



## Empowerment

## The relation between patient-centeredness and patient empowerment: A discussion on concepts

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## ABSTRACT

**Objective:** The concepts of patient-centeredness and patient empowerment offer opportunities for patients to increase their autonomy and involvement in their care and treatment. However, these concepts appear to be understood in different ways by professional groups involved in healthcare and research. To optimize understanding there is a need to create a common language. To explore and compare the concepts of patient-centeredness and patient empowerment, and clarify a possible relationship between the two from the perspective of the encounter between patients and their healthcare providers.

**Methods:** Concept analysis approach in which the concepts are compared based on literature review. **Results:** Patient-centeredness can be the goal of an encounter between patient and caregiver. As a process, it is of great value in the process of patient empowerment. Patient empowerment appears to be broader than patient-centeredness, and may place greater demands on caregivers and the organisation of healthcare.

**Conclusion:** Patient-centeredness and patient empowerment are complementary concepts which do not oppose one-another. Patient empowerment can be achieved by patient-centeredness, but patients can also empower themselves.

**Practice implications:** Clarification of patient-centeredness and patient empowerment can facilitate their use by those involved in healthcare, improve the quality of healthcare, and aid future research.

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## 1. Introduction

Healthcare professionals' long tradition of making decisions for the patient has been based on a belief that they knew what was best for the patient [1]. In recent years another view has arisen: that patients are, beside professionals, experts on their own bodies, symptoms and situation, and this knowledge is necessary to succeed in treatment. The patient should thus be treated as a partner in healthcare with both rights and responsibilities [2]. In addition, healthcare politicians and governments might hope that active patients will manage self-care better, thereby easing the economic constraints on the healthcare sector [2,3].

As early as 1977 the World Health Organisation advocated that patients participate in their healthcare [4]. Since then, there has been a focus on different ways of strengthening the patients'

position in healthcare and influence over medical and treatment decisions [5–7].

The concepts of patient-centeredness and patient empowerment have been launched in connection with this movement, and offer opportunities for patients to increase their autonomy and involvement in decision making care and treatment [8–10].

These concepts are widely used and discussed in healthcare research literature, and yet they are rooted in different disciplines and ideologies. Patient-centred medicine was introduced as “another way of medical thinking” by Michael and Enid Balint in 1969 when they proposed to hold seminars on psychological problems in general medical practice [11]. This way of thinking demanded of doctors to include everything they knew about their patient and their understanding their patient as a unique human being before forming an “overall” diagnosis of the patient's illness [11]. In this manner, it can be said that the concept of patient-centeredness originated in a psychological/psychotherapeutic framework. Since then, the concept has been supported as good medicine, yet poorly understood [12,13].

In contrast to patient-centeredness, the concept of empowerment did not evolve within the healthcare arena, but as a reaction to oppression and inequality within society at large. The roots of

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the empowerment concept can be traced back to Freire and the “pedagogy of the oppressed” [14,15] and philosophers like Hegel, Habermas and Sartre [15] or critical social theory and Marxism [14]. In the context of critical social theory it involves citizen power and achievement of common goals among people [16]. Women’s liberation, gay rights, disability rights and black power were all influenced by empowerment in one way or another [14]. Within the field of healthcare, the concept of empowerment has been used on two levels. First, it has been used to describe a relationship between health and power, based on the assumption that individuals who are empowered are healthier than those who are not [17,18]. Secondly, it has been used to describe a certain type of patient; one who may become empowered via health education programmes initiated by healthcare systems, or one who may become empowered via their interactions with healthcare providers [17].

In research literature, it is on the level of patient’s interactions with their healthcare providers that these two concepts appear to be understood in different ways, and one concept may sometimes even be included in a description of the other [19–22]. There are strong professional groups with different rhetoric’s involved in healthcare. Healthcare policy makers and healthcare providers using these concepts come from different disciplines and may have different agendas, and may thus be interested in different phenomena regarding healthcare. The healthcare policy maker may focus on the power balance between patient and healthcare provider and allocation of health services, while the healthcare provider may focus on a caring and trustful relationship with his or her patient. To optimize understanding and co-operation between these groups, there is a need for a joint culture and language.

