

Original Article

Patient Empowerment: An Evolutionary Concept Analysis

Sarah Weisbeck, RN, BScN, MNstudent

Faculty of Nursing, University of Calgary, Alberta, Canada

Candace Lind, RN, PhD

Associate Professor, Faculty of Nursing, University of Calgary, Alberta, Canada

Carla Ginn, RN, PhD

Assistant Professor, Faculty of Nursing, University of Calgary, Alberta, Canada

Correspondence: Weisbeck, Sarah 2500 University Dr NW Calgary, Alberta, Canada T2N 1N4 (403)-796-9350 Email: sarah.weisbeck1@ucalgary.ca

Abstract

Aim: The purpose of this article is to clarify the concept of patient empowerment and to correct misconceptions regarding this approach to managing chronic pain care and education.

Background: Chronic pain is the leading cause of disability worldwide and the effects of chronic pain can be seen in every aspect of a patient's life. However, a review of the literature reveals little emphasis has been placed on patient empowerment within this population. Accurate understanding and authentic application of empowerment can enable patients to self-manage chronic pain, which can lead to improved person-centered care outcomes.

Methods: A literature review and concept analysis based on Rodger's evolutionary concept analysis procedure were used to identify the basic elements of patient empowerment within the chronic pain population. This concept analysis was carried out with the aid of literature on patient empowerment obtained through internet databases CINAHL, PUBMED, Scopus, and Medline.

Results: Following Rodger's process, the surrogate terms and relevant uses of the concept were identified, and the attributes, references, antecedents, and consequences of patient empowerment were explored. Self-determination, a mutual partnership, supportive relationship, and an enabling process were found to be the common attributes of empowerment in chronic pain populations.

Conclusion:

Empowerment remains an evolving concept with both the healthcare provider (HCP) and patient contributing to its evolution. The HCP must communicate effectively, surrender control, and foster a mutual partnership with the patient. The patient must be motivated to change, possess competencies to engage in the empowerment process, and feel supported in their relationship with the HCP. As patients are empowered they can better self-manage their illness, leading to improved health outcomes. Embracing patient empowerment requires a paradigm shift that is often difficult to achieve because of traditional approaches to care embedded in HCPs socialization and training.

Keywords: patient empowerment, chronic pain, concept analysis, chronic illness

Introduction

As healthcare systems continue to evolve, there is a growing focus on patient involvement in the delivery of care, policy, and healthcare design. Patient empowerment has gained prominence as more collaborative models are embraced with the

potential for improving cost-effectiveness and delivery of care (Bravo et al., 2015). Patients are now expected to be active partners in healthcare, with rights and responsibilities, and empowerment offers opportunities for patients to increase their autonomy and involvement in decision making and

care (Holmstrom & Röing, 2010). Empowerment is discussed in healthcare literature, but focuses predominately on the empowerment of nurses, the hospitalized patient, or individuals with specific conditions such as diabetes. Chronic pain is the leading cause of disability worldwide (Haroutounian et al., 2016) but is difficult to treat and manage (Tait, Chibnall, & Kalauokalani, 2009). As both healthcare professionals (HCPs) and chronic pain sufferers report experiencing powerlessness and frustration with the treatment process (Tait, Chibnall, & Kalauokalani, 2009), patient empowerment can be a useful concept in the chronic pain context.

Background

Worldwide chronic pain affects approximately 15-30% of the general adult population (Johannes et al., 2010). The symptom burden of chronic pain affects all aspects of a patient's life. Historically this has been difficult to manage due to the subjective nature of pain (Tait, Chibnall, & Kalauokalani, 2009), often resulting in a strained relationship between chronic pain sufferers and HCPs. Research indicates HCPs develop negative attitudes towards patients with chronic pain and surveys indicate physicians rank these patients low on lists of preferred patients to treat (Tait, Chibnall, & Kalauokalani, 2009). Data suggests patients living with chronic pain commonly exhibit high levels of anxiety and depression, become demotivated in their care due to past experiences, and exhibit poor coping strategies (Barrie, 2010). These factors create additional barriers for optimal treatment outcomes and place stress on the relationship between caregiver and patient; which ultimately discourages patient empowerment.

