

# Empowerment for Your Patients: Is it yours to give?

By Mariam Botros, DCh DE IIWCC MED; Janet L. Kuhnke, RN BA BScN MS NSWOC DrPsychology; Idevania Costa, RN NSWOC PhD; and Virginie Blanchette, Biomed DPM MSc PhD

*As clinicians we sometimes struggle with the concept of empowerment, often feeling it is something we give to someone. The reality is empowerment is what the other person feels about their place within an environment. We can assist others by removing barriers, providing knowledge and coaching them so they discover and feel confident in their power to engage and have appropriate control over their situation. When individuals become empowered they are in a better position to effectively manage their health by getting involved in decisions and assuming responsibility for the choices they have taken for themselves.*

In this article, we aim to explain the basis, benefits and outcomes of patient empowerment and how it can contribute to the patient journey as they navigate their own skin health and/or wound healing. The specific objectives are to:

- Highlight the importance of patients' perspectives in care
- Explore the benefits of patient empowerment from three different perspectives: patient, health-care provider and health system

## What is empowerment?

Empowerment is often credited to the work of Paulo Freire, a Brazilian educator and philoso-

pher well-known for developing an emancipatory approach to educating people to overcome oppression through liberating education.<sup>1</sup> Note that the concept of *patient empowerment* has been used interchangeably with *patient engagement and involvement* in self-management.

Anderson and Funnel have defined empowerment as "the degree of choice, influence and control held by patients over treatment, the disease and their relationship with health provider."<sup>2</sup>

According to Gomez-Velasco et al. patient empowerment is built "within a person . . . [it] is a continuous process in which knowledge, motivation, and capacity to take control of their disease are built within a person."<sup>3</sup>



The World Health Organization (WHO) describes empowerment as a process through which people gain greater control over decisions and actions affecting their health. The WHO further states that four key components are necessary for patient empowerment:

1. A comprehensive understanding of their role in decisions that affect their health
2. Acquisition of sufficient knowledge to be able to engage with their health-care provider in decision making
3. Development of skills/abilities to implement self-management practices

4. The presence of a facilitating environment (the context where patients live and work)

This broad concept of patient empowerment leads to varying definitions in the literature, but the main theme is that, with appropriate supports, patient empowerment results in each individual being able to “be responsible for one’s own life.”<sup>4</sup>

### **The Components of Successful Patient Empowerment**

To ensure the best clinical outcomes patient empowerment has three areas of responsibilities:

**Patient empowerment is** the foundation of self-management, and it lies at the heart of ethical principles that include patients’ rights and autonomy to make decisions. It allows them to carry out a care plan developed in partnership between them and their health-care providers.<sup>5</sup>

**Patient empowerment requires** skill and a relationship between the patient and the health-care team, within a supportive environment, that helps patients to develop or boost their confidence and autonomy in making health-care decisions.

**Patient empowerment is a legitimate goal, regardless of age, diagnosis, income, country of origin or ethnicity.<sup>7</sup> A patient's sense of control, being taken legitimately, having support from family, friends, peers and staff, having relevant individualized education and knowledge, and being able to participate are all essential elements of successful patient empowerment.<sup>6-7</sup>**

**Patients** have rights, responsibilities and opportunities relating to autonomy, self-determination and power within the patient-provider relationship, as well as in optimizing health-care service utilization to support their self-management journey.

**Health-care providers** have responsibilities to respect patient autonomy and adopt a collaborative style within the patient-provider relationship.

**Health systems** have responsibilities to support patients and providers so they can optimize health-care service utilization and maximize patient health status and well-being.<sup>6</sup>

Empowerment is based on the recognition of the roles and responsibilities of everyone involved and continues into practice, working relationships and the system. However, empowerment *cannot* be achieved unless patients internalize the need for self-determination. Health-care providers are essential in helping patients understand their role in self-management. **Empowerment is not a technique or strategy, but a vision that guides the provider-patient interaction** within a system. It may require a mind shift for many providers and patients as well as a restructuring of health systems. The primary shift for providers is often a change in mindset from doing things *to* patients to doing things *with* or *alongside* patients. It includes supporting patients along a journey of making healthy choices for long-term health.

