DOWNLOAD PDF THE POWER TO MAKE A DIFFERENCE. EMPOWERMENT FOR NURSES ; ENABLING PATIENT EMPOWERMENT.

Chapter 1 : - NLM Catalog Result

An examination of the state of the science on power and empowerment in nursing is warranted, to determine if the literature can provide insights into how, if at all, nursing can garner power for the profession as well as for patient care.

Powerless nurses are ineffective nurses. Powerless nurses are less satisfied with their jobs and more susceptible to burnout and depersonalization. Empowerment for nurses may consist of three components: A more thorough understanding of these three components may help nurses to become empowered and use their power for better patient care. Looking Backward to Inform the Future". The Online Journal of Issues in Nursing. Many advances in technology and health care indeed make this a brave new world. Even now, years after the feminist movement, many nurses do not feel empowered, and what we do "as nurses does not seem to be working" Fletcher, , p. An examination of the state of the science on power and empowerment in nursing is warranted, to determine if the literature can provide insights into how, if at all, nursing can garner power for the profession as well as for patient care. The Concept of Power Power is a widely used concept in both the physical and social sciences, and as a result, there are many definitions. In the physical sciences power refers to the amount of energy transferred per unit of time. Electricians work to provide and restore this type of power as a matter of course. Mathematicians have a different notion of power in mind when they talk about a numeral to the second or third power. Nurses need power to be able to influence patients, physicians, and other health care professionals. Several definitions of power have been used in nursing. Power has been defined as having control, influence, or domination over something or someone Chandler, Another definition views power as "the ability to get things done, to mobilize resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet" Kanter, , p. For Benner, power includes caring practices by nurses which are used to empower patients Benner, Power may also be viewed as a positive, infinite force that helps to establish the possibility that people can free themselves from oppression Ryles, Of particular interest to nursing is the concept of expert power, which has been defined as "the ability to influence others through the possession of knowledge or skills that are useful to others" Kubsch, , p. Benner has described qualities of power associated with caring provided by nurses such as transformative and healing power. Transformative and healing power contribute to the power of caring, which is central to the profession of nursing Benner, Power is necessary to be able to influence an individual or group. Nurses need power to be able to influence patients, physicians, and other health care professionals, as well as each other. Studies such as these suggest that there are compelling reasons to promote power in nursing. Initially, nursing was a domestic role women were expected to fulfill in the home Wuest. In addition, a lot of nursing work is done in private, behind drawn curtains Wolf, Educational factors contribute to this situation, and they are twofold. Since twenty-two percent of nurses in America today are diploma graduates Spratley et al. Second, the multiple entry levels into nursing practice further dissipate whatever influence nursing may be able to generate. Historically nurses have had difficulty acknowledging their own power Rafael. According to Rafael power has been viewed as a outcome of masculinity and in direct opposition to caring, which is seen as the essence of nursing and traditionally aligned with femininity. Many nurses may be reluctant to access or use power because they view power as a masculine attribute that is inconsistent with their self-identities as women. Kanter maintains that power is acquired through the process of empowerment. She views empowerment as arising from social structures in the workplace that enable employees to be satisfied and more effective on the job Kanter, Chandler argues that empowerment arises from relationships and not merely from the parceling out control, authority, and influence Chandler, Empowerment may be either an individual or a group attribute Ryles, The concept of empowerment emerged in the late s and early s as a result of the self-help and political awareness movements Ryles, Although power has been discussed in nursing literature since the s Kalisch, , Chandler was among the first to describe the process of empowerment in nursing. Chandler also distinguished between power and empowerment, noting that empowerment enables one to act, whereas power connotes having control,

