EXAMINATION OF THE RELATIONSHIP BETWEEN PATIENT EMPOWERMENT AND SELF-EFFICACY[*]

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ABSTRACT

To examine the relationship between patient empowerment and self-efficacy.Quantitative research design and easy sampling method were used in the study.The study was carried out on 401 adult individuals with acute or chronic diseases in the center of Konya. The Cronbach's Alpha Coefficient of the self-efficacy scale consisting of 23 questions was found to be 0.798 on the first scale. The Cronbach Alpha Coefficient of the second scale patient empowerment scale consisting of 37 questions was found to be 0.852. 51.1% of the participants are women, 20.2% 18-27, 20% 28-35, 20% 36-45, 20% 46-55, 20% 56+ years old is in the range.27.7% of the participants have primary school,18.7% high school, 8.7% associate degree, 33.7% undergraduate, 11.2% graduate education.As a result of the analyzes,no significant difference was found between gender,educational status,chronic diseasesof the patients and the patient empowerment and self-efficacy.A statistically significant low-level relationship was found between patient empowerment and self-efficacy.Studies revealed that the patient actively participated in self-care,managed health status better and improved personal control when the patient empowerment was presented at a high rate.It is very important that patients acquire self-efficacy to fight disease.Therefore,patient empowerment increases in patients with high self-efficacy and thus faster treatment with patient participation is provided.

Keywords: Empowerment, Patient Empowerment, Self-efficacy, Patient.

ÖZ

Hasta güçlendirme ve öz-yeterlilik arasındaki ilişkinin incelenmesidir. Araştırmada nicel araştırma deseni ve kolay örnekleme yöntemi kullanılmıştır. Araştırma, Konya merkezde 401 yetişkin akut veya kronik hastalığı olan birey üzerinde gerçekleştirildi. Birinci ölçek 23 sorudan oluşan öz yeterlilik ölçeğinin Cronbach Alfa Katsayısı 0.798 olarak bulunmuştur. İkinci ölçek 37 sorudan oluşan hasta güçlendirme ölçeğinin Cronbach Alfa Katsayısı 0.852 olarak bulunmuştur. Araştırmaya katılanların %51.1'i kadın, %20.2'si 18-27, %20'si28-35, %20'si 36-45, %20'si 46-55, %20'si 56+ yaş aralığındadır. Katılımcıların %27.7'si ilkokul, %18.7'si lise, %8.7'si ön lisans, %33.7'si lisans, %11.2'si lisansüstü öğrenim durumuna sahiptir. Analizler sonucunda hastaların cinsiyeti, eğitim durumu, kronik hastalıkları ile hasta güçlendirme ve özyeterlik arasında anlamlı bir fark bulunmadı. Hasta yetkilendirme ve öz yeterlik arasında istatistiksel olarak anlamlı düşük düzeyde bir ilişki bulundu. Hasta güçlendirmesinin yüksek oranda sunulduğu zaman, hastanın öz bakımına aktif bir şekilde katılım sağladığını, sağlık durumlarını daha iyi yönettiğini ve kişisel kontrolü daha iyi hale getirdiği yapılan çalışmalarla ortaya konuşmuştur. Hasta bireylerin hastalık ile mücadele edebilmeleri için öz yeterlilik elde etmesi çok önemlidir. Bu yüzden yüksek öz yeterliliğe sahip bireylerin hasta güçlendirmesinin de arttığı ve böylelikle hasta katılımlı daha hızlı bir tedavi sağlanmaktadır.

Anahtar Kelimeler: Güçlendirme, Hasta, Hasta Güçlendirme, Özyeterlilik.

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[*] In order to conduct the research, the permission of the ethics committee was obtained from the Ethics Committee of Selçuk University Faculty of Health Sciences Non-Interventional Clinical Research dated 26.12.2018 and numbered 187.

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1. INTRODUCTION

The concept of empowerment is widely used in many fields such as psychology, economics, education, society and organizational development. Current conceptual models in the literature are community empowerment (Israel, Checkoway, Schulz and Zimmerman, 1994), staff empowerment (Causon, 2004), nurse empowerment (Ulupınar, 2011). The fact that empowerment is multidimensional and experts use different words to express the issue make it difficult to define empowerment. In general, empowerment is defined as a multi-dimensional social process that helps a person to realize his/her own power, to make his/her own decisions and to increase the level of control over his/her life (Burke and Dalrymple, 2015). In order for empowerment to take place, self recognition of the individual and his/her desire for empowerment are required (Ulupınar, 2011). In recent years, the concept of empowerment has been of great interest in health services, especially considering many power imbalances(Bridges, 2008).