Hence, the aim of this study was to explore and compare the concepts of patient-centeredness and patient empowerment, and clarify a possible relationship between the two from the perspective of the encounter between patients and their healthcare providers.

## 2. Method

This paper draws primarily on theoretical and empirical literature retrieved from the Medline, Psycinfo, and Sociological Abstracts databases, which were searched with no date restrictions using first “patient-centeredness” and “patient empowerment” as keywords. The results of the Medline search were 136 peer-reviewed articles for patient-centeredness, and 5669 articles for patient empowerment. Psycinfo resulted in 79 articles for patient-centeredness and 510 for patient empowerment, and Sociological Abstracts resulted in 47 articles for patient-centeredness and 175 articles for patient empowerment. A search of the databases using “patient-centeredness” and patient empowerment together resulted in 5 articles in Medline, 510 in Psycinfo, and no articles in Sociological Abstracts. Many of the articles were common to all three databases, and both searches. Selection criteria for articles applicable for this study were that they show how either of these two concepts were understood, described and operationalized, with focus on the perspective of the encounter between patients and their healthcare providers. Abstracts were first read and full articles were retrieved. Articles were also found upon examining the reference lists of retrieved articles. Selection continued until saturation regarding breadth of understanding and descriptions was reached. In the end articles began to refer to each other, and addition of these articles did not add new information regarding understandings and descriptions of these concepts. A total number of 40 articles were finally selected for the exploration and comparison of the two concepts.

As the purpose of a concept analysis is to explore a concept by systematically combining data retrieved from research literature

[23], an approach based on Walker and Avant’s [24] method of concept analysis was chosen for the comparison. The first two steps of Walker and Avant’s method require selecting a concept, and determining the purpose of the analysis [24]. These have already been described in the introduction. The process then continues with identifying the defining attributes (characteristics) and uses, followed by identifying the antecedents (events or circumstances that precede a concept), and finally the consequences of the concepts in question [24]. The authors had determined that clarification of a possible relationship between the concepts could be achieved by a comparison of the two, and that the comparison would follow the steps of Walker and Avant’s method for concept analysis. The defining attributes and uses of each concept will be described separately. Thereafter, the antecedents and consequences of the concepts will be identified and compared.

## 3. Findings

### 3.1. Defining attributes and uses of patient-centeredness

There is no clear definition of the concept of patient-centeredness in research literature. Reviews of literature on patient-centeredness by Mead and Bower resulted in defining five distinct dimensions of the concept [25,26]. These dimensions may be looked upon as the defining attributes of patient-centeredness. They are as follows: (1) the caregiver gives attention to biological, psychological and social aspects of patients’ health, (2) the caregiver understands the ‘patient-as-person’, that illness has a personal meaning for each individual, (3) there is a sharing of power and responsibility between healthcare provider and patient, where the healthcare provider strives to be sensitive to, and is able to respond to patients’ needs for information and sharing in decision making, (4) there is a therapeutic alliance between healthcare provider and patient, in which common goals of therapy are developed and relationship between healthcare provider and patient is strengthened and (5) there is an awareness that the healthcare provider is also a person, and that the personal qualities and subjectivity of the healthcare provider may influence their practice of medicine [26].

Stewart et al. described 6 interactive components of patient-centeredness in her study on the benefits of patient-centeredness in a family practice [27]. In the first five components the physician aims: (1) to explore the patient’s disease and dimensions of their illness experience; (2) to understand the whole person; (3) to find common ground with the patient regarding treatment; (4) to recommend prevention and health promotion; (5) to enhance the patient–doctor relationship. The final component requires that patient-centeredness be realistic regarding personal limitations, time, and resources [25,27].

Patient-centeredness appears to be bound to the context of clinical healthcare settings between caregiver and patient. For example, in primary care, most often between general practitioners and patient [9,26], among hospital medical specialists [28], and between caregiver and patient in various hospital settings such as palliative cancer treatment [12] and patients undergoing heart surgery [29].