## **Patients' Perspectives and the Benefits of Empowerment**

At times patients experience feeling overwhelmed by the responsibilities of their disease<sup>4</sup> and are often left out of decision making, either due to

their own lack of knowledge or confidence or the health-care provider's inability or unwillingness to share decision making. When the patient does not actively communicate or participate in care planning or decisions, a common reaction is for providers to impose solutions or make decisions for addressing the patient's problems. Unfortunately, this can further reduce the patient's engagement, increase their feeling of loss of control, and shake their confidence in being able to make decisions about their own health.

When patient needs, preferences and concerns are not taken into consideration, patients describe a sense of loss of respect and autonomy, being taken for granted and feeling hopelessness or a loss of control associated with their chronic disease.

Each patient's sense of loss of control is individual, complex and affected by the health system in which they receive or participate in care.<sup>8,9</sup>

However, there are common areas where patients need to be supported. These include:<sup>10</sup>

- Maintaining meaningful life roles (e.g., employment, family and friend relationships)
- Coping with emotions (e.g., fear, anger, frustration, sadness)
- Changing routines and adjusting lifestyle to benefit their own health
- Confronting mortality
- Implementing agreed-upon therapies
- Enhancing knowledge about health and illness
- Increasing capacity to monitor and care for themselves

In general, for patients, empowerment includes: "being listened to, being respected for one's cultural knowledge and traditions, being given credible information, and being engaged in education activities that are meaningful."<sup>11</sup>

## PluroGel®

Burn and Wound Dressing with concentrated surfactant (Micelle Matrix™) technology

- Poloxamer 188 activates wound healing
- Decreases inflammation & tissue damage<sup>1</sup>
- Improves blood flow after burn injury<sup>2</sup>
- Blocks adhesion of certain proteins to prevent microbial adhesion<sup>3</sup>



**Medline develops innovative skin health products that can improve care outcomes.**

<sup>1</sup>Curry DJ, Wright DA, Lee RE, Kang UJ, Frim DM. Surfactant poloxamer 188-related decreases in inflammation and tissue damage after experimental brain injury in rats. *Journal Neurosurg* 2004;101(1 Suppl):91-96. Available at: [https://pdfs.semanticscholar.org/8a72/3716bdfdc7e9a7d12d673ec05ddacf754d15.pdf?\\_ga=2.266989255.870468603.1543508642-1669357893.1543508642](https://pdfs.semanticscholar.org/8a72/3716bdfdc7e9a7d12d673ec05ddacf754d15.pdf?_ga=2.266989255.870468603.1543508642-1669357893.1543508642). Accessed November 29, 2018.

<sup>2</sup>Hunter RL, Luo AZ, Zhang R, Kozar RA, Moore FA. Poloxamer 188 inhibition of ischemia/reperfusion injury: evidence for a novel anti-adhesive mechanism. *Ann Clin Lab Sci*. 2010;40(2):115-125.

<sup>3</sup>Birchough SA, Rodeheaver GT, Morgan RF, Peirce SM, Katz AJ. Topical poloxamer-188 improves blood flow following thermal injury in rat mesenteric microvasculature. *Annals of Plastic Surgery*. 2008;60(5):584-588. Available at: <http://www.hastatemizligi.com/makale/teknik5.pdf>. Accessed November 29, 2018.

<sup>4</sup>Tharmalingam T, Ghebeh H, Wuerz T, Butler M. Pluronic enhances the robustness and reduces the cell attachment of mammalian cells. *Mol Biotechnol* 2008; 39(2):167-177. Available at: <https://doi.org/10.1007/s12033-008-9045-8>.

<sup>5</sup>Data on file.

