

SELF EMPOWERMENT IN PATIENT WITH CHRONIC DISEASE: A LITERATURE REVIEW

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ABSTRACT

Keywords:

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Chronic disease is the highest cause of death in the world and Indonesia which can affect patient's quality of life. One of the key factors for a good patient's quality of life is empowerment. Self-empowerment is important for patients in making decisions with health professionals regarding the patient's health. The aim study was to explore self empowerment in patient with chronic disease. The methods was a narrative literature. The selection process of articles using PRISMA flow diagram. The databases used Science Direct, Pubmed, and Google Scholar. This literature review revealed five (5) articles focus on patient empowerment and six (6) articles about intervention related to empowerment. Patients empowerment develops in line with the increasing of self-efficacy and self-management. Empowerment can also improve the relationship between patients and health professionals. The interventions related to empowerment, including health education, empowerment based on experiential learning, energy conservation, mobile-health technology. Patients with chronic disease have a responsibility in managing their disease. Therefore, empowerment becomes important in patients with chronic disease. In addition, empowerment can also improve health outcomes. An effective intervention in increasing empowerment is to provide health education to patients and families about the illness.

BACKGROUND

Data from the World Health Organization in 2016 showed that communicable and non-communicable diseases, maternal and child health problems, nutritional problems, and injuries were the highest causes of death in the world. Most of the causes of death are included in chronic diseases (WHO, 2018a). Likewise in Indonesia, the highest causes of death are mostly chronic diseases consisting of cardiovascular disease (35%) and other non-communicable diseases (15%), cancer (12%), chronic respiratory disease (6%), and diabetes (6%). (WHO, 2018b).

Chronic disease is a disease that has a permanent nature, can affect functional abilities and is long, and cannot be recovered (Potter et al., 2017). The increased risk of chronic disease is influenced by many factors, namely poor eating habits, lack of physical activity, obesity, certain substance abuse, and others. Chronic diseases are often found in developed countries (Laverack, 2020). Chronic disease can

affect every aspect of the sufferer's life, especially the psychological aspect (Bastable, 2002). A person's quality of life becomes worse when they have chronic diseases, especially cancer, asthma, kidney disease, COPD, and heart disease (Pengpid and Peltzer, 2018).

One of the key factors for a good quality of life for people with chronic diseases is empowerment. Empowerment is also a key factor for health care and self-care (Galanakis et al., 2016). In addition, empowerment can improve health outcomes, improve communication between patients and health workers, and improve medication adherence (Kärner Köhler et al., 2018).

Self-empowerment is the ability of individuals to control themselves over decisions related to health (Woodall et al., 2010). Meanwhile, according to the World Health Organization (WHO), empowerment is the process of a person having strong control over the decisions that will be taken related to his health.

Empowerment is very important for patients

in joint decision making and empowerment can occur when patients accept responsibility for their health. Patients can learn to solve problems with information and support from health professionals. Patient empowerment begins when health professionals believe that patients can control their care and aims to increase the patient's capacity to think critically and make their own decisions about their health (Kambhampati et al., 2016). However, the existing research mostly examines empowerment in a single disease. Therefore, examining empowerment in different conditions and populations will allow for an increase in information and understanding about the empowerment of these patients. This literature review aimed to analyze the self empowerment of patient with chronic disease.

METHODS

The databases used to search for literature were Science Direct, Pubmed, and Google Scholar. The keywords were empowerment OR self empowerment OR patient empowerment, and chronic disease OR chronic illness. The inclusion criteria for this study were chronic disease patients, articles published in 2015-2020, indexed by SINTA or SCIMAGO, using Indonesian or English. This study excludes research that uses the method of Meta-analysis, Systematic review, literature review. A literature search using the PRISMA flowchart (fig.1). There are 4 stages in the search: identification, screening, eligibility, and included. At the identification stage, about 2700 journals were identified. After the screening and eligibility stages were carried out, finally there were 11 journals included.

RESULTS

This literature study contains 11 journals used, 5 of which discuss empowerment, and 6 journals discuss interventions related to empowerment. Chronic diseases discussed include coronary heart disease, chronic disease, diabetes mellitus, chronic kidney failure, liver cirrhosis, and cancer. Journal publications from 2015-2020 with different place settings, namely Southeast Sweden, Sub-Saharan Africa, Turkey, Ireland, China, Italy, and Indonesia. The highest number of respondents was 242 and the lowest was 20 respondents aged over 18 years.