The concept of empowerment is abstract and multifaceted and has been used by diverse disciplines (McCarthy & Holbrook Freeman, 2008; Wahlin, 2017), such as psychology, education, community and organisational development, sociology, economics, and most recently in the healthcare context (Bridges, Loukanova, & Carrera, 2017). This has led to differing interpretations of empowerment (Castro et al, 2016; Wahlin, 2017) and the definition and enactment of empowerment has remained unclear in the healthcare setting. Patient empowerment is referred to as a process that facilitates self-care and

behaviour change (Anderson & Funnell, 2010) that requires a mutual and trustful relationship between patients and HCPs (Holmstrom & Röing, 2010). The chronic condition of pain has enormous negative personal and societal impacts (Haroutounian et al., 2016), and empowering chronic pain patients may offer an important step towards alleviating these impacts.

In recent years, empowerment has been widely applied to healthcare to counteract the traditional and modern power imbalances that exist in medicine. However, widespread misconceptions remain regarding this concept which have greatly constrained its effectiveness (Anderson & Funnell, 2010). A study regarding patient empowerment found that the majority of HCPs interviewed believed they were actively empowering their patients (Anderson & Funnell, 2010). However, terms frequently used by HCPs such as convincing, changing, and persuading patients reveals the opposite. There is an evident disconnect between providers' attempts to empower patients and the socialization of HCPs to take responsibility for patient care outcomes. Also, although self-management education is somewhat effective for improving outcomes across a variety of chronic conditions (Cooper et al., 2001), this is often viewed as simply the transfer of knowledge from HCP to patient. Increasing HCP understanding regarding interventions designed to facilitate empowerment are not simply tasks, but processes integrating clinical aspects of the disease with the social, behavioural, and emotional aspects is needed (Funnell, 2016). These issues suggest that effective patient empowerment is dependent upon the evolution of both the patient and the HCP and that further analysis and understanding of this concept is needed.

Concept analyses of empowerment have been published regarding chronic illness (Dowling et al., 2011) in settings of critical care (Wahlin, 2017) and community health nursing (Akpotor & Johnson, 2018), but none have addressed patient empowerment within the context of chronic pain. Therefore, an analysis of the concept of patient empowerment with an application to chronic pain is offered in hopes of contributing to the development of effective therapeutic relationships between HCPs and chronic pain sufferers and improving health outcomes.

Method

In nursing science, various methods have been used to analyse concepts. Rodgers' evolutionary approach was chosen as it regards a concept as an idea that continually changes over time with refinement and reassessment (Hagiwara & Futawatari, 2013). The phases of Rodgers' evolutionary concept analysis are to identify:

1. And name the concept of interest.
2. Surrogate terms and relevant uses of the concept.
3. And select an appropriate realm (sample) for data collection.
4. The attributes of the concept.
5. The references, antecedents, and consequences of the concept.
6. Concepts that are related to the concept of interest.
7. A model case of the concept. (Rodgers, 1989).

Name the Concept

Patients who suffer from chronic conditions frequently experience powerlessness regarding loss of health, identity, and from the necessary life changes required for the management of their chronic illness (Aujoulat, d'Hoore, & Deccache, 2007). Lack of power has been acknowledged as a determinant of ill health and conversely, empowerment is considered a health enhancing process (Aujoulat, d'Hoore, & Deccache, 2007). The concept of empowerment is of great interest in the healthcare context as recent trends towards cost containment and centralized decision making have disrupted the traditional paternalistic physician-based power structure (Bridges, Loukanova, & Carrera, 2017). The patient's role in healthcare is continually evolving and presumptions that patients are the experts on their own bodies, symptoms, and situations are now dominant (Holmstrom & Röing, 2010; Will, 2011).

Identify Relevant Use of the Concept and Surrogate Terms

The concept of empowerment has been discussed in the healthcare literature since 1990, but its history is rooted in a variety of different disciplines and ideologies (Holmstrom & Röing, 2010). Empowerment has been widely referenced in social, management, organizational, and social

psychological theories (Wahlin, 2017). The verb empower refers to giving "official authority or legal power to; to promote the self-actualization or influence" (Merriam-Webster's collegiate dictionary, 2018). However, authors agree that the definition of empowerment seems to transcend its dictionary definition and is dependent on the target population of interest as well as the disciplinary background of the scholars presenting the definition (Bridges, Loukanova, & Carrera, 2008; Wahlin, 2017; Akpotor & Johnson, 2018).