## IoPlex®

Iodophor Foam Dressing IoPlex® with I-Plexomer™ technology is the world's only controlled release iodine foam dressing

- Reduces bacterial burden within the wound dressing
- Effectively removes exudate and debris
- Released over 24 to 72 hours
- Can be cut to shape of wound and stacked
- Demonstrated a 4 log or greater kill against MRSA in 5 min and *P. aeruginosa* in 30 min.<sup>4</sup>



**Together, we can transform injured skin into healthy skin**

Discover transformative solutions designed to stimulate tissue regeneration by visiting **Medline.ca** or contacting your Medline Representative today at **1-800-268-2848**



**Skin Health**

## The Empowered Patient

Patient empowerment occurs along a spectrum of engagement. Patients that actively participate in discussions about their care with health-care providers generally feel more confident to play their role as self-care managers. For this type of patient, preventative activities are done to avoid complications, and they participate in decisions and ensure they are included in the development of their treatment plans. Importantly, they know when and where to seek help.<sup>9</sup>

Some signs of an empowered patient were described by Werbrouck et al.<sup>12</sup> and adapted by the authors to the wound care field. An empowered patient:

- Seeks to ask questions (about their wound) and have them answered
- Attends wound care appointments and brings additional treatment options to be discussed

and considered by their health-care providers (e.g., different types of dressing)

- Shares health-related information, acquired during self-directed learning, with their health-care providers
- Inquires why certain lab tests (e.g., wound culture), treatments or approaches (e.g., laser therapy) have not been considered
- Commits to implementing the treatment plans they helped to develop
- Takes responsibility and is accountable for their own self-management
- Implements preventative measures to avoid wound deterioration
- Identifies early signs and symptoms of infection and knows where to seek help

Patients can move along the spectrum of engagement over time, depending on many factors. The two examples below illustrate how

## Examples of patient empowerment journeys

### Patient experience 1:

"In the province where I previously lived, I regularly attended the diabetes clinic and took six weeks of chronic disease self-management classes. In these classes, I learned about pacing my work, taking rest periods, wearing good-fitting protective work boots. I liked my classes as I met people of all ages living with diabetes; there was comfort in those conversations. In this province I asked about going back to these chronic disease self-management classes...they did not know what I was talking about."

### Patient experience 2:

"Why were my feet not emphasized in my appointments for my diabetes care? I saw my kidney and heart doctors, and nurses and dietitians. Now, I have callus, and a small foot ulcer was underneath the callus; this is not good in my mind. My ability to walk all day is not possible in this offloading boot. Then they want me to buy shoes with a liner. I know I cannot afford this. Just cut off my big toe."

**Sustaining healthy behaviours = good choices + collaborative relationships**

## What would you do?

Read this short profile of Jeet, a patient with diabetes. Can you identify some of the individual and systemic barriers he and his team currently face? How would you help Jeet become a knowledgeable and actively engaged participant in his own health care?

- Jeet is a 34-year-old groundskeeper who has lived with type 1 diabetes since age 23. He developed a foot ulcer about 18 months ago. He has a high-school diploma and reads and speaks three languages. He is presently employed in a seasonal role and is primarily focused on gaining visitation rights to his three-year-old twin daughters.
- He has an infected plantar ulcer on his left foot 3 cm x 3 cm round, and the wound probes to the bone. He regularly uses marijuana and smokes one pack of cigarettes per day. He has a PICC line *in situ* and receives community-based intravenous antibiotic therapy. He has not attended the last three pre-arranged surgeon appointments; the community nursing team have given him taxi passes to attend the appointments. He describes himself as depressed and presently lives with his widowed mother in a small city.
- He tells the community wound care team he has not attended the diabetes education centre in 10 years.
- Due to seasonal employment, he takes insulin intermittently and is not really sure how much he should take. He takes oral anti-diabetic medications when he can afford them. When the wound care specialist assesses him in the community setting, he describes not feeling the ulcer though he can see the wound. He presents as "disinterested" in discussions about the seriousness of his diabetic foot ulcer and amputation risk.

## Suggestions

- Investigate the personal, social, cultural and economic factors, such as lack of motivation and level of self-confidence, and social determinants of health like smoking, income and access to resources.
- Engage an integrated team in discussions involving reflection-action-reflection to come up with solutions that meet his needs and could transform his reality. It is important to note that Jeet is *the* key member of the integrated team. Who else should be on the team?
- Make a plan to address any modifiable barriers within the health system itself that may be standing in the way of Jeet's full engagement.



personal each patient journey is, and what the impact of knowledge, support from providers, and health system differences can be on the level of empowerment each patient can exercise.

