

Original Article

Nurses' Perception of Using Empowering Discourse for Patient Education: A Qualitative Study

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Abstract

Objective: This study was performed to determine the nurses' perception of using empowering discourse for the patient education.

Methods: This is a descriptive and qualitative study and the sample of this study consisted of 24 nurses that work in a university hospital in the west of Turkey and agreed to participate in the study. The focus group interview was conducted for the study. The data was collected using semi-structured interview method. The thematic analysis method was used to assess the data.

Results: Most of the nurses in the study defined the empowering patient education as enhancing independency of individuals, and some nurses expressed that it was important to give confidence to patients and establish a good communication with patients during the process of empowering discourse. The nurses also stated that the workload and the policies of institution were two major elements that precluded the empowering discourse. The nurses pointed out that a patient education based on empowering discourse would both improve the quality of life of patients and reduce the costs and repeated hospitalization.

Conclusion: This study shows that the nurses are aware of empowerment and using empowering discourse in the patient education.

Keywords: Patient education, empowering discourse, nurse perceptions

Introduction

The patient education is an essential part of nursing role and has gained importance with increased elderly population, short-term hospital stay, chronic diseases and complicated health problems (Friberg et al., 2012). The patient education is a concept that includes teaching patients their disease, providing recommendations and information, and techniques for intentionally changing behaviors. The patient education is also a concept that aims at improving and developing health or learning how to adapt to the conditions, and involves two-way communication between the patient and the nurse (Golaghaie & Bastani, 2014). One of the

fundamental objectives of patient education is to empower the patient.

In the dictionary, the empowerment is defined as giving power or authority, ability and efficiency to do something, and permitting". It is observed that nurses in this study did not place an emphasis on such definition. If a person gains knowledge on the power in their business or life, this will entitled them to make more choices. It enhances the ability of individual to take effective decisions, allows them to see themselves at intellectually and emotionally equal level with others, and gives them a power to defend their rights and things they know it is right (European IDDM Policy Group, 1993).

According to evidence-based perspective, the empowerment is a process of consciousness-raising that allows individuals to exercise control over their health problems, resulting in self-determination. The patients may choose the correct treatment in the process of empowerment (Gibson, 1991). The philosophy of empowerment activities includes the concepts of “equality”, “cooperation”, “involvement”, “problem solving”, “decision-making” and “therapeutic relation” (Barker et al., 2000). WHO defines the empowerment as a process of giving information and skill by the healthcare professionals in an environment that is sensitive to cultural differences and supports involvement of patients (WHO, 2017). Recently, the empowerment in the patient education has gained increasing importance (Anderson & Funnell, 2005). The empowerment has influence on the involvement in decision-making process, anxiety level, patient’s self-efficacy, quality of life and glycemic control. There are also studies on the influence of empowerment on the self-care, self-efficacy, and depression (Vahdat et al., 2014; Tsay & Hung, 2004). The literature underlines that empowerment in patient education improves the ability for solving problems and communication skill ((Feste & Anderson, 1995; Goldenberg et al., 2005; Keers et al., 2006; Virtanen et al., 2007; Choi et al., 2010; Scheckel et al., 2010; Moattari et al., 2012). The purpose of empowerment is to improve patient’s adaptation to self-care (Funnell et al., 1991; Meeto & Gopaul, 2005). The patients may be seen as an equal and active competent, or even an expert, to protect their own health in the approach to empowerment of patients during the process of education. As a result, empowering behavior allows to build a good supporting nurse-patient relationship based on trust in the patient education (Virtanen et al., 2007; Svavarsdóttir et al., 2016). This will create a positive effect on achieving permanent behavioral change, which is the main objective of educational process and desired to obtain. The empowerment is associated with the information required by patients for managing their health problems in the patient education, and has seven dimensions (Leino-Kilpi et al., 1998; Crawford et al., 2017).

Bio-physiological: Individuals have adequate knowledge on the physical symptoms and signs and can control the symptoms;

Experiential: Patients may use their past experience to control their health problems.

Social: Patients are able build significant social relations and interactions despite their health problems. Patients feel supported when their problems are controlled.

Ethical: Patients feel unique, valuable and respectable so that their well-being is ensured.

Functional: Patients can control their condition, and daily activities and functions in the desired way;

Economic: Patients are able to manage the financial aspect of care. They can receive technical assistance and other supports.

Cognitive: Individuals have adequate knowledge on the health problems and are able to use it to improve their well-being, or have the ability to access and assess new information.