influence, or domination. Historically access to and the content of nursing education has not been fully under the control of nurses Rafael, It is small wonder that nursing remains powerless relative to other professions. Despite empirical evidence of the positive outcomes of empowerment for nursing practice, a historical perspective is helpful in understanding why many nurses remain disempowered. As long as nurses view power as only having control or dominance, and as long as nursing does not control its own destiny, nurses will continue to struggle with issues of power and empowerment. Kinds of Power over Nursing Care Needed for Nurses to Make Their Optimum Contribution There are at least three types of power that nurses need to be able to make their optimum contribution. The continued lack of control over both the content and context of nursing work suggests that power remains an elusive attribute for many nurses Manojlovich, a. Control Over the Content of Nursing Practice Power is an attribute that nurses must cultivate in order to practice more autonomously because it is through power that members of an occupation are able to raise their status, define their area of expertise, and achieve and maintain autonomy and influence Hall, Having control over the content of nursing practice may not be enough to provide power for nurses. Of all decision makers in the hospital environment, only the bedside nurse, who is in closest proximity to the patient, can fully appreciate subtle patient cues and trends as they arise and act on them to properly care for that patient Manojlovich, a. To identify the appropriate course of action and effectively function, professionals must have understanding and control over the entire spectrum of activities associated with the job at hand Manojlovich. However, it may be that nurses are frequently unable to use their professional preparation, which focuses on autonomous practice and independent decision making, because they are powerless relative to organizational administrators and medical staff Manojlovich. Control Over the Context of Nursing Practice Besides control over the content of nursing practice, which represents one type of power, a related type of control is known as control over the context of practice, and represents another type of power that nurses need Laschinger et al. The positive findings of the magnet hospital research may be attributed to empowering organizational social structures, although they were not identified as such. Hospital characteristics which were found to attract and retain qualified staff nurses included decentralization and participatory decision making. All of the magnet hospital studies have also consistently demonstrated positive benefits for nursing and patients when nurses control both the content and the context of their practice. The original magnet hospital study also recognized that the power base of staff nurses emerged from nursing leadership, whose power came from staff, hospital administrators, and boards of trustees McClure et al. A more recent study has validated the magnet hospital findings, demonstrating that strong nursing leadership strengthens the effect of empowerment on nursing practice behaviors Manojlovich, c. In multiple studies, patient outcomes were improved when the hospital organization was supportive of autonomous nursing practice Aiken et al. In these studies, autonomous nursing practice was operationalized as control over the practice environment, decision-making ability, and collegial relationships with physicians, suggesting an important link between power and patient outcomes. Power is maintained through knowledge development Rafael, , which is acquired through education and expertise. Expertise is not the same as experience, nor can expertise be acquired on nursing units with high turnover Benner, This suggests a complex relationship between organizational factors that contribute to nursing turnover and the development of nursing expertise. Educational preparation and expertise represent two additional types of power nurses need to make their optimal contribution to patient care. There may be additional benefits for hospitals that promote nursing power. Bednash reported on a study indicating that hospitals that allowed their staff autonomy over their own practice and active participation in decision making about patient care issues were the most successful in recruiting and retaining nurses. In another study patient satisfaction improved when there was more organizational control by staff nurses Aiken et al. The Current State of Nursing Empowerment Related to Nursing Care Part of the difficulty many nurses have in being powerful may be due to their inability to develop the types of power described in the previous section. Power over the content, context, and competence of nursing practice contributes to feelings of empowerment, but control in these three domains may not be enough. An examination of the two major areas of empowerment literature in nursing, as