But even the most enthusiastic and informed patient may not feel empowered to take control of their health decisions if barriers are in place that cannot be identified and addressed. Health-care providers—through their actions—and health systems—through their designs—must support patients if they are to be successfully empowered.

## Who's responsible?

All elements within a health system must work together to support patient empowerment. This section details the responsibilities of patients, health-care providers and health systems. Table 1 provides a summary.

### Patients

When adequately supported, patients have a responsibility to:

- Make the decision to take control of their disease/condition and advocate for themselves
- Stay informed about their condition and choices
- Be prepared for appointments by bringing questions and relevant documents
- Become an active part of a team in the decision-making process

### Health-care Providers

In health-care settings, many clinicians believe they are able to “empower” their patients. However, one of the most important roles of any health-care provider is to work alongside their patients and engage them in their self-management journey.<sup>13</sup> This requires them to talk with and listen to patients to understand their needs, concerns and preferences. And because patients need to develop self-confidence to implement self-care practices, health-care providers must become successful at engaging and supporting their patients to gain control over their disease process and general health. To do this it is essential they address the factors affecting patients’ engagement in self-management, including

**Table 1.** Summary of responsibilities of patients, health-care providers and health systems in supporting patient empowerment

	Responsibilities
<b>Patients</b>	<ul style="list-style-type: none"> <li>• Become empowered to participate in the management of their skin protection and wound care</li> <li>• Have the necessary knowledge, skills, attitudes and self-awareness to adjust their behavior in collaboration with their health team</li> <li>• Take action to improve the quality of their life</li> <li>• Recognize they have choices</li> </ul>
<b>Health-care Providers</b>	<ul style="list-style-type: none"> <li>• Be trained in empowerment communication skills</li> <li>• Respect patients’ expertise on their lives and health conditions</li> <li>• Provide patients with access to relevant, credible and timely health information and resources</li> <li>• Treat patients as equal partners in care planning and communication</li> </ul>
<b>Health Systems</b>	<ul style="list-style-type: none"> <li>• Ensure that patients are represented in program and policy design</li> <li>• Support programs that foster self-management and patient empowerment</li> <li>• Provide equitable and accessible programs</li> <li>• Communicate about the programs and available navigation support</li> </ul>

health literacy, self-confidence and self-management support as well as access to services and resources.<sup>14</sup>

Health-care providers must appreciate that supporting patient empowerment is a process that takes many steps and may require time to learn the necessary skills and techniques. It involves a distinct way of communicating and engaging with patients and their families.<sup>15</sup>

When interviewed on techniques that can be incorporated by providers, many patients highlighted the following features<sup>12,16</sup> that would benefit them. They indicated they would appreciate if their health-care provider could:

- Provide a vision of the future
- Add some fun and variety to the patient's routine
- Engage the patient in providing input to health-care plan
- Assist in developing goals and challenges *with* the patient, not *for* the patient
- Develop measurements to illustrate improvement
- Promote social interaction among patients
- Ask questions and listen to patient feedback
- Provide encouragement

