotherapy clients to manage musculoskeletal problems at work. *Physical Therapy Reviews*, 18(5), 373-378
- Kieffer, C. H. (1984). Citizen empowerment: A developmental perspective. *Prevention in human services*, *3*(2-3), 9-36.
- Kuokkanen, L., & Leino-Kilpi, H. (2000). Power and empowerment in nursing: three theoretical approaches. *Journal of advanced Nursing*, *31*(1), 235-241.
- Laschinger, H. K., Gilbert, S., Smith, L. M., & Leslie, K. (2010). Towards a comprehensive theory of nurse/patient empowerment: applying Kanter's empowerment theory to patient care. *Journal of Nursing Management*, 18, 4-13.
- Spence Laschinger, H. K., Gilbert, S., Smith, L. M., & Leslie, K. (2010). Towards a comprehensive theory of nurse/patient empowerment: applying Kanter's empowerment theory to patient care. *Journal of nursing management*, *18*(1), 4-13.
- Lawn, S., Delany, T., Sweet, L., Battersby, M., & C. Skinner, T. (2014). Control in chronic condition self-care management: how it occurs in the health worker-client relationship and implications for client empowerment. *Journal of Advanced Nursing*, 70(2), 383-394.
- Lawn, S., Delany, T., Sweet, L., Battersby, M., & C. Skinner, T. (2014). Control in chronic condition self-care management: how it occurs in the health worker–client relationship and implications for

client empowerment. *Journal of advanced nursing*, *70*(2), 383-394.

- Lewin, D., & Piper, S. (2007). Patient empowerment within a coronary care unit: Insights for health professionals drawn from a patient satisfaction survey. *Intensive and Critical Care Nursing*, *23*(2), 81-90.

- Lundqvist, A., Nilstun, T., & Dykes, A. K. (2002). Both empowered and powerless: mothers' experiences of professional care when their newborn dies. *Birth*, *29*(3), 192-199.

- Meleis, A. I. (2011). Theoretical Nursing: Development and Progress. Lippincott Williams & Wilkins, Philadelphia.

- Mok, E. (2001). Empowerment of cancer patients: from a Chinese perspective. *Nursing Ethics*, *8*(1), 69-76.

- Munn, Z. (2010). Effectiveness of interventions using empowerment concept for patients with chronic disease: a systematic review. *Journal of Advanced Nursing*, 66(7), 1446-1447.

- Rappapon, J. (1984). Studies in empowerment: Introduction to the issue. *Prevention in human services*, *3*(2-3), 1-7.

- Rao, A. (2012). The contemporary construction of nurse empowerment. *Journal of Nursing Scholarship*, *44*(4), 396-402.

- Roche, J., Morsi, D., & Chandler, G. E. (2009). Testing a work empowerment-work relationship model to explain expertise in experienced acute care nurses. *JONA: The Journal of Nursing Administration*, *39*(3), 115-122.

- Rogers, E. S., Chamberlin, J., Ellison, M. L., & Crean, T. (1997). A consumer-constructed scale to measure empowerment among users of mental health services. *Psychiat Serv*, 48, 1042-1047.

- Ryles, S. M. (1999). A concept analysis of empowerment: its relationship to mental health nursing. *Journal of Advanced Nursing*, *29*(3), 600-607.

- Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of management Journal*, *38*(5), 1442-1465.

- Tu, Y. C., Wang, R. H., & Yeh, S. H. (2006). Relationship between perceived empowerment care and quality of life among elderly residents within nursing homes in Taiwan: A questionnaire survey. *International Journal of Nursing Studies*, *43*(6), 673-680.

- Wåhlin, I., Ek, A. C., & Idvall, E. (2009). Empowerment in intensive care: patient experiences compared to next of kin and staff beliefs. *Intensive and Critical Care Nursing*, *25*(6), 332-340.

- Walker, L., & Avant, K. (2014). *Strategies for Theory Construction in Nursing*. (5th ed). Pearson Prentice Hall, Upper Saddle River, New Jersey, USA.

- Ward, D., & Mullender, A. (1991). Empowerment and oppression: an indissoluble pairing for contemporary social work. *Critical Social Policy*, *11*(32), 21-30.