There are significant changes in health and health systems all over the world. Greater access to information and technology, health system researches, changes in economy and politics are the main reasons for changes in the existing health system. One of the most important changes in health services in various countries of the world is the strategies of increasing the empowerment of patients in order to ensure that they are more involved in health services. Patient empowerment is a concept that allows patients to leave their passive roles to achieve goals of improving theirlife quality and to play an active role in their health and life quality during decision-making process (Chatzimarkakis, 2010; Castro, Regenmortel, Vanhaecht, Sermeus and Hecke, 2016). Empowerment enables patients to obtain the resources they need, to be aware of their problems, to make their own decisions by thinking critically, to specify their personal preferences, to establish strong relationships with other individuals (Kaya and Işık, 2018). Success in patient empowerment is based on collaboration between the patient and the healthcare worker, and also individualized care is prioritized (Yeşilbalkan, 2001). Empowerment increases self-care interventions, life quality, self-esteem, doctor-patient communication, healthy nutrition and patient's self-efficacy (Kennedy et al., 2007). Therefore, patient empowerment has become a necessity in health services today. In the literature, self-efficacy is one of the most discussed variables with patient empowerment process (Anderson, Funnell and Fitzgerald 2000; Schulz and Nakamoto, 2013). Self-efficacy is the self-confidence or belief that an individual has about the skills, attitudes and knowledge required to perform a certain performance successfully. (Bandura, 1994; Arseven, 2016). Self-efficacy, in this context, is that the individual feels himself / herself effective and sufficient (Yardımcı and Başbakkal, 2010). Self-efficacy can be improved over time, through experience, through observing other people or listening to others' comments (Lee, 2005). Individuals feel healthier both physically and psychologically as their self-efficacy beliefs increase (Barlow, Cullen and Rowe 2002; Tsay, 2003). It is known that individuals with strong self-efficacy beliefs have a great impact on health behaviors such as paying attention to self-care, active participation in treatment processes, giving up bad habits for protection against diseases (Beyhan, 2018). Self-efficacy contributes especially patients who have to cope with chronic diseases to exhibit behavioral changes (Curtin, Walters, Schatella, Pennella, Wisea and Klicko 2008).

Today, due to the increase in the number of patients with acute and chronic diseases, it will not beadequatejust to increase the care services given in this regard. Therefore, examining the concepts of patient empowerment and self-efficacy playing important roles in sharing responsibilities on health services by involving the patients in the process is important. In this study, the relationship between patient empowerment and self-efficacy will be examined.

2. MATERIALS AND METHODS

In the research, quantitative research design and easy sampling method were used. The data obtained in the study were collected by survey method. 2 different scales were used in the studyin order to collect data. In the first scale, there are twenty-three questions developed to measure self-efficacy. The twenty three-item original form of the self-efficacy scale was developed by Sherer and his colleagues (1982). In the study, Cronbach's alpha coefficient of the self-efficacy scale was found to be 0.798. The Turkish validity and reliability study was performed by Yıldırım and İlhan (2010). In the second scale, thirty-seven questions were developed to measure patient empowerment. The Patient Empowerment scale was developed by Small (24) and was used in eight different countries such as Spain, Portugal, Canada, USA, Belgium, Sweden, Denmark and China. The Turkish validity and reliability study of the scale was performed by Kaya and Işık (2018).

First, the data obtained in the research was transferred to the computer environment and checked, and then incorrect data were corrected Statistical analyzes were performed on computer. The data were tested for normal distribution before analysis. Descriptive statistics, variance analysis, independent samples t-test and correlation analysis were performed on the data. The study was conducted on adult individuals with acute or chronic conditions in the central districts of Konya province (Selçuklu, Meram, Karatay). The universe of the research consists of 1,346,330 people. In order to determine the sample size, the sample calculation method was used for certain universes created by Altunışık and others (2012). It was found that the sample size of 387 people was sufficient for the universe of 1,346,330 people, and 401 people were included in the study. The study was carried out by obtaining the verbal consent of the participants who agreed to participate in the study. The data collection tool included limitations since the hypotheses and the sample used in the research did not contain the whole of the population. Therefore, the results obtained from this study cannot be generalized for all individuals with acute and chronic diseases in Konya. There are four basic hypothesis of the study examining the relationship between patient empowerment and self-efficacy. These are;

Hypothesis 1: There is a relationship between the gender of the participants and the patient empowerment averages.

Hypothesis 2: There is a relationship between the gender of the participants and the self-efficacy averages.

Hypothesis 3: There is a relationship between the patients with/ without chronic illness and the patient empowerment averages.

Hypothesis 4: There is a relationship between the patients with/ without chronic illness and the self-efficacy averages.