well as a third area not yet embraced by nursing, may help inform future directions for the development of power and empowerment for nurses. Empowerment in nursing has largely been studied from two perspectives. Therefore a third perspective on empowerment, not yet embraced by nursing, is gender specific. Women develop empathy and empowerment through relationships, although the mutual processes of empathy and empowerment are largely invisible Fletcher et al. The answer to increasing nursing empowerment may lie in understanding workplace sources of power, expanding the view of empowerment to include the notion of empowerment as a motivational construct, and finally making more explicit growth fostering relationships which also contribute to power. Theory of Structural Empowerment The theory of structural empowerment states that opportunity and power in organizations are essential to empowerment, and must be available to all employees for maximal organizational effectiveness and success. There are four structural conditions identified by Kanter as being the key contributors to empowerment. Empowerment is on a continuum, because the environment will provide relatively more or less empowerment, depending on how many of the four structures are present in the work setting. The theory of structural empowerment places the focus of causative factors of behavior fully on the organization, in effect maintaining that powerless individuals have not been exposed enough to the four empowering workplace structures. Therefore, the qualities of a job and its context evoke behaviors from those in a job position that determine the likelihood of success Kanter, However evidence of the essence of structural empowerment, if not the name, appears in other research as well. Kramer and Schmalenberg identified organizational strategies necessary before individuals could act in an empowered manner. Other than the magnet program there is additional support for configuring work environments in a way that promotes empowerment. Aiken and colleagues conducted an international study in five countries to compare nurse staffing, work environments, and patient outcomes. Even in countries with vastly different health care systems nurses reported similarities in workplace empowerment elements. The results of this international study further suggest that the relative presence or absence of specific environmental factors associated with structural empowerment may contribute to variation in nursing and patient outcomes in multiple countries. There is evidence in the literature that structural empowerment contributes to higher levels of job satisfaction Manojlovich, d , and is interrelated with nursing leadership Upenieks, a. In fact, nursing leaders must empower themselves by first accessing empowering work environment structures before moving forward to offer these same empowering work conditions to their staff Upenieks, b. Theory of Psychological Empowerment Thus empowerment, as provided by the environment, tells part of the story, but alone it is not enough. Some environments are empowering because they allow workers to do what it is the workers feel is necessary to get the job done. In other words, these environments provide the sources of power. Other work environments may not be as empowering, yet there will still be a few hardy individuals who manage to do whatever it takes to be effective on the job. It may be that these people are able to recognize what few empowering social structures in the environment are present, and manipulate them, since it is only in recognition that the structures can be used. An alternative theoretical perspective on empowerment acknowledges the fact that empowerment is also a psychological experience. Conger and Kanungo viewed empowerment as a motivational construct, while maintaining that it is still a personal attribute. Spreitzer developed this version of empowerment further. According to Spreitzer, the process of psychological empowerment is a motivational construct which manifests as a set of four cognitions that are shaped by a work environment. The four cognitions are: Self-efficacy for nursing practice one of the psychological empowerment cognitions was recently found to contribute to professional nursing practice behaviors Manojlovich, b. In fact, this study demonstrated that structural empowerment contributed to professional practice behaviors through self efficacy, consistent with the notion that both forms of empowerment may be necessary to sustain professional practice behaviors Manojlovich. In addition to accessing workplace structures to garner structural empowerment, and developing power through psychological empowerment, yet one more perspective on empowerment may be required.

Chapter 2 : Patient Empowerment Network | Patient Power

power, empowerment, and change in nursing and health care 85 attainment theory, Hawks de ned power as the ability to achieve goals within collaborative and mutual interpersonal relationships.

