



Research Article

Concept Analysis of Empowerment in Old People with Chronic Diseases Using a Hybrid Model



Zahra Fotoukian, MSc,¹ Farahnaz Mohammadi Shahboulaghi, PhD,^{2,*}
Masoud Fallahi Khoshknab, PhD,¹ Easa Mohammadi, PhD³

¹ Department of Nursing, University of Social and Welfare Sciences, Tehran, Iran

² Iranian Research Center on Ageing, Nursing Department, University of Social and Welfare Sciences, Tehran, Iran

³ Department of Nursing, Tarbiat Modares University, Tehran, Iran

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SUMMARY

Purpose: The purpose of this study was to clarify the meaning and the nature of empowerment concept in some Iranian old people suffering from chronic diseases.

Methods: Concept analysis was undertaken according to the hybrid model, which consists of three phases: an initial theoretical phase, a fieldwork phase and a final analytical phase. After an extensive review of the literature in order to describe the characteristics and definition of the concept, a fieldwork phase followed in order to empirically elucidate the empowerment concept in the Iranian old people with chronic diseases. In the third phase, attributes of empowerment were extracted from the first and second phases. Purposive sampling was done for 13 participants consisted of 7 old people with chronic diseases, 3 family caregivers of elderly adult with chronic disease and 3 health care providers with experience of care with elderly patients with chronic disease.

Results: The review of literature in theoretical phase determined the attributes of the concept, including “active participation”, “informed change”, “knowledge to problem solve”, “self-care responsibility”, “presence of client competency”, and “control of health or life”. Fieldwork phase determined attributes such as “awareness promotion”, “sense of control”, “the development of personal abilities”, “autonomy”, and “coping”. In the final analytical phase, the critical attributes of old people with chronic diseases were investigated. They included “social participation”, “informed change”, “awareness promotion to problem solve”, “presence of client competency”, and “control of health or life”, “autonomy”, “coping” and “the development of personal abilities”.

Conclusion: The concept analysis of empowerment showed some of the required conditions for the empowerment of older people with chronic diseases in nursing care, which have not been mentioned in the literature.

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Introduction

The concept of “empowerment” has become a popular terminology extensively used in the health services (Hage & Lorensen, 2005). The emergence of the concept of empowerment is when societies encountered health cost enhancement and then the government worked to reduce these costs through the transition from hospital to home care for patients and vulnerable people

(Bandura, 1994). Old people with chronic diseases, as one of the vulnerable groups due to reduced power induced by aging, need empowering for promoting health-related quality of life (QOL), and decreasing hospitalization and health costs (Shearer, Fleury, & Belyea, 2010). Empowerment of the old people with chronic obstructive pulmonary disease (COPD) is a mutual process in which human beings and their environment generate an ongoing and innovative change (Shearer, 2009).

In spite of the extensive use of the empowerment concept in aging, its applicability has been limited by the continuous ambiguity in its concept; this concept has different attributes from the different researchers' viewpoints in different disciplines (Keiffer,

* Correspondence to: Farahnaz Mohammadi Shahboulaghi, PhD, Nursing Department, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.
E-mail address: f_mohammadi_2000@yahoo.com

1984). Hage and Lorensen (2005) stated that, “despite the high importance of the concept of empowerment and widespread daily use, researchers consider it to have different features, which are not clarified in all its dimensions”.

Iran is one of the countries where the elderly population is growing; the population of the elderly is projected to reach 10 million by year 2019 (Annually Country Statistics, 2003). They more than any other age groups are at risk of chronic diseases and health problems; aging also affects older adults’ abilities and makes them feel disabled (Ravanipour, Salehi, Taleghani, & Abedi, 2009). Evidence shows increasing prevalence rates of chronic disease among Iranian old people. It causes health problems such as the increase in hospitalization costs, hospital complications such as nosocomial infections. For this reason, the ability to obtain needed health care is a necessity for them (Fotoukian, Mohammadi-Shahboulaghi, & Fallahi Khoshknab, 2013). On the other hand it is difficult for health care providers to meet old people’s health care needs due to the increasing population of elderly patients. In Iran, health care services have been provided based on a professionalized model with paternalistic approach. In this condition patients are considered as passive agents in their own self-care, whereas in today’s world, health system reforms emphasize the shifting of care responsibility from health care providers to the patients themselves. One of the solutions that could be effective is the empowerment approach.