Hypothesis 5: There is a relationship between the education level of the participants and the patient empowerment averages.

Hypothesis 6: There is a relationship between the education level of the participants and the self-efficacy averages.

Hypothesis 7: There is a positive relationship between patient empowerment and self-efficacy.

3. RESULTS

Table 1. Demographic Data For Participants

Gender	Number (n)	Percent (%)
Male	205	51.1
Female	196	48.9
Age	Number (n)	Percent (%)
18-27	81	20,20
28-37	82	20,44
38-47	79	19,70
48-57	80	19,95
58+	79	19,70
High school	75	18.7
Pre-License	35	8.7
License	135	33.7
Postgraduate	45	11.2
Family structure	Number (n)	Percent (%)
Nuclear family	382	95.3
Extended family	19	4.7
Job	Number (n)	Percent (%)
Artisan	19	4.7
Retired	31	77
Officer	133	33.2
Worker	52	13
Self-employment	44	11
Not working	72	18
Student	50	12.5
Monthly Income	Number (n)	Percent (%)
500-1000	5	1.2
1001-2000	52	13
2001-3000	123	30.7
3001-4000	125	31.2
4000+	96	23.9
Chronic Illness	Number (n)	Percent (%)
Yes	282	70.3
No	119	29.7
Chronic Illness in the Family	Number (n)	Percent (%)
Yes	274	68.3
No	127	31.7
Continuous Used Drug	Number (n)	Percent (%)
Yes	283	70.6
No	118	29.4
Total	401	100

According to Table 1, 51.1% of the participants were female, 20.2% were 18-27, 20% were 28-35, 20% were 36-45, 20% were 46-55, %20 of them are in the 56+ age range. 27.7% of the participants have primary school, 18.7% high school, 8.7% pre-License, 33.7% license and 11.2% postgraduate. When we look at the family structure of the participants, 95.3% of them have a nuclear family structure.

As can be seen in Table 1, among the 401 participants, 4.7% were artisan, 7.7% were retired, 33.2% were officer 13% were workers, 11% were self-employed 18% were not working and 12.5% are students.

Table 2. T-Test For The Difference Between Gender, Patient Empowerment And Self-Efficacy Averages

Gender		n	Average	Sd	t	p
Patient Empowerment	Male	205	4.0824	0.30704	0.257	0.797
	Female	196	4.0903	0.31046		
Self-Efficacy	Male	205	3.6972	0.46700	0.036	0.971
	Female	196	3.6989	0.47946		

As seen in Table 2, t-test analysis was performed between gender and patient empowerment and self-efficacy averages. According to the results of the analysis; There was no significant difference between gender, patient empowerment and gender (p> 0.05). According to this result, Hypothesis 1 and 2 were rejected.

Table 3. T-Test For The Difference Between Chronic Disease /Not Chronic Disease And Patient Empowerment

Chronic Disease		n	Average	Sd	t	p
Patient Empowerment	Yes	282	4.1083	0.28356	2.213	0.207
	No	119	4.0341	0.35626		
Self-Efficacy	Yes	282	3.0872	0.35472	0.895	0.871
	No	119	3.1465	0.47361		

As seen in Table 3, t test analysis was performed between the chronic disease and patient empowerment and self-efficacy averages. As a result of research analysis, there was no significant difference between patients with chronic disease and patient empowerment average (p> 0.05). In addition, there was no significant difference between patients with chronic disease and self-efficacy average (p> 0.05). According to this result, Hypothesis 3 and 4 were rejected.

Table 4. One-Way Variance Test İn İndependent Groups Between Educational Status, Patient Empowerment And Self-Efficacy Averages

Education Status		n	Avarege	Sd	F	p
Patient Empowerment	Primary school	111	4.1113	0.29115	1.109	0.352
	High school	75	4.0205	0.34637		
	Pre-License	35	4.1042	0.25168		
	License	135	4.0973	0.33182		
	Postgraduate	45	4.0871	0.23841		
Self-efficacy	Primary school	111	3.6884	0.4462	0.595	0.666
	High school	75	3.6868	0.52176		
	Pre-License	35	3.6646	0.5218		
	License	135	3.6872	0.47501		
	Postgraduate	45	3.799	0.40578		

As seen in Table 4, One-Way Variance Test in Independent Groups Between Educational Status, Patient Empowerment and Self-efficacy Averages was conducted. There was no significant difference between patient empowerment, self-efficacy and education level average (p> 0,05). According to this result, the Hypothesis 5 and 6 were rejected.

Table 5. Correlation Analysis Of The Relationship Between Patient Empowerment And Self Efficacy

		1	2
Patient Empowerment			
Self Efficacy	r	.108	
	p	.031**	

N=401 **p<0.05.