In a research project designed to measure empowerment in programs funded by and for mental health services users, we first undertook to come up with a working definition. Key elements of empowerment were identified, including access to information, ability to make choices, assertiveness, and self-esteem. Empowerment has both an individual and a group dimension. Details of the definition are provided, along with a discussion of the implications of empowerment for psychiatric rehabilitation programs. Still lacking a definition, the word has become common political rhetoric, with a flexibility of meaning so broad that it seems to be in danger of losing any inherent meaning at all. The problem of using the term meaningfully becomes even more problematic in other countries and other languages. Nonetheless, I believe that the term can have real meaning, and that the first step in making it meaningful is to define it. It was clearly a key concept, making it necessary to define empowerment as part of the project. We therefore brought together a group of a dozen leading U. Although we recognized that empowerment had elements in common with such concepts as self-esteem and self-efficacy, we also felt that these concepts did not fully capture what we saw as distinctive about empowerment. After much discussion, we defined empowerment as having a number of qualities, as follows: Having access to information and resources. A feeling that the individual can make a difference being hopeful. Learning to think critically; learning the conditioning; seeing things differently; e. Learning to redefine what we can do. Learning to redefine our relationships to institutionalized power. Learning about and expressing anger. Not feeling alone; feeling part of a group. Understanding that people have rights. Coming out of the closet. Growth and change that is never ending and self-initiated. We decided early in our discussions that empowerment was complex, multidimensional concept, and that it described a process rather than an event. In fact, I have found that in presenting the definition to various groups, it often does begin such a useful discussion, and I have been told by non-English speakers that the definition has been useful in their attempts to translate the word. Therefore, many programs assume the paternalistic stance of limiting the number or quality of decisions their clients may make. Clients may be able to decide on the dinner menu, for example, but not on the overall course of their treatment. Yet, without practice in making decisions, clients are maintained in long-term dependency relationships. No one can become independent unless he or she is given the opportunity to make important decisions about his or her life. Decisions are best made when the individual has sufficient information to weigh the possible consequences of various choices. Having a range of options from which to make choices. A feeling that the individual can make a difference. Hope is an essential element in our definition. A person who is hopeful believes in the possibility of future change and improvement; without hope, it can seem pointless to make an effort. Learning to think critically; unlearning the conditioning; seeing things differently. This part of the definition created the most discussion within our group, and we were unable to come up with a single phrase that encapsulated it. In the early stages of participation in self-help groups, for example, it is very common for members to tell one another their stories; both the act of telling and that of being listened to are important events for group members. Because the expression of anger has often been so restricted, it is common for clients to fear their own anger and overestimate its destructive power. Clients need opportunities to learn about anger, to express it safely, and to recognize its limits. An important element in our definition is its group dimension. We believe that it is necessary to recognized that empowerment does not occur to the individual alone, but has to do with experiencing a sense of connectedness with other people. The self-help movement among psychiatric survivors is part of a broader movement to establish basic legal rights. We see powerful parallels between our movement and other movements of oppressed and disadvantaged people, including racial and ethnic minorities, women, gays and lesbians, and people with disabilities. Part of all of these liberation movements has been the struggle for equal rights.

Through understanding our rights, we increase our sense of strength and self-confidence. When a person brings about actual change, he or she increases feelings of mastery and control. This, in turn, leads to further and more effective change. Again, we emphasized that this is not merely personal change, but has a group dimension. Learning skills that the individual defines as important. Mental health professionals often complain that their clients have poor skills and cannot seem to learn new ones. At the same time, the skills that professionals define as important are often not the ones that clients themselves find interesting or important e. When clients are given the opportunity to learn things that they want to learn, they often surprise professionals and sometimes themselves by being able to learn them well. People with psychiatric diagnoses are widely assumed to be unable to know their own needs or to act on them. People with devalued social statuses who can hide that fact often quite wisely choose to do so. However, this decision takes its toll in the form of decreased self-esteem and fear of discovery. Individuals who reach the point where they can reveal their identity are displaying self-confidence. We wanted to emphasize in this element that empowerment is not a destination, but a journey; that no one reached a final stage in which further growth and change is unnecessary. As a person becomes more empowered, he or she begins to feel more confident and capable. This concept is particularly important within psychiatric rehabilitation programs, since these programs often claim that they are promoting independence, autonomy, and other ideas related to empowerment. It would be extremely useful to find out, for example, whether rehabilitation practitioners believed their programs were promoting empowerment in their clients, and whether clients of those programs agreed. An increase in empowerment scores following participation in a program would be a positive indicator about that program. If scores did not increase, practitioners and program clients should try to identify those program elements that interfere with clients becoming empowered. Operating an empowerment-oriented program has risks, as does becoming empowered. The desire to protect and to be protected is a strong one; nonetheless, there are genuine benefits when clients begin to control their own lives, and when practitioners become guides and coaches in this process, rather than assuming the long-term, paternalistic role of supervisors. Such a shift of roles and practices would make rehabilitation services truly transformative in the lives of their clients. She is the author of On Our Own: Patient Controlled Alternatives to the Mental Health System, as well as numerous articles on the topics of self-help and alternatives. She is affiliated with the center for psychiatric rehabilitation, Boston University, and with the National Empowerment Center, Lawrence, Massachusetts.

