



Patient empowerment in diabetes – past debates and new perceptions

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Most of us would agree with the concept that, as European healthcare professionals (HCPs), we should all be working towards a model which ‘empowers’ people with diabetes to successfully self-manage their condition. After this concordance the road is less clear on what is actually meant by the term ‘empowerment’ and even less so ‘successful self-management’. These terms, and the suppositions which underpin them, have been the subject of various debates which have been reported in this journal¹ and elsewhere² over the past few years. It appears timely to review them now and is perhaps especially pertinent for nurses in European countries which are at different stages of healthcare development as the global diabetes pandemic takes hold.

In 2007 Asimakopoulou¹ reminded us of the outdated notion of patient ‘compliance’ with regards to diabetes management. This referred more to prescribed medication which was no longer applicable to the multiple aspects of self-care needed to manage the condition. Compliance also refers to a more paternalistic kind of management where ‘doctor knows best’ and the patient is the passive recipient of care. Although we know this is still an issue in some countries, it is generally accepted that in chronic conditions such as diabetes, it is the patient who is the expert of their condition because he or she lives with it every day and makes decisions over such things as medication, injections, nutrition and exercise.³ Patients will not only make choices based on health, but

also on social, economic and family circumstances.

It has been proposed, therefore, that people with diabetes are largely, or should be, in control of their own condition and have responsibility for it. To be successful in this and make the right choices with regards to their lives people need to be ‘empowered’, that is they need to have the awareness and understanding of what diabetes is and the proficiency to make the right choices and decisions regarding their diabetes self-care. It is healthcare professionals, usually nurses, who are key to giving the support, education and knowledge needed for patients to be empowered in this way.

Such support and training for patients to be empowered to manage diabetes is problematic because everyone has a different level of education, there are also cultural differences, language barriers, psychological difficulties, cognitive decline, problems with ageing, social hurdles and myriad other things which interfere with the empowerment of patients on their road to successful diabetes self care. There is also lack of resources, differences in health service provision, health inequities and the notion that some people will not want to manage their diabetes and those who really cannot self-care anyway due to other mental or social problems. Professionals will also need specialist training if they are to have the necessary skills to empower.

So what is meant by the term empowerment, as the idea is some-

what open to a variety of interpretations?² If we accept Anderson’s notion of a process which is truly individual and concerns the opportunity for patients to express their needs and concerns with a diabetes expert in order to optimise self-care, then all the difficulties above can be acknowledged and ways devised to overcome these barriers. For example, we reported in the last edition of *European Diabetes Nursing* ways in which HCPs were working with migrant groups to educate them on food choices and diabetes.⁴ In the UK, the Year of Care study is all about collaboratively devising a strategy or agreeing a way forward for action, or goals to be achieved in diabetes management which are both reasonable and possible.⁵

Empowerment therefore must be considered as a route by which we increase our patient’s ability to self-manage their diabetes, and it also has an outcome – the increase of self-efficacy in our patients.² It is a collaboration of different kinds of experts. But using the expert route is not the only way that patients are ‘empowered’. In an interview with older adults with type 2 diabetes mellitus (T2DM) it was everyday living experience which gave people confidence to make the choices which were appropriate for their quality of life, and some of those choices were very different from those recommended by HCPs.⁶ People are also ‘empowered’ in a variety of other ways – by joining self-help groups, community health and religious groups, reading books and accessing the internet.



So there may be a community empowerment process also featuring in our patients' lives as well as local political and social empowerment influences. Measuring the effectiveness of patient empowerment in a meaningful standardised, objective way is always very difficult because firstly, no one definition of empowerment has been agreed, and secondly, because there are confounding factors which would interfere with such a measurement. Nevertheless, numerous studies which expect the enhanced knowledge of patients and the improvement of self-efficacy are now being undertaken.⁷

In the most recent article from Asimakopoulou which follows on page 79, there has been a suggestion that the definition of empowerment has moved from enabling patients to take responsibility for their own care to the concept that it is providing patients with what they want or need. This may go against the professional Hippocratic oath of doctors to 'first do no harm' if patients are free to make the wrong choices. Readers will need to make up their own mind here on this definition of empowerment. What

must be noted is that the Hippocratic Oath has moved on somewhat. Duties of doctors now embrace the notion that they must work in partnership with patients, listen to them, give them information, respect their right to reach decisions, and to support patients in their endeavours to help themselves.⁵ Similarly the overriding theme for European nursing in society is to assist individuals and their families to determine and achieve their physical, mental and social well-being and to do so within the challenges of the surrounding environment.

The other aspects to be noted here, but which have not been considered in the literature, is the user point of view. What do patients think of this new 'empowerment' approach? Have they noted changes to the way their diabetes consultation is conducted and do they agree? It would seem that views will also vary but that the main outcome is positive.⁷ Perhaps the problem still lies with the lack of understanding or misconception around the term 'empowerment'. Perhaps also the problem with the term 'empowerment' is that it can also

be defined as authorisation which would also be misleading. In which case should we be talking more about patient-centred care? While these academic debates continue around definition and semantics, as European nurses, we must stand firm and agree on what empowerment in diabetes really means – for both us and our patients.

References

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Dates for your Diary

19–20 September 2010

Federation of European Nurses in Diabetes (FEND) 15th Annual Conference 2010, Stockholm, Sweden
website: www.fend.org

20–24 September 2010

46th Annual Meeting of the European Association for the Study of Diabetes (EASD), Stockholm, Sweden
website: www.easd.org

21–23 October 2010

1st International Diabetes and Obesity Forum (IDOF 2010), Athens, Greece
website: www.idof2010.com

27–30 October 2010

International Society for Pediatric and Adolescent Diabetes (ISPAD) 2010, Buenos Aires, Argentina
website: www.ispad.org

30 March–1 April 2011

Diabetes UK Annual Professional Conference 2011, London, UK
website: www.diabetes.org.uk

1–2 April 2011

11th Annual Spring Meeting on Cardiovascular Nursing, Brussels, Belgium
website: www.escardio.org/nursing

17–19 September 2010

Diabetic Foot Study Group, 9th Scientific Meeting (DFSG), Uppsala Sweden
website: www.dfsg.org

7–10 October 2010

Annual Meeting of the Diabetic Pregnancy Study Group (DPSG), Warsaw, Poland
website: www.dpsg.eu

25–28 May 2011

18th European Congress on Obesity, Istanbul, Turkey
website: www.easoobesity.org