From an economic perspective, the roots of empowerment began in the Industrial Revolution in the late 18th century with the hope to increase worker motivation and enhance managerial leadership as society evolved out of the class system (Bridges, Loukanova, & Carrera, 2008). In the 20th century, empowerment became associated with the struggle of those in society with less power. This was particularly evident for minority groups who were discriminated against due to race, religion, or gender, and is illustrated by the Civil Rights movement in the United States. In the 1990s, the Ottawa Charter for Health Promotion made empowerment a key issue in health promotion which served to bring attention to the importance of patient involvement and activation in healthcare (Aujoulat, d'Hoore, & Deccache, 2007). With regard to patient care and education, empowerment is largely based on the works of Brazilian educator Paulo Freire and was first applied to healthcare in the 1980s (Funnel, 2016). Freire (1993) defined empowerment as the means by which people deal critically with reality and discover how to actively participate in changing their worlds. Empowerment definitions depend on the domain and dimensions in which they are used. It is important, therefore, to grasp the structure of the concept focusing on the empowerment of those living with chronic pain.

Surrogate terms

"Activated patient" has been suggested as a surrogate term for patient empowerment (Bridges, Loukanova, & Carrera, 2008). This term has been used to describe patients who actively participate in their healthcare through knowledge and skill acquisition to manage their health status. The concept of activated patient however fails to encompass the full meaning of empowerment, so is

not a surrogate term. The concept of activated patient does not account for the required relationship between the patient and HCP that defines empowerment. One may argue instead that an activated patient is a consequence of patient empowerment.

Attributes/Components of the Concept

Self-determination

Since the underlying assumption of empowerment is that patients have the right and ability to make their own choices, self-determination is a guiding principle in empowerment-based interventions (Aujoulat, d'Hoore, & Deccache, 2007; Castro et al., 2016). Self-determination can be experienced when one is treated with respect, truly listened to, has their needs confirmed, and is involved in significant processes (Wahlin, 2010; Wahlin, 2017).

Mutual partnership and supportive relationship

The empowering process requires nourishing relationships built on mutual trust, respect and engagement of all involved (Wahlin, 2017). Mutual participation, active and sensitive listening, equality, and encouragement are all necessary to ensure that everyone's experiences are viewed as important and equal. The ability to explore problems and develop solutions is facilitated through a supportive atmosphere and brings a sense of empowerment to patients (Hagiwara & Futawatari, 2013). Supportive relationships may help patients suffering from chronic pain to mobilize their resources to manage their condition and provide a sense that they are not alone (Wahlin, 2017).

An enabling process

Several authors define patient empowerment as a process (Castro et al., 2016; Ellis-Stoll & Popkess-Vawter, 1998; Rodwell, 1996; Wahlin, 2017). An important principle of empowerment is that it cannot be given to someone from another person, but instead is created within someone (Wahlin, 2017). This helping and enabling process occurs through confirming interactions. Feeling acknowledged and heard through consistent interactions confirms one's worth, thus facilitating and encouraging the sense of being in control of a situation (Wahlin, 2017). The enabling process can

consist of active listening and individual knowledge acquisition, which can lead to choosing health promoting behaviours (Ellis-Stoll & Popkess-Vawter, 1998).

Antecedents

Motivation

Throughout the literature patient motivation is referred to as an essential prerequisite for empowerment to occur (Akpotor & Johnson, 2018; Castro et al., 2016; Dowling et al., 2011; Ellis-Stoll & Popkess-Vawter, 1998; Wahlin, 2017). Motivation is the force that gives purpose or direction to people's actions. Without motivation, actions simply do not occur (Wahlin, 2017). Dowling et al. (2011) argued that in order for empowerment to succeed, patients must believe that they have control over their futures.