Chapter 3 : A Working Definition of Empowerment - National Empowerment Center

All nurses, not just Elizabeth, rightfully feel a need for control, influence, power or authority â€" empowerment by any euphemism â€" to obtain the resources necessary to accomplish the professional obligations with which society has charged them.

Hospitals are to be subject to more rigorous inspection and more comprehensive monitoring, a Chief Inspector of Hospitals will identify failing organisations publicly, management will be held responsible, and, when they fail, the consequence may be the end of their career in the NHS. This shift is pragmatic. Upward accountability â€" from the front line to managers and from managers to commissioners, regulators and politicians â€" has always been more powerful than outward accountability to patients and the public. Upward accountability may sometimes distort and corrupt, but there is no doubting its impact. In comparison, outward accountability to patients is feeble. Despite the theoretical appeal of empowering patients and making providers of health care more accountable to them directly, the practical hurdles have often seemed insurmountable. The biggest of these by far is the attitude of patients. The reason for this is simple. It cuts across our most fundamental desires to put our trust in those who care for us. The desire to trust doctors, nurses and, by extension, the NHS is so strong that it takes some battering before it collapses. In each case the patient or carer started from a position of trust in the system. They said what they felt was needed and when reassured, were inclined to maintain their faith in the system over their own disquiet. As James Titcombe puts it when he was told his son Joshua did not need antibiotics: When such faith is found to be misplaced, the result is a combination of fury and an unbearable regret over what might have been. Far too little is made of the fact that, so often, the patient or family member knew things were not right. They correctly identified the problems with their care or that of their loved ones. But they were ignored. A duty of candour to such patients is, of course, an important step forward. But it is too far after the event to count as a solution. Looking to the future, we must also give the patient greater authority in the management of their care. The key to this is encouraging doctors to take an active part. As for it being a waste of time, done correctly, the reverse should be the result. Giving patients greater access to information about their care and enabling them to carry out tasks, such as managing prescriptions or booking appointments, would be both informing and empowering as well as reducing the burden on the NHS. The ethical argument needs greater development and rests on what is in the best medical interests of the patient. Many doctors feel uncomfortable at the idea that giving patients power must imply allowing them to make the wrong decision. More than that, there is the feeling that it is unethical to put a burden of responsibility on patients who are uncomfortable with it. Against this, should be weighed the evidence that the quality of health care provided and the outcomes for patients are better if they do take on greater responsibility. Doctors recognise that it is appropriate to tell patients to cut down on smoking or eating, however much the patient might dislike the advice. In the same way, we are now at a point where doctors should consider encouraging patients to take on greater responsibility for their health care â€" however much the patient might prefer to leave it to the doctor â€" because it is in the best interests of their own health. One incentive that might persuade doctors that this is worth pursuing is the potential it offers to reduce the reliance on upward accountability to managers and politicians and replace it with outward accountability to patients.

Chapter 4 : Power and Empowerment in Nursing: Looking Backward to Inform the Future

The ANA Code of Ethics for nurses identifies that nurses promote, advocate for, and strive to protect the health, safety, and rights of the patient.2 Therefore, as nurses, we need to advocate for our patients and ourselves. To advocate requires some level of power to do so.