### Health Systems

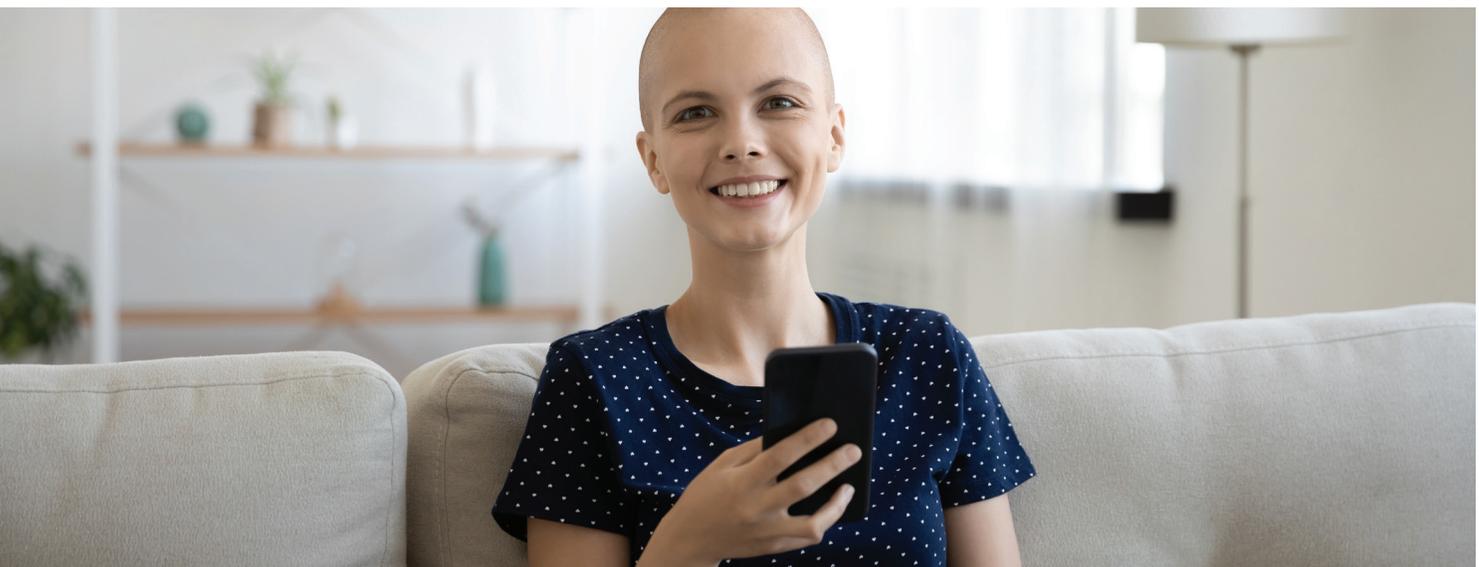
To support a high level of patient empowerment, health systems need to be shifted from the bio-

### Resources

Multiple well-established tools and strategies are available that can support patient engagement, motivation and self-management based on patient needs and readiness. They include informational resources, communication techniques, self-management programs and specialized care. Here is a short list of resources to get you started:

- [www.woundsinternational.com/download/resource/5947](http://www.woundsinternational.com/download/resource/5947)
- [www.wuwhs.org/wp-content/uploads/2020/09/MOL%EF%80%A220\\_WUWHS\\_WINT\\_Web.pdf](http://www.wuwhs.org/wp-content/uploads/2020/09/MOL%EF%80%A220_WUWHS_WINT_Web.pdf)
- [www.wounds-uk.com/resources/details/wound-essentials-11-1-patient-empowerment-in-wound-management](http://www.wounds-uk.com/resources/details/wound-essentials-11-1-patient-empowerment-in-wound-management)
- <https://powerfulpatients.org/2018/05/22/what-does-it-mean-to-be-an-empowered-patient/>
- <https://patientengagementhit.com/news/6-steps-to-improving-the-patient-family-engagement-process>

medical/acute model that focuses on disease and treats patients as passive subjects, to one that emphasizes partnership and collaboration among providers and patients.<sup>17</sup> To accomplish this, health policy that supports the uptake of patient empowerment and acknowledges health-





**WUWHS 2022**

GLOBAL HEALING CHANGING LIVES

**ABU DHABI, UAE**

**WWW.WUWHS2022.ORG**



## **WUWHS 2022**

Managed by:

International Inter-professional Wound Care Group

**(IIWCG) &**

**SEHA** (Abu Dhabi Health Services Co.)

Scheduled to be held through 1-5 March, at  
Abu Dhabi National Exhibitions Company - **ADNEC**

For Registration And Sponsorship Visit the website:

**[www.wuwhs2022.org](http://www.wuwhs2022.org)**



**WUWHS 2022 Congress 1-5 March 2022**  
**Abu Dhabi National Exhibition Center (ADNEC)**

care provider roles in enhancing patient engagement in their own health care must be developed, implemented and enforced. This will ultimately optimize health services delivery.<sup>6,17</sup>

While more research is needed to develop a measure of patient empowerment for use in evaluation of health care, it is already known that health policy and patient empowerment are linked.<sup>18,19</sup> Recent evidence has shown that patient and community involvement have a positive impact on health, particularly when substantiated by strong organizational and community processes. This is in line with the notion that patient engagement, participatory approaches and positive outcomes, including community empowerment and health improvements, do not occur in a linear progression, but are a complex process influenced by several personal, social and cultural factors.<sup>14,20</sup>

At the most basic level, health systems must also support patient empowerment by providing adequate delivery systems, clinical information systems, decision supports and self-management and community services.