### 3.2. Defining attributes and uses of patient empowerment

A definition of patient empowerment as a concept related to health by Feste and Anderson states that “The empowerment philosophy is based on the assumption that to be healthy, people must be able to bring about changes, not only in their personal behaviour, but also in their social situations and the organisations that influence their lives” [30].

**Table 1**  
Identification and comparison of antecedents of patient-centeredness and patient empowerment.

	Pat-centeredness	Pat-empowerment
<i>Behaviour caregiver and patient</i>		
Caregiver recognized as person	Mead and Bower [26]	
Caregiver and patient find common ground on what the problem is and agree on management	Stewart et al. [27], Chewning and Weiderholt [40] Irwin and Richardson [41]	
Sharing of power between caregiver and patient	Mead and Bower [26]	
Sharing of responsibility between caregiver and patient	Mead and Bower [26]	
Personal involvement of caregivers with patients, partnership between caregiver and patient based on mutual trust and respect	Mead and Bower [26]	Roberts [17] Rodwell [31], Nyatanga and Dann [42], Gibson [38], Aujoulat et al. [19]
Caregivers must have awareness and respect for individual patient's beliefs, recognize uniqueness of each individual patient	Mead and Bower [26], Stewart et al. [27]	Rodwell [31], Nyatanga and Dann [42], Hage and Lorensen [15]
Motivation on part of patient	de Haes and Koedoot [12]	Ellis-Stoll and Popkess-Vawter [32], Aujoulat et al. [19] Gibson [38], Nyatanga and Dann [42]
Caregivers must surrender need to control and decide for patients, should instead learn to be observers		
Patient with poor health behaviour in need of behaviour change		Ellis-Stoll and Popkess-Vawter [32]
<i>Skills necessary</i>		
Caregiver elicits and acknowledges patients' beliefs, priorities and fears	Stewart et al. [27], Michie et al. [44], Chewning and Weiderholt [40], Irwin and Richardson [41]	Aujoulat et al. [19], Hage and Lorensen [15], Kuokkanen and Leino-Kilpi [43]
Caregiver reinforces psychosocial skills in patients, provides resources, skills and opportunities so that patients develop a sense of control		Aujoulat et al. [19], Rodwell [31]
Caregiver encourages patients to review own experiences and reflect on what has worked for them		Hage and Lorensen [15], Aujoulat et al. [19], Feste and Andersson [30]
Patient should possess ability to reflect on benefits of behaviour change		Ellis-Stoll and Popkess-Vawter [32]
<i>Tools necessary</i>		
Caregiver provides patient with information regarding diagnosis, pathology, treatment and prognosis	Irwin and Richardson [41], Chewning and Weiderholt [40]	Rodwell [31]
Education, decision aids, self-reflective tools, provided by caregiver, are useful in process of being empowered		Rodwell [31], Aujoulat et al. [19]

The list of defining characteristics or attributes of patient empowerment vary among authors. According to Rodwell, the defining attributes of patient empowerment are as follows; “a helping process, a partnership which values self and others, mutual decision making using resources, opportunities and authority, and freedom to make choices and accept responsibility” [31]. Ellis-Stoll and Popkess-Vawter, in their concept analysis of empowerment found the process of empowerment to be composed of “mutual participation, active listening, and individualized knowledge acquisition by nurse-client dyad” [32].

On the level of interactions between patients and caregivers, patient empowerment has mostly focussed on empowering individuals, or sometimes groups of individuals with chronic conditions. For example, Funnell et al. [33] and Anderson and Funnell [34] have published extensively on empowering diabetes patients, while Hage and Lorensen [15] work with empowerment of frail elderly patients. The concept is also widely used in other healthcare contexts, such as mental health, health education and promotion, and in the empowerment of people with AIDS, asthma, heart failure, arthritis, and people with disabilities, among others [31,35,36].

Furthermore, the patient empowerment movement appears to be based on a stronger political agenda. Policy makers, administrators, social scientists and political scientists seem to use the concept of patient empowerment in their publications [17,37]. The concept of patient empowerment might (consciously or not) serve a diversity of agendas for healthcare policy makers, including enhancement of patient participation and rights as well as allocation of health services [16].