By Drexel University Posted: July 21, DataSource: The requested DataSource 5f4ceabc-4ecfdfb6cf57 is not accessible. Tweet Patient-centered health care and patient empowerment are powerful forces in the fight for efficient, positive outcomes. As the front line in care, nursing staff are always looking for ways to help their patients take responsibility for their care and their health. Education is always at the top of the list, but information without engagement is useless. Here are five ways to actively hand your patients the power they need to step up and take charge of their health. This one sounds like a no-brainer. A caregiver profession, such as nursing, presupposes a higher-than-average supply of empathy. The truth is that the high-pressure atmosphere of many modern health care environments can act as a barrier to let patients feel engaged with their caregivers. Dealing with confused or anxious patients while coping with increasing time pressure can create tensionâ€”which can hinder effective, empathetic communication. Finding creative ways to make sure your patients feel cared for will go a long way towards making them feel that they have an active, valued role in their own care. Openly acknowledge their emotional states, especially when they are difficult. Encourage your patients to ask questionsâ€”even recommend that they keep a notebook and write down questions that occur to them between appointments. Remind your patients that they are at the center of their own health care. It can be easy for patients to feel lost. Dealing with multiple appointments, doctors, specialists, technicians, and nursing staff can be disconcerting. Let your patient know that they are the hub of all of this activity: Coach them to be engaged consumers rather than passive recipients, and find power in the role. Arriving at appointments armed with information such as a list of all current medications, supplements, and regimens, as well as an up-to-date history of previous visits and procedures can help them feel in control. Rather than being overwhelmed, patients regain a sense of being in charge of their own care. Encourage your patients to engage with social media. The health care industry as a whole is finding new ways to educate, inform, and connect with service users through social media. Many hospitals and practices now maintain social media presences across multiple platforms. Online surveys, questionnaires, and even blogs are great ways to reach out to patients and get them involved. Secure messaging or live chats with nursing staff can be an amazing way to give patients some instant peace of mind. Find out what channels are available where you work and personally invite your patients to participate. Social media can also be a powerful way for patients to connect with others in similar situations. Online support groups can help patients feel less alone, and exchanging information with others is another step towards helping them feel empowered. Provide a list of trusted, authoritative online information portals. Health literacy is a huge factor in patient empowerment and the Internet is an incredibly democratic way for patients to research issues affecting their health. It can be confusing and difficult for patients to sort through so much information of various and occasionally dubious quality. As their nurse, patients look to you as a trusted expert. Actively welcome and encourage patient empowerment. It sounds wonderful in theory, but there can be a few speed bumps when dealing with newly empowered patients. Rather than feeling threatened by these patients, give yourself a pat on the back. This post was written by Drexel University , which has been offering online degrees since Drexel University offers Internet-based nursing programs for working professionals. This record has been viewed times.