Crawford et al. (2017) coded the empowering discourse as **BESStEFfECT**, which is a significant component of empowerment in the patient education, and defined it as a patient-oriented approach (Crawford et al., 2017). Virtanen et al. (2007) defined the empowering discourse as a process in which issues are decided with active involvement of the nurse and the patient, and that is helpful to deal with the condition by the patient (Virtanen et al., 2007). The empowering discourse is a consistent approach to patient-oriented education (Crawford et al., 2017). An effective educator is a knowledgeable and competent person that responds to questions and builds a relationship with the patients through empathetic and respectful interactions. Thus, empowering discourse appears to be one of the methods that can be used for patient education and contribute to an effective education and achieving goals of education. The literature indicates that empowering behavior allows to build a good supporting nurse-patient relationship based on trust in the patient education (Virtanen et al., 2007; Svavarsdóttir et al., 2016).

The patient education, a significant dimension of nursing care practices, is mostly delivered by the nurses. However, it is observed that there are limitations on the use of empowering discourse, the patient education and the empowering the patients by giving them the information required to manage health problems in the settings in which care is delivered to the patients from multiple cultures such as Turkey. Although the patient education and patient empowerment are the well-known concepts that are often studied in

the nursing literature, there are limited number of studies on the empowering discourse in the patient education (Virtanen et al., 2007; Svavarsdóttir et al., 2016). There are no studies on the empowering discourse in Turkey yet. Therefore, this is a descriptive and qualitative study performed to determine the nurses' perception of using empowering discourse for the nurse-patient communication in the patient education. The results of this study are considered to guide especially the nurses delivering care to patients that come from different cultures with recently increased immigration, the healthcare institutions, and educational institutions.

Aim

This study aimed to determine the nurses' perception of using empowering discourse for the nurse-patient communication in the patient education.

Research questions

1. What is nurses' understanding of empowerment and empowering patient education?
2. What is nurses' understanding of empowering discourse in the patient education?
3. What is the nurses' perception on the factors that support and prevent the use of empowering discourse in patient education?
4. What is the nurses' perception on benefits of using empowered discourse in patient education?

Methods

This study was designed descriptively and qualitatively and the sample of the study consisted of 24 nurses that delivered bedside care in a university hospital in the west of Turkey and agreed to participate in the study.

In this study performed to determine the nurses' perception of using empowering discourse for the nurse-patient communication in the patient education, the data was collected using semi-structured interview method. For this purpose, a questionnaire including demographic characteristics of nurses and a semi-structured interview form developed by the researchers utilizing the literature were used for data collection (Spiers, 2002; Virtanen et al., 2007; Svavarsdóttir et al., 2016). Four experts delivered their opinion on applicability of the form. The form was revised in line with the opinions of the

experts and it was finalized by getting the opinions of the experts again. The interview form includes the following open-ended questions:

1. What does the concept of empowerment and empowering patient education mean to you?
2. What does it mean to you to use empowering discourse by the nurse for the nurse-patient communication in the patient education?
3. What are the elements that support and preclude using empowering discourse in the patient education?
4. What benefits could patient education delivered by nurses using empowered discourse provide?

For the interviews, the nurses in the study were divided into 3 groups with 8 nurses in each group. An interview session including a moderator and a reporter was held in the classroom setting with oval seating arrangement on the dates when the grouped nurses were available. The participants were instructed to place the order numbers 1 to 8 on their collar and the seating arrangement was formed based on these order numbers. The moderator provided nurses with information on the study and the informed consent was obtained from the participants to indicate their willingness in participating in the study.

The open-ended questions previously developed by the researchers were asked by the moderator and the reporter took note of the responses in writing. The voice was also recorded during the interviews with consent of the participants. The sessions were terminated when the nurses' answers were repeated. Each group interview took around 45 minutes.

Ethical Consideration

The approval No.2017-04 of the Ethics Committee dated 01.03.2017 was obtained prior to starting the study. A written permission was also obtained from the institution where we performed the study. The nurses were explained the objective of the study prior to collecting data, and an informed consent was provided by the nurses who agreed to participate in the study.

Analysis

The inductive method was used to analyze the data. The written material and the data in the recorded sound were compared to complete any missing expression, then the sound recording was

analyzed. The data obtained from the interviews was divided into subgroups by two researchers based on the themes. Researchers (SA, GA) independently read the transcripts several times and became familiarized with the complete data to identify words and phrases that are relevant with the phenomenon in question. Then, they independently grouped the responses into subgroups, and themes and exchanged these to come to a common agreement of the subgroups, and themes identified. Direct quotes were given to provide an accurate and coherent picture of the participants' views. The numbers and percentage were used to analyze the identification characteristics of nurses.