### 3.3. Identifying and comparing the antecedents and consequences of patient-centeredness and patient empowerment

According to Walker and Avant “antecedents are those events or incidents that must occur prior to the occurrence of the concept” [24, p. 73]. A review of the selected studies revealed events in the patient–caregiver relationship common to the occurrence of both patient-centeredness and patient empowerment, namely, the behaviour of the caregiver and patient, and any skills or other specific tools which may be necessary to achieve patient-centeredness or patient empowerment. These events will therefore be used to give structure to the comparison of the antecedents of the two concepts. Table 1 identifies and compares the antecedents of both concepts (caregiver and patient behaviour, and what skills and tools are necessary to achieve patient-centeredness or patient empowerment). Finally, Table 2 identifies the outcome or consequences of patient-centeredness or patient empowerment for patient and caregiver.

#### 3.3.1. Comments on comparison of antecedents of patient-centeredness and patient empowerment

Both patient-centeredness and patient empowerment have in common a sharing of responsibility, and a partnership between caregiver and the patient based on mutual trust and respect [19,26,31,38]. In both concepts the caregiver should have an awareness and respect for each individuals beliefs. This is in sharp contrast to early literature on medical encounters, which discussed the asymmetrical relationship between doctor and patient, and the imbalance in the discourse of medicine, where patients had problems in being heard by doctors who frequently

**Table 2**  
Identification and comparison of outcome or consequences of patient-centeredness and patient empowerment for caregiver and patient.

Outcome/consequences	Pat-centeredness	Pat-empowerment
Improves caregivers understanding of the patient's illness, patient's perspective, agenda, health beliefs and emotional experience	Chewning and Weiderholt [40]	
Fewer referrals to other physicians, fewer diagnostic tests, increased adherence to therapy	Duggan et al. [47] Stevenson [45]	
Allows caregiver to determine the appropriate need for information and participation from the individual patient's perspective, which patients want to be offered choice and which prefer a passive role	Laine and Davidoff [46]	
Patient satisfaction, greater enablement, greater improvement in symptom burden, positive health outcome	Stevenson [45], Michie et al. [44], Chewning and Weiderholt [40], Stewart et al. [27]	Hage and Lorensen [15], Nyatanga and Dann [42]
Facilitates coping and well-being in patients, experiences of sense of hope, excitement, and direction in patient		Hage and Lorensen [15], Michie et al. [44], Rodwell [31]
Patient's knowledge and personal development is increased		Kuokkanen and Leino-Kilpi [43], Gibson [38], Aujoulat et al. [19], Rodwell [31]
Patient's health is enhanced. Allows self-management of disease, treatment, health, own life, personal change		Aujoulat et al. [19], O'Cathain et al. [16]
Allows patients to take charge in their interactions with healthcare professionals		Roberts [17], O'Cathain et al. [16]
Allows patients insight into own world, patient learns to recognize own strength, ability, personal power and goals		Rodwell [31], Hage and Lorensen [15], Kuokkanen and Leino-Kilpi [43], Gibson [38]
Patients achieve positive self-concept, personal satisfaction, self-efficacy, improvements in their quality of life		Gibson [38], Aujoulat et al. [19], Rodwell [31], [15]

interrupted or ignored their expressions of concern regarding their health [25,39].

Motivation on the part of the patient is necessary for *both* patient-centeredness and patient empowerment to occur. In patient-centeredness, the patient may not be able, or may not wish to be involved in decisions regarding his or her health [12]. In a similar manner, patients may have no desire to change their behaviours, and be empowered [32].

*Patient-centeredness* introduces the caregiver's personal qualities and subjectivity, which may have an influence on the caregiver's interaction with the patient [26]. In patient-centeredness, caregiver and patient strive in their dialogue to find common ground and agreement on treatment [27,40,41]. Finally, patient-centeredness describes the sharing of power between healthcare provider and patient, where the healthcare provider strives to be sensitive to, and is able to respond to patients' needs for information and sharing in decision making [26].