Research by Kärner Köhler, et al. (2018) stated that the self-empowerment of patients with coronary heart disease had an average score of 3.69 (149 participants) with a range of 1-5 values. Em-

powerment correlates with marital status, self-assessment of health, well-being, gender, and age (Kärner Köhler et al., 2018). In addition, empowerment also has a correlation with employment status, education status, diabetes education, diabetes complications, chronic diseases other than diabetes and social support (Arda Sürücü and Büyükkaya Besen, 2017). Empowerment also correlates with the frequency of self-care behavior of diabetic patients (Eyüboğlu and Schulz, 2016).

Empowerment can also improve the relationship between patients and health care providers. The patient's active attitude is also needed in managing his condition better (Bailo et al., 2019). In HIV patients, the role of support for fellow survivors in the form of exchanging experiences, education about daily activities, and discussing intimate matters can make a person have self-identity, self-esteem, a positive life, and self-acceptance, especially for their disease (Angwenyi et al., 2019).

Efforts to increase empowerment are considered important to do. Therefore, several interventions can increase empowerment, including health education that can increase the value of empowerment in coronary heart patients (Wahyuni and Rezkiki, 2015). In addition, health education using empowerment theory can also improve knowledge and health behavior in liver cirrhosis patients for the better (Zhang et al., 2019).

Another intervention carried out in patients with diabetes mellitus is experiential learning-based empowerment that can improve patients in managing their disease (Ernawati et al., 2015). In addition, empowerment-based self-management interventions also provide impact on increasing the value of empowerment in patients with diabetes mellitus (Cheng et al., 2019). The intervention carried out by Ritianingsih and Nurhayati (2019) regarding energy conservation techniques with self-empowerment in chronic kidney failure patients influences on improving the quality of life of patients. In addition, the research of Doyle et al. (2019) regarding the application of the Mikidney application in supporting the empowerment of chronic kidney failure patients in handling patients' health conditions. Patients are more aware of their condition and have more information about new diseases, diet, and exercise that can be done after implementing this application on their cellphone.