Although there is evidence related to the empowerment interventions for old people (Joakar, Mohammadi Shahboulaghi, Khanke & Tafti, 2012; Rabiei, Mostafavi, Masoudi, & Hassanzadeh, 2013; Tol et al., 2013), little is known about the nature of empowerment, especially in the Iranian elderly population. For this reason, empowerment of old people with chronic disease is needed. However, despite the importance of this concept, there are vague definitions of “empowerment” by nurses and health care providers; this shows that the knowledge of empowerment for the elderly is not well developed. For example, Ravanipour in a qualitative study on “power” among Iranian old people extracted “awareness of personal changes”, “adaptation”, “independence”, “satisfaction attainment”, “control of life” and “self-management” as the nature of empowerment (Ravanipour, Salehi, Taleghani, & Abedi, 2008). In another study reported by Ravanipour et al. (2009), other words such as “power” were used instead of empowerment. In the study conducted by Nasiripour, Siadati, Maleki, and Nikbakht-Nasrabadi (2011), patients, on their current empowerment situation, reported “sense of competence”, “sense of meaning”, “feeling of self-determination”, “feeling of impact” and “overall ability of patients”. More studies in relation to empowerment interventions have been conducted as elderly patient education by using a quantitative method in social and cultural context of Iranian old people with chronic disease (Joakar et al., 2012; Rabiei et al., 2013; Tol et al.). Noting the consequences of empowerment (self-efficacy, well-being, and QOL promotion) for old people with chronic diseases, and considering that lack of clarification and true understanding of the empowerment concept may affect care, we conducted this study to clarify the concept of empowerment, which would give not only a better understanding of this concept, but also through distinguishing the concept’s attributes, serve as a basis for developing and testing the measurement tools (Isokaanta & Johansson, 2006).

Purpose

Our main purpose in this work was to achieve an in-depth understanding of the concept of empowerment in the social and cultural context of Iranian old people with chronic diseases.

Methods

Study design

Concept analysis is a useful method for clarifying the concepts that have multiple applications and vague meanings. Considering that the empowerment concept emerged from clinical care, here we analyzed it with a hybrid model (Salsali, Mohammad-Pour, & Fakhr-Movahhedi, 2006), consisted of three phases: an initial theoretical phase, a fieldwork phase and a final analytical phase (Rodgers & Knaf, 2000). For a theoretical exploration of empowerment, the literature was reviewed by integrative review. An integrative review is a specific review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem. Well-done integrative reviews contribute to theory development, and have direct applicability to practice (Whittemore & Knaf, 2005). For finding the related articles, the databases of ScienceDirect, Elsevier, Proquest, Ovid, and Pubmed were searched using the following search terms: “empowerment and old people”, “empowerment model”, “empowerment program”, “health empowerment”, “old people” and “aging”. As a result of the search, 620 citations (from 1974 until 2012) were found. As a result, 150 reviewed studies were retrieved. After reviewing, 60 articles were selected and used for the purpose of this work. In analyzing the concept of empowerment, the researchers sorted and reviewed the concept-related studies.

After an extensive review of the literature, a fieldwork phase was followed in order to empirically elucidate and explore the empowerment concept in Iranian old people with chronic diseases. Exploring in this phase involved empirical validation of the concept using a qualitative research method with a content analysis approach (Rodgers & Knaf, 2000). This phase was necessary for the concept evolution, and the qualitative data obtained from the participants’ observations and in-depth interviews would help the development of cognition and insight toward the nature of the concept (Rafii, Soleimani, & Seyyed-Fatemi, 2010). In the analytic phase, data from the fieldwork phase are compared with the findings from the theoretical phase to produce a refined definition of the concept that is supported by both the literature and the participants’ perspectives (Seomun, Chang, Lee, Lee, & Shin, 2006).

Setting and sample

Thirteen participants were recruited from one university hospital, located in Ramsar, a small-sized city in north Iran. Considering that empowerment is an interactional phenomenon (Aujoulat, Marcolongo, Bonadiman, & Deccache, 2008), the old people with chronic diseases, their family caregivers and health care providers were interviewed. Therefore, the participants consisted of seven old people (3 with chronic obstructive pulmonary disease [COPD], 1 with chronic heart failure [CHF] 1 with diabetes mellitus, 2 with osteoarthritis), three members of the family caregivers with the experience of living with the patients and three health care providers with a minimum experience of 5 years working with old people (1 head nurse, 1 nurse, 1 nursing instructor). The old people (4 women & 3 men) were 60 years of age and over, with disease history of over 5 years, and also in various stages of diagnosis to rehabilitation. Kinship of family caregivers is as follows: wife (1 person), and daughters (2 people).

Ethical consideration

Permission to carry out this study was given by the head of the department and the ethics committee of University of Social

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