In comparison, *patient empowerment* emphasizes the need for caregivers to surrender their need to control the patient and determine what may be best for patients. Instead, they need to learn to be observers and accept patients' decisions regarding their own health [38,42]. It should also be noted that the empowerment process may at times be preceded by a patient's maladaptive behaviour to their illness which has manifested itself in poor health behaviour [32].

Regarding tools or skills necessary for achieving patient-centeredness or patient empowerment, good communication, dialogue between caregiver and patient are central to *both* patient-centeredness and patient empowerment [15,19,27,40,41,43,44]. The caregivers' ability to provide information to patients as to diagnosis, treatment and prognosis are also important aspects of both concepts [31,40,41].

In *patient empowerment*, the caregiver strives to promote and enhance the patients' abilities to feel in control of their health [15,19,30,31]. Education and decision aids, for example leaflets, computer programs, interactive videos, web sites, group presentations are useful to healthcare providers in the process of empowering patients [19,31]. The aim of these tools is to help patients reflect on and identify their own skills and needs, and not on improving patients' compliance to treatment [20,34]. In these

situations, a necessary 'skill' for patients is that they have the ability to reflect on the benefits of behaviour change in their lives [32].

### 3.3.2. Comments on comparison of patient-centeredness and patient empowerment in terms of outcome and consequences

As to outcomes and consequences (Table 2), the concepts have in common patient satisfaction and positive patient health outcome [15,27,40,42,44,45]. *Patient-centeredness* appears to improve the caregiver's understanding of the patient, allowing the caregiver to see the patient's illness through the eyes of the patient [40,46]. As a result, the caregiver is given an opportunity to determine which patients wish to play an active role in decisions regarding their health, and which patients prefer a passive role [44]. A patient-centred encounter between patient and caregiver can also result in fewer referrals to other physicians, fewer diagnostic tests, and increased patient adherence to therapy [45,47]. On the other hand, *patient empowerment* increases patients' understandings of themselves and their own personal power, and, consequently, self-management of their own health and life [19].

## 4. Discussion and conclusion

### 4.1. Discussion

Deeper reflection on the analysis and looking upon the findings from the perspectives of caregiver or patients, give rise to some observations. The comparison of antecedents reveals the importance of mutual participation between patient and caregiver in both patient-centeredness and patient empowerment [32], and the role and responsibilities of caregivers towards the patients. The success of patient-centeredness and patient empowerment appears to depend on how well the caregiver and patient can communicate with each other. Thus, both concepts demand of the caregiver good communication skills and an ability to be sensitive to the needs of each individual patient. Yet patient empowerment may place greater demands on the caregivers. It requires of caregivers to first develop educational skills in empowering people to make informed choices about their own health [34]. Traditional patient education skills offering information, handing out leaflets

and group presentations are important in informing patients about their disease, but not enough. Secondly, and more challenging, patient empowerment requires that caregivers learn self-management education and the teaching of problem-solving skills to patients as a complement to traditional patient education, in order to increase patients' understanding of their situations, and consequently, enhance lasting change in the patients' lives [48].

The importance of teamwork among caregivers in dealing with the 'greater demands' of empowering patients should be recognized. Patients with chronic illness may need regular assessments of their clinical, behavioural and psychosocial needs [49]. These needs, along with self-management support, can be met by teams consisting of, for example, doctors, experienced nurses, clinical pharmacists and social workers [50].

The comparison in terms of outcomes and consequences reveals the functions of the concepts within the patient-provider relationship, why they can be thought of as helpful concepts. First, a patient-centred approach in an encounter between patient and caregiver can result in fewer referrals to other physicians, fewer diagnostic tests, and increased patient adherence to therapy [45,47]. These results can be observed for when patient-centeredness has been the *goal* of the encounter, as for example in a consultation between patient and doctor in a primary care setting.

The same comparison has also shown how a patient-centred approach by the caregiver, which focuses on the patient's perspective and beliefs, can be helpful in revealing those patients who, depending on their condition and situation, cannot or do not wish to play an active role in decisions regarding their healthcare. Indeed, some patients do not even prefer a patient-centred approach [12]. Many patients in palliative cancer treatment have no desire to take part in decision making as their condition progressively worsens [12]. Nor do some patients wish to become "empowered" [19]. This is illustrated by older adults with chronic pain who do not want to assume control over the management of their care [51]. In these situations, patients can and should expect caregivers to respect the extent to which they wish to participate in decisions regarding their health [22], which would be a truly patient-centred behaviour.