Chapter 5 : Home - Empowered Nurses

The power to make a difference. Empowerment for nurses --Facilitating patient empowerment. org/oclc/> # Ethics & issues in contemporary nursing a.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. This article has been cited by other articles in PMC. Abstract Type 2 diabetes is one of the most serious health concerns and policy agendas around the world. Epidemiological evidence suggests that it will likely continue to increase globally. New model of thinking is required to recognize whether the patients are in control of and responsible for the daily self-management of diabetes. Rapid changes toward patient empowerment and increasing involvement of patients in their care plan indicate more emphasis on disease prevention and health promotion and education than on mere disease and its treatment. Such changes make a step toward pervasive sense of responsibility among patients about their illness for their daily activities. Using the empowerment approach, healthcare professionals would help patients make informed decisions in accordance with their particular circumstances. Patient empowerment implies a patient-centered, collaborative approach that helps patients determine and develop the inherent capacity to be responsible for their own life. Empowerment is something more than certain health behaviors. Empowerment is more than an intervention, technique or strategy. It is rather a vision that helps people change their behavior and make decisions about their health care. It has the potential to improve the overall health and well-being of individuals and communities, and to change the socio-environmental factors that cause poor health conditions. The main concept of this change is the tendency to change. Although, many low and middle-income countries are still dealing with the said issues, health care and immunity promotion can tackle with the problems to some extent. In different nations, on the other hand, rapid changes in nutritional lifestyles and the lack of physical activities has taken place along with the changes in the patterns of non- communicable diseases diabetes, osteoporosis, cardiovascular disease and obesity and a large number of malignant diseases, just to name a few. Developing countries are experiencing an epidemiologic transition and what has become known as new world syndrome that is following an unhealthy nutritional pattern, adopting sedentary lifestyle, consuming junk food and increasingly taking drugs. Consequently, nations are prone to non-communicable diseases epidemics in future years. Type 2 diabetes is one of those diseases. Adult diabetes is a major health problem in the world. World Health Organization WHO is introducing diabetes as an overt epidemic strongly associated with the patient life style and economic conditions? Given the increasing statistics in diabetes prevalence, WHO introduced diabetes as a covert epidemic and has called upon all countries worldwide to fight with this disease. Diabetes prevalence is worriedly increasing worldwide. The total number of people with diabetes is projected to rise from million in to million in The major part of this numerical will occur in developing countries. Compared with the general population, people with diabetes,[10] particularly women, are times more likely to die from cardiovascular diseases caused by diabetes. This value is rising due to an increase in diabetes. Also, in many countries diabetes is a major cause of disability and death. With increasing costs of health care and treatment, health care resources limitations and changing disease patterns, different assessments are carried out with respect to the evaluation of the effectiveness of different types of treatment strategies. Such assessments make the decision process difficult. This measure is given priority in order to treat chronic diseases, particularly diabetes, for this disease can be controlled through self-managing and adopting self-care behaviors. It is necessary for diabetic patients to learn self-blood sugar monitoring. Blood sugar monitoring facilitates the changes in lifestyle by using a feedback mechanism on controlling blood sugar level. The changes are made to improve hygienic behaviors through physical activities and nutritional behavior. Although, the type of treatment is affective for the patient, it is important to pay meticulous attention to his supportive care issues. The issues need to receive full attention in all aspects to develop the metabolic control. Over the past decades,

the approach for diabetes education changed and strengthened the motivation in both educators and patents. Consequently, patients enjoyed greater benefits. Fresh information on the importance of metabolic control, exploration of new treatment strategies, development in the technology of monitoring and measuring blood sugar were all the factors that raised hope in patients. Also, theory and research-based education were introduced to diabetes education and great attention was devoted to its value. And finally, educational standards were set for educators. The educator was substituted by the patient-educator interaction and the power between them. DISCUSSION The global focus shift toward the empowerment and involvement of patient into self-caring, reflects a stress and focus on health, disease prevention and the education of health care rather than a mere focus on the disease and its treatment. This is a step towards developing the sense of responsibility of the patient about his disease. In the past, treatment guidelines in association with the medical model were presented. It was a mandatory practice in adherence to treatment of chronic disease. The communication strategies employed for this purpose were the only attempts in managing the disease. According to the experiences, such strategies are not effective enough, particularly if they are related to chronic diseases. People are empowered when they are fully provided with the necessary information to make wise decisions, exercise an appropriate control over themselves and having a fine condition under which a decision was taken into action, also when they have a wealth of experience to evaluate the efficacy of the decision. The goal of patient empowerment is to build up the capacity of patients to help them to become active partners in their own care, to enable them to share in clinical decision making, and to contribute to a wider perspective in the health care system. The concept was formed in order to detect problems, defects and interfere in them. It enables and empowers people and causes the power and strength to pass from one person or one group to another one. Empowerment process begins with providing the patient with information and education and ends when he can actively participates in making smart decisions about his disease. Patients are encouraged to fully participate in their treatment process by sharing their knowledge and experiences and making decisions through mutual assistance. Empowerment is something more than certain health behaviors and develops the potential to develop the overall health and well beings in people and communities. Empowerment is an intervention or a strategy to help people change their behavior in order to adhere to the treatment plan. Empowerment is a practical strategy in promoting health. Empowerment is also defined as a skill and ability to participate. Empowerment skills cover issues such as problem-solving, self-confidence and strategies to develop trust. Empowerment education targets individual, group, and structural change. To empower individuals, the motivation and skills that enable them to advocate for social reforms must be developed. In this definition, empowerment includes prevention, as well as community connectedness, self-development, improved quality of life, and social justice. WHO health promotion glossary illustrates a difference between individual empowerment and community empowerment. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community. There are ranges of options available including providing information sheets, multimedia programs, use of information technology, and skill building such as a diabetes self-management program. Multiple studies have demonstrated that patients who are involved with decisions about their care and the management of their conditions have better outcomes than those who are not involved. They also provide guidance for investigators in their efforts to develop patients diabetes education PDE approaches to fit better with human behavior. This would allow improved compliance and regimen adherence and consequently long-term diabetes control. Models are used to help people understand a particular problem to organize information. They are often used to present the process and sometimes to explain the process. Models provide health educators with a framework for design, implementation and assessment of the program. Choosing a proper pattern in health education is the first step to design an educational program. One of the theories frequently advocated in the literature as a useful model for PDE is patient empowerment. It has been suggested as a new approach for PDE, in order to cope with rapidly changing patterns of diabetes care and management, and to integrate its clinical, psychosocial and behavioral components and self-management