Results

In the demographic data of nurses participated in our study, of nurses, 79.1% were bachelors, 58.4% were had a work experience for 1 to 4 years, and 66.6% worked for the internal units. The mean age of the nurses was 29.6 years.

Four main themes were determined based on the answers to the questions. The first theme was the definition of empowerment and empowering patient education. The second theme was to use empowered discourse by the nurses between the nurse and patient in the patient education. The third theme was supporting and precluding elements to use empowered discourse for the patient education. The fourth theme was the benefits of patient education delivered using empowered discourse by the nurse.

Definition of Empowerment and Empowering Patient Education

The basic concepts that were prominent in the definition of empowerment include supporting, consolidation, helping, problem solving, involvement in decisions, and increasing awareness. The definition provided by two nurses is presented below:

"I think that empowerment means providing support. For example, supporting a building..." (supporting).

"I think that it is helpful to improve the weaknesses" (helping).

The expressions that were prominent in the definition of empowering patient education in the nurses' responses include helping the patient with self-efficacy, increase in the patients' independency and involvement in decisions, and

ability to produce options. The opinion of three nurses is provided below:

The description provided by a nurse: *"I think that while the patient is passive in the conventional patient education, the patients are able to participate in any decisions in the empowering patient education"* (involvement in decisions).

"I think that it is important to give confidence to the patient by the nurse for the procedures performed on that patient during when the patient stays in the service, and to give chance to the patient to ask questions." (increase in the patients' independency).

The other nurse described it as *"helping patients with self-efficacy"* (self-efficacy).

Another nurse's description: *"I think that it is important to participate in the decisions and make a choice by the patients in the empowering patient education. I mean that the individual/patient has an active position....."* (involvement in decisions).

Most of the nurses in this study emphasized that a patient should be addressed in a holistic way in the empowering patient education.

A nurses expressed her opinion as follows: *"The empowerment should not only deal with physical inability, but could also be psychological, social and functional based on the individual's requirement"* (involvement in decisions).

Use of Empowered Discourse by Nurses between the Nurse and the Patient in the Patient Education

The mostly used expressions in the responses of nurses regarding important elements of using empowered discourse in the patient education include a reassuring environment, the importance of giving confidence to the patients by the nurses, ability to collect data on the requirements for patient education through social conversations, and importance of two-way communication between the nurse and the patient.

The opinion of a nurse:

"When recording the vital signs of a patient scheduled for discharge in the morning, I can check the drugs this patient will use at home and the times for using the drugs" (ability to

collect data on the requirements for patient education through social conversations).

The other nurse expressed her opinion as follows:

“When my patient trusts in me, then I can collect very detailed data on their disease” (ability to collect data on the requirements for patient education through social conversations).

Another nurse stated that

“We’d use cards for the words that are locally used frequently to build a better communication with the patients we served at A.... hospital I worked.” (importance of two-way communication between the nurse and the patient).

Elements Supporting and Precluding the Use of Empowered Discourse in Patient Education

The expressions in the responses of nurses regarding the elements precluding the empowering discourse in the patient education include heavy workload of nurses, institutional policies, the condition of patient, previous negative experience, and the supporting elements include good communication skills of nurse, good level of knowledge that a nurse has in nursing, and a peaceful and convenient environment. The nurses stated that timing, patient age, education, cultural characteristics and level of perception were both supporting and precluding elements.

The opinion of a nurse on this matter:

“The better a nurse has information load, the more successful this nurse exercises control over the patient’s disease” (good level of knowledge that a nurse has in nursing).

The opinion of the other nurse:

“Involvement of patient family in decisions would a supporting elements for empowering an immobile patient” (good communication skills of nurse).

Another nurse that had more work experience stated that

“We encounter institutional policies both as supporting and precluding elements, for example, the number of patients per nurse is high, and the material used for the education is not sufficient, etc....” (institutional policies).

Benefits of Patient Education delivered using Empowered Discourse by Nurses

The opinions of nurses on the benefits of patient education delivered using empowered education include reduced hospital stay, prevention of repeated hospitalizations, reduced costs, elimination of occurrence of secondary problems, and improved quality of life of patients.

The opinion of a nurse on the effect of patient education with ED on the quality of life ED:

“I teach my patients with urinary incontinence how to do Kegel exercises, and they happily state that they have reduced urinary incontinence when they visit us for control. This makes me happy because I’ve had an opportunity to implement my professional power” (improved quality of life of patients).