Presence of patient competency

Empowerment suggests that the individual has possible or actual competencies (Gibson, 1991). To be empowered, one must be able to effectively communicate, have knowledge for problem solving, be able to reflect on behaviours, have the necessary time to participate, and be able to participate in their care (Bridges, Loukanova, & Carrera, 2017; Dowling et al., 2011; Ellis-Stoll & Popkess-Vawter, 1998; Holmstrom & Röing, 2010). Bravo et al. (2015) stressed the importance of the ability of the patient to develop health literacy as this can affect how well information is communicated in shared decision making and ultimately the patient's ability to manage the condition. The authors argued that patients may even be disempowered by communication with HCPs when they cannot understand the information that is presented.

Partnership

The relationship between the patient and HCP is a crucial aspect of empowerment. Sharing of power and responsibility creates a partnership that is based on mutual trust and respect (Holmstrom & Röing, 2010). Ellis-Stoll and Popkess-Vawter (1998) agreed that the act of empowering must be devoid of nursing and physician paternalism. The patient needs to hold power within the healthcare relationship and HCPs must respect patient autonomy and develop a partnership style in their

work (Bravo et al., 2015). An equal partnership can create a customization of care according to the patient's needs, desires, and circumstances; necessary for empowerment (Castro et al., 2016).

Consequences/Outcomes of Patient Empowerment

An integrated self

The empowerment process can result in patients developing a sense of inner strength which enables them to reframe and reinterpret their lives with chronic pain (Castro et al., 2016) This in turn leads to enhanced adjustment to their illness. Aujoulat et al. (2008) described the need to establish continuity in a sense of self if the changes inherent in living with a chronic condition are to be integrated successfully; this can be accomplished through empowerment. Empowered patients also achieve a positive self-concept, self-efficacy, and recognize their personal power (Holmstrom & Röing, 2010).

Increased quality of life

Improvement in quality of life is frequently listed in the literature as an outcome of empowerment. This is directly linked to achieving self-management which is described as the ability to manage symptoms, treatment, lifestyle changes, and the physical and psychosocial consequences of living with chronic pain (Castro et al., 2016). Patients' lives are enhanced through decreased symptom burden and increased comfort, which in turn allows them to take charge in their interactions with HCPs and their health (Holmstrom & Röing, 2010; Wahlin, 2017).

Hope and value in living

Gibson (1991) argued that a consequence of empowerment is that the patient is given a renewed sense of hope regarding their health. Hagiwara and Futawatari (2013) found that empowerment led to patients' acceptance of their chronic condition as simply a part of themselves, rather than the defining aspect, and this gave new meaning to their lives. Living with a chronic condition influences all facets of one's life and can lead to a sense of powerlessness, but empowerment enables the patient to adapt to a new lifestyle and treatment-related behaviours on a long-term basis (Aujoulat, d'Hoore, & Deccache, 2007). Changes in

priorities, values, and holding new hope for the future can develop.

References

In Rodgers' process references are actions that occur or are associated with a concept, lead to its operationalization and can help with selection of a measurement tool (Foley, 2017). In terms of chronic pain, there is no specific scale to measure patient empowerment, but there are indicators that can show if empowerment has occurred. These include patients self-managing their condition, setting and attempting to achieve realistic goals, and adopting healthy lifestyle behaviours.

Related Concepts

Concepts related to patient empowerment include patient participation, patient-centeredness, and enabling. Patient participation includes rights and opportunities to engage in and influence decisions regarding care. Patient-centeredness is a biopsychosocial approach to care that is empowering, respectful and individualized. Patient-centeredness is an empowering practice approach, while patient participation is associated primarily with the patient perspective, and patient empowerment comprises both perspectives (Castro et al., 2016).

"Enabling" is a term associated with empowerment throughout the literature. Enabling is lending strength, giving control, or developing abilities (Ellis-Stoll & Popkess-Vawter, 1998). However, the enabling process lacks defining attributes similar to empowerment, such as knowledge acquisition and the active listening required for self-determination.

Model Case to Exemplify Empowerment

Cynthia is a 67-year-old female who slipped on ice last winter while leaving her house and suffered a right ankle fracture. Surgery was not necessary, and she was discharged home after a one-night stay in hospital, with an air cast and a prescription for Percocet for pain control. Cynthia followed up with her family physician within the week and received another prescription for Percocet for further pain management.

Cynthia attended a routine visit with her chronic disease management nurse four months after her fall, for follow-up regarding her diabetes control.