## In Summary

The empowered patient is one who has discovered their personal abilities and strengths and uses them to be responsible for their own health. Health-care providers need to use their communi-

cation skills and available programs to enable patients to develop the knowledge, confidence and coping skills that allow them to manage the physical, emotional and social impacts of their illness. Providers must also help patients navigate the health system and, if necessary, identify and advocate to change systemic obstacles to patient empowerment and self-management. 🩹

*“People will forget what you said.  
People will forget what you did.  
But people will never forget how you  
made them feel”  
—Maya Angelou (1929–2014)*

## References

1. Freire P. *Pedagogy of the Oppressed* (30th anniv. ed.). New York: Continuum, 35. 2000.
2. Anderson RM, Funnell MM. Patient empowerment: Myths and misconceptions. *Patient Educ Couns*. 2010;79(3):277–282.
3. Gómez-Velasco DV, Almeda-Valdes P, Martagón AJ, Galán-Ramírez GA, Aguilar-Salinas CA. Empowerment of patients with type 2 diabetes: Current perspectives. *Diabetes Metab Syndr Obes*. 2019;12:1311–1321.
4. Funnell MM, Anderson RM. Empowerment and self-management of diabetes. *Clin Diabetes*. 2004;22(3):123–127.
5. Craddock S, Skinner T. Empowerment: What about the evidence? *Pract. Diabetes*. 2000;17:91–95.
6. Bravo P, Edwards A, Barr PJ, Scholl I, Elwyn G, McAllister M. Conceptualising patient empowerment: A mixed methods study. *BMC Health Serv. Res*. 2015;15(1):1–14.

# Stay connected!

## Get on the Wounds Canada mailing list!

To receive notifications, information, invitations and more, send an email to [info@woundscanada.ca](mailto:info@woundscanada.ca).

## Follow us on social media!

### Wounds Canada:

Facebook: [www.facebook.com/woundscanada](http://www.facebook.com/woundscanada)

Twitter: [@woundscanada](https://twitter.com/woundscanada)

YouTube: [www.youtube.com/channel/](http://www.youtube.com/channel/)

Instagram: [@woundscanada](https://www.instagram.com/woundscanada)

LinkedIn: [www.linkedin.com/company/woundscanada/](http://www.linkedin.com/company/woundscanada/)



# Reduce healing time<sup>1,2</sup> right from the **start**.

A simple & effective treatment that empowers you to close more wounds and heal your patients sooner.

- For all your leg ulcer, diabetic foot ulcer, and pressure ulcer patients
- The sooner the **UrgoStart Plus** range is initiated, the better the healing outcomes for the patients<sup>3</sup>
- It is simple to implement, acting from day one until complete healing<sup>4\*</sup>