The opinion of another nurse:

“It would be prevented to develop long-term complications if a patient with diabetes mellitus was empowered.” (elimination of occurrence of secondary problems).

Discussion

This study was performed to determine the nurses’ perception of using empowering discourse for the patient education. This study results showed that empowering patient education enhances independency of individuals, and it is important to give confidence to patients and establish a good communication with patients during the process of empowering discourse. This study also highlighted that the workload and the policies of institution were two major elements that precluded the empowering discourse and a patient education based on empowering discourse would both improve the quality of life of patients and reduce the costs and repeated hospitalization. Increased elderly population and chronic diseases necessitates to increase the attempts to empowering patients. It is because the more the individuals can control their disease, the more the rate of complications they may develop will be reduced. It is observed that nurses in this study did not place an emphasis on terms such as giving power or authority, ability and efficiency to do something and permitting in their own definition of empowerment. However, the absence of these statements in the definitions of nurses in our

study may have resulted from not being familiar with the concept of empowerment or the lack of empowerment in patient education.

The nurses mostly described the empowering patient education as increased independency of patients, improved involvement in decisions, and ability to produce options, and emphasized that a patient should be addressed in a holistic way in the empowering patient education. The literature recommends to deliver empowering patient education in bio-physiological, functional, cognitive, social, experiential, ethical, and economic dimensions (Kelo et al., 2013; Virtanen et al., 2013). Most of the nurses in our study underlined that it was important to create a reassuring environment in the ED process, and that trust of patient in nurses was critical, the data could be collected on the patient's requirements for education through social conversation, and two-way communication between the patient and the nurse was significant. The empowering discourse was defined as a process that includes a systematic structure aimed at supporting self-efficacy of patients for their own well-being (Virtanen et al., 2007; Virtanen et al., 2013). The systematic structure of an empowering discourse has three phases: 1) Initiation (creating a confirmative atmosphere and discussing the patient's goal for discourse on the health problem), 2) Progression (focusing on the issues based on the patient's current knowledge and opinion expectation, and supporting active involvement of patient in the discourse, and (3) assessing achievement of discourse goal (Scheckel et al., 2010; Melnyk & Feinstein, 2009). The literature underlines that the patient-nurse relationship must be balanced and respectful during the empowering discourse, the empathetic approach is vital between the patient and the nurse (Holmström et al., 2004; McCabe., 2004). The social conversation is important (Spiers, 2002). It is important for the patient to participate in the discourse with their own words, and the sincerity of nurses increases the self-confidence of patients (Falk-Rafael, 2001; McCabe, 2004). It is emphasized that nurses use their power of professional knowledge to empower patients and increase their self-efficacy (Falk-Rafael, 2001). It is necessary that the patients should be equal and competent participants in empowering discourse (Falk-Rafael, 2001). There is anecdotal evidence that not all nurses are willing to allow patients to be involved in making decisions about their care

and to work with patients as partners. Therefore, the studies also lay an emphasis on the importance of managerial support for delivering patient education (Henderson, 2003). The opinions of nurses on the benefits of patient education delivered using empowered education include reduced hospital stay, prevention of repeated hospitalizations, reduced costs, elimination of occurrence of secondary problems, and improved quality of life of patients. The literature indicates the positive influence of empowering patient education on the anxiety level, self-efficacy of patients, quality of life, and glycemic control and emphasizes that it improves the ability for problem solving and communication skill (Feste & Anderson, 1995; Goldenberg et al., 2005; Aymé et al., 2008; Choi et al., 2010). The studies have demonstrated that empowering behaviors reduce the costs for health care (Melnyk & Feinstein. 2009).

Conclusion

This study shows that the nurses are aware of empowerment and using empowering discourse in the patient education. However, this study showed that there are some differences and in the understanding of nurses' empowerment concept. Therefore, it may be suggested that nurses should be given trainings to develop their understanding of empowerment in patient education. This study highlighted that the workload and the policies of institution were two major elements that precluded the empowering discourse. Therefore, it may be recommended to take measures for reducing the workload to remove the obstacle to using empowering discourse in the patient education, and to identify the effective institutional policies. In addition, another recommendation would be to carry out studies that assess patients' perception of nurses' empowering behavior in the patient education. Finally, empowering discourse can be added to the curriculum as a subject in undergraduate nursing programs to improve the nursing students' understanding of patient empowerment and empowering discourse.

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