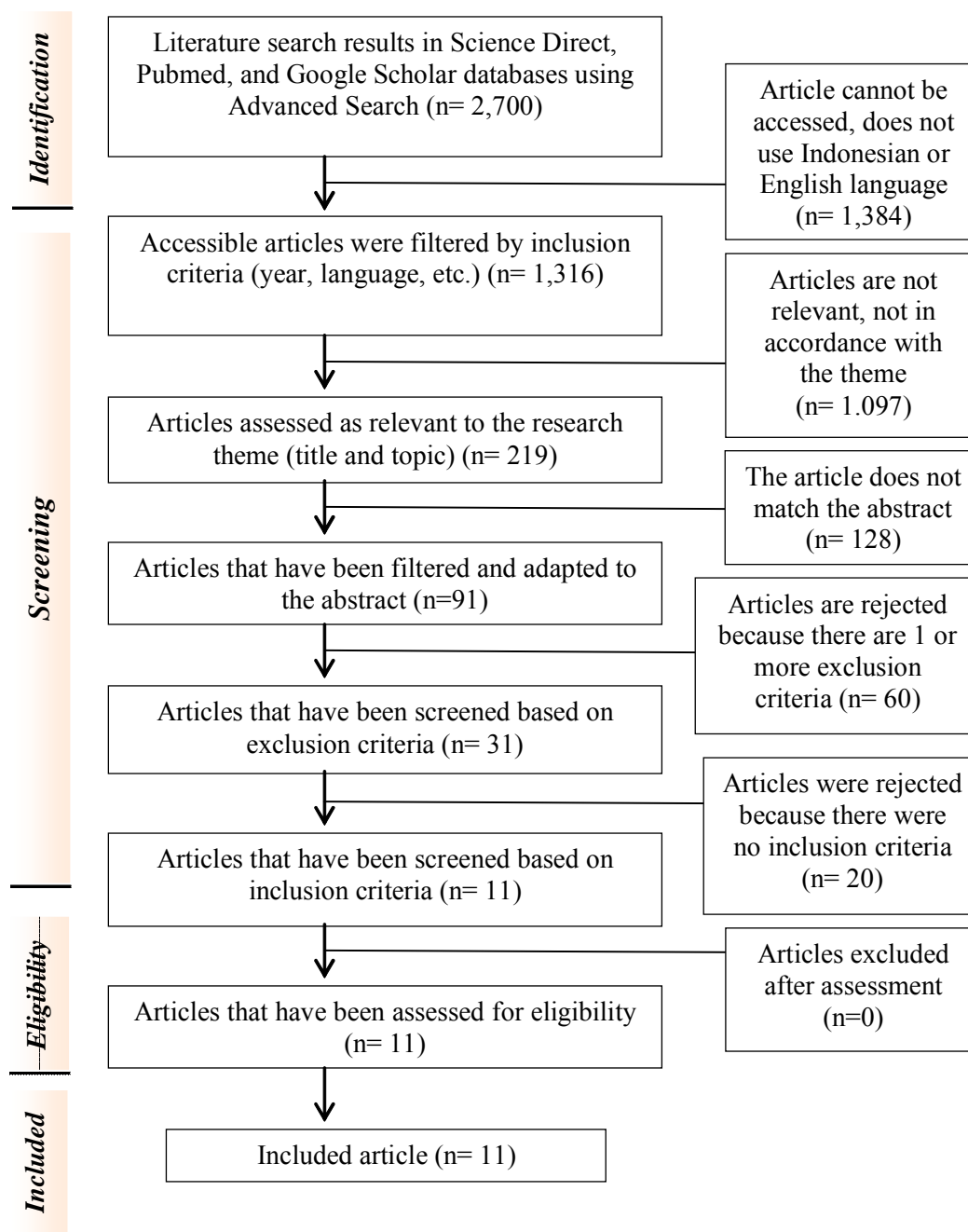


Figure 1. Prisma Flowchart

DISCUSSION

Self-empowerment is defined as the ability of individuals to control themselves over decisions related to health (Woodall et al., 2010). This increase in self-empowerment goes hand in hand with increasing self-management and self-efficacy.

Empowerment is a modern and latest research to activate the role of the patient and with patient-centered care, the patient will be more independent at home. The support of people around both families and health workers provides benefits to individuals in being responsible for their care (Bailo et

al., 2019). This is supported by research by Riyadi and Muflihatin (2021) which states that family support can provide positive energy and individual motivation in self-management.

Self-empowerment can be influenced by several factors, one of which is education and educational background. This is supported by research conducted by Ramadhan (2019) that education can increase patient knowledge which will affect the patient's belief in therapy and self-efficacy, both of which can affect self-management. In addition, social support and age can also affect empowerment. This is supported by research by Toar (2020) which

Table 1. The Result Research

No	Author	Year	Methods	Sample	Results
1	Anita Kärner Köhler, Pia Tingström, Tiny Jaarsma, Staffan Nilsson	2018	Cross sectional	157	<ol style="list-style-type: none"> 1. There was no correlation between patient empowerment and general self efficacy 2. Patient empowerment has a significant relationship with self-health assessment 3. The healthier the patient, the higher their self empowerment
2	Vibian Angwenyi, Carolien Aantjes, Joske Bunders Aelen, Jeffrey V. Lazarus, Bart Criel	2019	Mix-methods	153	<ol style="list-style-type: none"> 1. Health professionals facilitate patient empowerment through health education, although literacy levels and environmental factors influence self-management guidelines. 2. The exchange of information during patient interactions with providers varied, discussions centered on medical aspects and health promotion behaviors. 3. Health education is often unstructured and conducted by non-physician providers, most of whom are untrained in chronic care. 4. Patients access psychological support through home-based care programs and community volunteers.
3	Ezgi Eyüboğlu, Peter J Schulz	2016	Cross sectional	167	<ol style="list-style-type: none"> 1. Patient empowerment influence patient health behavior. 2. Health literacy has no effect on health behavior because self-care in diabetic patients is easy to understand, therefore it does not require higher cognitive abilities to understand advice from health professionals. 3. Selfempowerment more effective than health literacy 4. Health literacy give positive impact to clinical decision, meanwhile patient empowerment give the impact to health behavior

No	Author	Year	Methods	Sample	Results
4	Hamdiye Arda Sürücü, Dilek Büyükkaya Besen	2017	Cross sectional	220	<ol style="list-style-type: none"> 1. Strong predictors of empowerment were knowledge about diabetes, educational status, age, social support, and employment status. 2. Empowerment is the basic outcome of diabetes education which aims to maximize individual knowledge of self-care, skills, self-awareness, autonomy. 3. Diabetic patients who receive diabetes education will have a higher level of empowerment. 4. Empowerment can also be influenced by religion, belief, culture, and spirituality. 5. Factors that increase empowerment can be found from the social support received by the patient, either from family, close friends, or from special people.
5	Nuala Doyle, Mairead Murphy, Laura Brennan, Alice Waugh, Margaret McCann, Geraldine Prizeman, George Mellotte	2019	One group pre test and post test experiments	20	<ol style="list-style-type: none"> 1. The Mikidney can empower and motivate patients to understand and manage their own condition by providing information to the patients 2. This app is also a user-friendly