This suggests the value of a patient-centred approach by the caregiver in situations where patient empowerment is *desired* by both caregiver and patient. Furthermore, this reveals that patient-centeredness can also be regarded as a *process*. Hence, seen from the perspective of the caregiver, there is a distinction between patient-centeredness as a goal and as a process.

In a similar manner, the comparison in terms of outcomes and consequences reveals the overall function of patient empowerment, to prepare patients (most often with chronic illnesses) to make informed choices about their health [30]. Yet even here, empowerment can also be seen as an outcome, where "the patient has been empowered by the professional" [14,52]. There is consequently a difference between the *process* of becoming empowered and a *state* of being empowered. According to Aujoulat et al. [19], seen from the perspective of the interaction between caregiver and patient, power is "given" by someone to somebody during the process of communication and education [20]. Here empowerment is a *process*. From the perspective of the patient, this process can result in a *state* of being empowered, a recognition of own personal power [19]. Empowered patients with a chronic illness such as diabetes may have not only taken control over the management of their medical condition, diet, self-monitoring of their blood sugars, they have also possibly learnt how to create new meaning in their lives, and how to cope with negative feelings of having a chronic condition [48].

In addition, patient empowerment can be said to have an important function for people with disabilities. It can help them

reject the passive 'sick role' status relegated on them by past medical and health professions [35]. They learn to become partners in their own healthcare, and instead of striving for normality and functional independence, they learn to focus on management and care of their health, wellness, and prevention of further disability [35].

To complete the picture, it must not be forgotten that patients may take charge of their own health and become empowered via health education programmes, and do so at times by searching for medical information on the internet, or participating in support groups [17,30]. Hence, patient-centeredness does not always have a role in the implementation of patient empowerment.

We suggest then that the concepts can be viewed on separate tracks in research literature. On one track, patient-centeredness is the goal of an encounter between patient and caregiver, on the second track patient-centeredness as a process plays an integral part in the process of patient empowerment, resulting in an empowered patient. On the third track patients empower themselves.

#### 4.2. Limitations

Selection criteria for this literature review were that they focus on patient-centeredness and patient empowerment from the perspective of patients and their healthcare providers. The authors have presented one possible interpretation of the relation between the concepts of patient-centeredness and patient empowerment in the context of research literature.

#### 4.3. Conclusion

Patient-centeredness and patient empowerment are complementary concepts which do not oppose one-another. Patient-centeredness can in itself be the goal of an encounter between caregiver and patient. As a process, bound to the context of clinical healthcare settings between caregiver and patient, patient-centeredness is of great value in the process of patient empowerment, as well as in identifying those patients who do not wish to be empowered.

The patient empowerment concept appears to be broader than the patient-centred concept, and may place greater demands on caregivers and the organisation of healthcare. It encompasses those patients who wish to be empowered in clinical healthcare settings, those who empower themselves via health education programmes or medical information on the Internet and those who participate in patient support groups. And, as previously mentioned in the introduction, the concept can be used by health policy makers to enhance patient's rights and participation in healthcare, as well as allocation of health services.

#### 4.4. Practice implications

Both concepts have the potential to improve the quality of healthcare systems, and the experiences and outcomes of care on the level of patient's interactions with their healthcare providers. The comparison of these two concepts, based on conceptual analysis, can help caregivers understand their roles and responsibilities in, and benefits of, patient-centred consultations with their patients. In a similar manner, the comparison can help healthcare policy makers understand the roles and responsibilities of caregivers, and the need for special training in educational skills and teamwork among caregivers in the empowerment of patients with chronic illnesses.

Moreover, clarity about aspects common to patient-centeredness and patient empowerment, where they differ, and how they are related can aid researchers in providing tools with which

intervention studies can measure and evaluate implementation of these concepts in praxis, important areas for future research.

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