education. The purpose is to provide a combination of diabetes knowledge and self-management skills, and heightened self-awareness regarding values, beliefs, needs, and goals so that patients can use this power to make informed decisions about their behaviors and act for their self-care. Advocates believe that empowerment expand overall health status by affecting individuals behavior and using personal and social resources. Empowering is based on mutual respect, which is the result of placing value on human life and building a patient-caretaker relationship. Perceived concepts, knowledge, attitude, self-efficacy, skill, self-expectancy, health definition, motivation, self-confidence. Perceived susceptibility and perceived severity. To build perceived susceptibility, it is important to state the negative consequences and highlight the possible hazards for the patients. However, unrealistic fear or phobia should not be aroused. Different people have different perceptions of risk. Health educators need to build perceived severity by describing the serious negative consequences and personalizing them for the patient. One of the key concepts in empowerment is self-efficacy, which was defined by Albert Bandura. Self-efficacy has become a key variable in clinical, educational, social, developmental health and personality psychology. It has been proved that self-efficacy not only matches the disease with treatment, but it affects health activities. It also has many uses in behavior change. Bandura defines self-efficacy as capacity perceived by an individual to successfully execute a given behavior. Unless people believe they can produce desired effects by their actions, they have little incentive to act. Self-efficacy is the most important precondition for behavior change. There are four efficacy-enhancing strategies: Bandura points to four sources affecting self-efficacy: Moods, emotional states, physical reactions, and stress levels can all impact how a person feels about their personal abilities in a particular situation. Self-efficacy also affects the choice of behavior, settings in which behaviors are performed, and the amount of effort and persistence to be spent on performance of a specific task. The level of self-efficacy in diabetic patients can be assessed through self-management behaviors and consequences. Self-esteem is the degree to which one feels confirmation, verification, acceptance and value as a person. Self-esteem and self-efficacy are two primary components in learning process. They are correlated and complementary to each other and there is a mutual relationship between them. Study shows that people who have low self-esteem and place low value on themselves, poorly look after their health and also encourage the others to do so.

Chapter 6 : Ethics and Issues in Contemporary Nursing : Margaret Burkhardt :

The goal of patient empowerment is to build up the capacity of patients to help them to become active partners in their own care, to enable them to share in clinical decision making, and to contribute to a wider perspective in the health care system.

Chapter 7 : Giving power to the patient | The King's Fund

Nurse executives and unit managers should give more weight to the "business case" of clinical nurse empowerment and advocate for healthy workplace quality indicators. Don't underestimate the cost savings of staff retention resulting directly from staff empowerment.

Chapter 8 : 5 ways to empower your patients as a nurse | Articles | Main

Patient-centered health care and patient empowerment are powerful forces in the fight for efficient, positive outcomes. As the front line in care, nursing staff are always looking for ways to help their patients take responsibility for their care and their health.