No	Author	Year	Methods	Sample	Results
6	Li Cheng, Janet W.H. Sit, Kai-chow Choi, Sek-ying Chair, Xiaomei Li, Yuning Junhong Long, Hui Yang	2019	Randomized controlled trial	242	<ol style="list-style-type: none"> 1. Empowerment in the intervention group showed a significant improvement at one week and 3 months after being given the intervention. 2. In the intervention group showed a significant decrease in terms of emotional disturbance and stress regimen as well as a significant improvement in quality of life. 3. Empowerment-based self-management interventions can result in significant improvements in empowerment, stress reduction, and improved quality of life so that the results in this study can also add to the evidence base for advanced nursing practice in providing empowerment-based care programs to meet complex and dynamic needs of poorly controlled type 2 diabetes.
7	Xiancui Zhang, Weizhen Xi, Ling Liu, Lingling Wang	2019	Randomized controlled trial	60	<ol style="list-style-type: none"> 1. Health education used theory of patient empowerment is beneficial for the active rehabilitation of patients with liver cirrhosis. 2. Health education using empowerment theory can improve activities of daily living (ADL), motivate patients to take responsibility for healthy behavior, and improve quality of life. 3. The use of patient empowerment can increase the patient's sense of control over his life and illness.

states that age has a significant relationship with health literacy.

Self-empowerment aims to collaborate with health professionals who are aware of their considerations, change their lifestyle, manage their illness, use information resources to solve their problems. Therefore, the ability of health professionals to convey information to patients effectively and exchange information within the care team also affects patient self-management. This is supported by research con-

ducted by Ramadhan (2019) which states that communication by health workers can affect patient confidence in therapy, self-efficacy, and patient knowledge.

Health education interventions can effectively increase patient empowerment. In addition, health education also increases the level of cognitive, health behavior, self-care ability, and quality of life of patients (Wahyuni and Rezkiki, 2015; Zhang et al., 2019).

No	Author	Year	Methods	Sample	Results
8	Luca Bailo, Paolo Guidi, Laura Vergani, Giulia Marton, Gabriella Pravettoni	2019	qualitative	34	<ol style="list-style-type: none"> 1. Empowerment from the patient's point of view emphasizes the importance of elements that may not always be applied in the treatment process. 2. A deeper consideration of the patient's relational needs can lead to better care practices. A cooperative attitude can have a positive effect on self-management and medication adherence. 3. Empowerment can improve the relationship between health professionals and patients. When dealing with cancer, an active attitude is the foundation that allows patients to better manage their condition.
9	Aria Wahyuni, Fitriana Rezkiki	2015	quasi-experimental	26	<ol style="list-style-type: none"> 1. There is a change in empowerment and self-efficacy in the group that has been given structured health education. 2. Structured health education can effectively increase the empowerment and self-efficacy of coronary heart disease patients.
10	Nieniek Ritianingsih, Farial Nurhayati	2019	Quasi experimental	94	<ol style="list-style-type: none"> 1. The intervention of energy conservation techniques with empowerment can have an effect on the quality of life of the patient. 2. Energy conservation techniques applied in this study can help fulfill function tasks efficiently so that patients will feel more participating in their activities.
11	Nunung Ernawati, Suharto, Yulis Setiya Dewi	2015	Quasi experimental	46	<ol style="list-style-type: none"> 1. Empowerment based on Experiential Learning has a significant impact on the behavior of preventing complications. 2. The application of the Experiential Learning method can improve patient self-care, especially in patients who have experienced acute complications, hence patients can easily apply acute complications prevention behaviors and control their blood levels.

CONCLUSION

Self-empowerment is a key factor in improving health outcomes, communication between patients and health care providers, and medication adherence. Interventions that are considered effective in increasing empowerment are by providing health education or education to patients and families with the help of health service providers. Several methods applied in providing health education are considered effective, including discussion methods, exchanging experiences, and health education with empowerment.

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