**UrgoStart plus**  
Treatment Range



<sup>1</sup> Apart from dark necrosis. **1.** Hunter KC, Meaurio S, Augustin M, Senet P, Kérhuvel JC. The reality of routine practice: a pooled data analysis on chronic wounds treated with TLC-NOSF wound dressings. *J Wound Care*. 2017 Feb; 26 (Sup2): S4-S16. Erratum in: *J Wound Care*. 2017 Mar 2; 26(3): 153. **2.** Edwards M, Lázaro-Martínez JL, Afayate-Saizá JM, Martín J, Peltá JM, Rayman G, Lobmann R, Uccelli L, Sawadek A, Bobbot S, Kerhuvel JC, Piaggini A. Suazoni octasulfate dressing versus control dressing in patients with neuroischemic diabetic foot ulcers (Exploran): an international, multicentre, double-blind, randomised controlled trial. *Lancet Diabetes Endocrinol*. 2019 May;23(5):365-376. **3.** Luzzaro et al. Optimal wound closure of diabetic foot ulcers with early initiation of TLC-NOSF treatment: post-hoc analysis of Exploran. *JWC VOL.28, NO. 6, June 2019*. **4.** Sigal ML, Addala A, Mallard H, Chahim M, Sala F, Blaise S, Dalac S, Meaurio S, Bobbot S, Tumba C, Tacca O. Clinical evaluation of a new TLC-NOSF dressing with poly-absorbent fibers for the local management of exuding leg ulcers, at the different stages of the healing process. Results from two multicentric, single-arm, prospective, open-label clinical trials. *J Wound Care* 2019; 28(3): 164-175.

Urgo Medical North America, LLC.  
3801 Hulen Street, Suite 251, Fort Worth, TX 76107  
To order in Canada, call 1-855-888-8273  
or visit [www.urgostartplus.com](http://www.urgostartplus.com)

© 2021 Urgo Medical North America, LLC. All rights reserved.  
UrgoStart Plus, Urgo, and the Urgo logo are registered trademarks of Urgo Medical.

**URGO**  
MEDICAL  
Healing people®

803-AD002 Rev. 01.11/21

7. Agner J, Afler KL. Patient empowerment: A critique of individualism and systematic review of patient perspectives. *Patient Educ Couns*. 2018;101(12):2054–2064.
8. Aujoulat I, Luminet O, Deccache A. The perspective of patients on their experience of powerlessness. *Qual. Health Res*. 2007;17(6):772–785.
9. Castro EM, Van Regenmortel T, Vanhaecht K, Sermeus W, Van Hecke A. Patient empowerment, patient participation and patient-centeredness in hospital care: A concept analysis based on a literature review. *Patient Educ Couns*. 2016;99(12):1923–1939.
10. Moore Z. Wound Essentials: Patient empowerment in wound management. *Wounds UK*. 2016;11(1):32-35.
11. Kuhnke JL, Botros M, Woodbury G, Despatis M. (2012). A peer-led educational program: Focus on prevention of diabetic foot ulcers. *The Link*. 2012. March. 30–34.
12. Werbrouck A, Swinnen E, Kerckhofs E, Buyl R, Beckwée D, De Wit L. How to empower patients? A systematic review and meta-analysis. *Transl. Behav. Med*. 2018;8(5):660–674.
13. Costa IG, Tregunno D, Camargo-Plazas P. Patients' journey toward engagement in self-management of diabetic foot ulcer in adults with types 1 and 2 diabetes: A constructivist grounded theory study. *Canadian J Diabetes*. 2021;45(2):108–113.
14. Costa IG, Plazas MPC, Tregunno D. (2020). I cannot afford offloading boots: Perceptions of socioeconomic factors influencing engagement in self-management of diabetic foot ulcer. *Adv. Nur Sci*. 2020;43(4).
15. Steinberg MP, Miller WR. *Motivational Interviewing in Diabetes Care*. New York, NY: Guilford Press. 2015.
16. McCarley P. Patient empowerment and motivational interviewing: Engaging patients to self-manage their own care. *Nephrol Nurs J*. 2009;36(4):409.
17. Costa IG. *The Journey Toward Engagement in Self-Care Management of Diabetic Foot Ulcer: A Constructivist Grounded Theory Study*. ProQuest: Kingston-ON, Canada: Queen's University, 258p. 2018.
18. Barr PJ, Scholl I, Bravo P, Faber MJ, Elwyn G, McAllister M. Assessment of patient empowerment – A systematic review of measures. *PLoS One*. 2015;10(5).
19. McAllister M, Dunn G, Payne K, Davies L, Todd C. Patient empowerment: The need to consider it as a measurable patient-reported outcome for chronic conditions. *BMC Health Serv. Res*. 2012;12(1):1–8.
20. Haldane V, Chuah FL, Srivastava A, Singh SR, Koh GC, Seng CK, et al. Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PLoS One*. 2019;14(5).