The registered nurse (RN) was surprised she was still using crutches and wearing the air cast. Cynthia began to cry when the RN inquired about her injury and healing process and stated she was still having pain with mobilization, so had made the decision to keep wearing the cast. Cynthia expressed concern regarding the speed of her recovery and the amount of pain she was experiencing.

The RN acknowledged how difficult this time had been for Cynthia and commended her on her ability to adapt. The RN reviewed the importance of remaining as active as possible to promote healing and discussed different safe and affordable options to aid in mobilization. They came to the decision that Cynthia would see an occupational therapist to help find a walker device that would promote her mobilization in the community.

Cynthia wanted to return to her regular life routine but felt the consistent pain in her ankle hindered this. The RN inquired about what activities Cynthia would like to re-engage in, and together they set activity goals based on the priorities of the patient. She agreed that she could benefit from physical therapy. Cynthia also mentioned wanting to decrease the amount of pain medication she was taking as it made her constipated and drowsy, but she still required pain relief. The RN listened to Cynthia's concerns and together they agreed that her treatment regime should be altered, given the side-effects and her planned increased activity level. After her visit with the RN Cynthia booked a follow-up appointment with her physician to discuss her concerns and treatment course.

The model case serves as an exemplar as it has all the defining attributes of patient empowerment. The RN was able to initiate an enabling process with Cynthia by confirming and acknowledging her experience and abilities to manage her own care. Through active listening the RN established a trusting and respectful relationship with Cynthia where she felt able to engage in her treatment and participate in developing solutions. Through self-determination Cynthia became aware that she had the power and the right to make her own health choices and decided to take a more active role in her healing; and to engage in health-promoting behaviours.

Discussion and Implications for Practice

The prevalence of chronic pain is estimated to continue to increase in the future due to an aging population (Fayaz et al., 2016). To successfully manage and treat pain a major paradigm shift needs to occur; HCPs need to effectively embrace patient empowerment as an overall approach to chronic pain. This has proven difficult as HCPs are often socialized to take responsibility for their patients' care and outcomes; but this conflicts with the fact that it is the patient that actually controls and takes responsibility for 98% of their care (Anderson & Funnel, 2010). A misguided sense of responsibility and power held by HCPs often leads to them to telling the patient what to do, rather than encouraging and supporting the patient's ability to self-manage and make informed decisions regarding their care. A new paradigm of thought needs to emerge; empowerment does not involve "doing to" patients, but rather "working with", facilitating and supporting patients to reflect on the experience of living with chronic pain and creating plans together. If this can occur in a relationship characterized by collaboration, respect and shared power between the HCP and patient, enhanced awareness and understanding can occur to develop appropriate and achievable self-management decisions. Erroneous conclusions regarding what patient empowerment means, such as persuading, convincing, or changing patients, have led to the maintenance of this power inequality. Further education for HCPs regarding empowerment can increase the likelihood of its effective use to improve patient outcomes and HCP experiences.

Conclusion

Healthcare systems evolve in response to multiple political and economic factors such as the changing organization of health service delivery and increasing patient health care needs. To meet these demands patients are increasingly expected to be active participants in their care and are viewed more frequently as partners rather than recipients of healthcare. We argue that this paradigm may not be how many HCPs have been socialized in their roles, which may hinder the growth of empowerment needed for successful

management of conditions such as chronic pain. This disconnect has resulted in not only dissatisfied patients, but also discontented HCPs. The treatment and management of chronic pain will continue to burden patients and the healthcare system until a new approach is embraced by both the patient and HCP. This concept analysis reveals a need for further research examining the barriers patients and HCPs face while attempting to enact an empowerment process. If true empowerment is to occur patient and HCP expectations and goals need to be in alignment and institutional policies should support the flexibility to create an environment where this is possible. A new paradigm of thought in chronic pain management could be facilitated by HCP entry-to-practice education shifts as well. An empowering approach that involves facilitating and supporting patients to reflect on the experience of living with chronic pain is needed. We believe partnering to create pain management plans in a relationship with the patient characterized by collaboration and respect will flatten the power hierarchy and will improve patient-centred care outcomes and quality of life in an aging population.

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Work carried out at: University of Calgary 2500 University Dr NW, Calgary, Alberta, Canada T2N 1N4

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