As seen in Table 5, there is a statistically significant low level statistical correlation between patient empowerment and self-efficacy (p <0.05). According to this result, Hypothesis 7 was accepted. In order to determine the causal relationship between the variables after determining the correlations between patient empowerment and self-efficacy scales;

Patient Strengthening = b0 + b1 Self Efficacy + ε

Model and regression analysis was conducted within the framework of this model. The classical regression assumptions are valid here on the term ε error. The results of the regression analysis are shown in Table 6.

Table 6. Regression Analysis Of The Relationship Between Patient Empowerment And Self-Efficacy

Dependent variable	ΔR2	Independent Variable	B	Std. Error	t	F
Patient Empowerment	0.009	Fixed Term	3.826	0.121	31.597**	4.709*
		Self-Efficacy	0.070	0.0332	2.170*	

*p<0.001, **p<0.05.

The proposed model is statistically significant (F: 4.709 and p <0.001). According to the results of regression analysis, ΔR2 (percentage of variance explained) and F (degree of significance of regression model) show that patient empowerment can be explained by self-efficacy. In this context, the results in Table 6 support the hypothesis suggesting a positive relationship between patient empowerment and self-efficacy.

4. DISSCUSSION

In the study, the relationship between self-efficacy and patient empowerment was examined. According to the results of the study, no significant difference was found between the gender of individuals and self-efficacy and patient empowerment. In parallel with this result, no significant differences were found between gender and self-efficacy and patient empowerment in the studies of Yeh et al., (2018), Tsay et al., (2004).

According to the results of the study, there was no significant difference between the individuals with chronic diseases and the patient empowerment averages. Most of the studies in the literature focus on the empowerment of patients with chronic diseases. The studies by Anderson et al., (2000) focus on the empowerment of diabetic patients, the studies by Jorgensen et al., (2017) focus on the empowerment of cancer patients, and thestudies by Johansson et al. (2007) focus on the empowerment of orthopedic patients.

According to the results of the study, no significant difference was found between the patient empowerment and self-efficacy averages and education levels of the patients. In parallel with this

result, the study conducted by Köhler et al. (2018) found no significant relationship between education level and self-efficacy. The study by Chiauzzi et al. (2016) showed a significant difference between the education level and patient empowerment.

According to the results of the research, there is a low level statistically significant relationship between patient empowerment and self-efficacy. Several studies in the literature have investigated the relationship between patient empowerment and self-efficacy (Rawlett,2014). Köhler et al. (2018) found a weak relationship between patient empowerment and self-efficacy, while Andrew and Peterson, (2014), Aujoulat et al., (2007) found a strong relationship between empowerment and self-efficacy.

5. CONCLUSION

Patient empowerment is a key factor for improving health outcomes, improving communication between patients and health professionals, and complying with treatment regimens. Studies showed that the patient actively participated in self-care was better able to manage health status and improved personal control when patient empowerment was presented at a high rate, (Delavari and Mahdavihazaveh, 2005). It is very important for patients to obtain self-efficacy in order to fight diseases. Therefore, patient empowerment increases in thepatients with high self-efficacy and thus faster treatment with patient participationis provided.

DECLARATION OF CONFLICTING INTERESTS

FUNDING

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CERTIFICATE OF APPROVAL OF THE ARTICLE BY THE ETHICS COMMITTEE

SELCUK UNIVERSITESI

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FACULTY OF HEALTH SCIENCES
Ethics Committee for Non-Interventional Clinical
Investigations

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Number:

Date: ../../2018

RESEARCH PROJECT EVALUATION FORM

Meeting date: 26.12.2018
Meeting number: 04
Project number: 21139
Decision number: 2018/187

The research project proposal titled "Investigation of the Relationship Between Patient Empowerment and Self-Efficacy" "21139" which is a researcher Associate Professor Handan Ertaş member of the faculty of health sciences faculty of our university, was examined by taking into account the justification, purpose, approach and methods and it was found appropriate from an ethical point of view.

Associate Professor Kezban TEPELİ (Ethics Committee Chair)

Professor Ramazan ARI (Member)

Professor Şebnem ASLAN (Member)
NOT ATTENDED

Associate Professor Sema YILMAZ (Member)
NOT ATTENDED

Professor Nazan AKTAŞ (Member)

Associate Professor Deniz TANYER (Member)

Professor Fatma TAŞ ARSLAN (member)

Associate Professor Özlem KARAKUŞ (Member)
NOT ATTENDED

Assistant Professor Emel FİLİZ (Member)

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NOT ATTENDED

Assistant Professor Muhammet Ali CEBİRBAY (Member)

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