

# Promoting Autonomy, Empowerment and Self-management in Patients with Wounds

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## Autonomy, Bioethics and Empowerment

*Autonomy* refers to being able to make your own choices without undue influence. When considering autonomy, it is important to think about respect for upholding an individual's right to choose (including their right to make poor, different or diverse choices) and recognize that all behaviour has meaning. Health-care providers have a role in patient decision making and should aim to listen first, inform and teach, problem solve, set realistic and achievable shared goals, and evaluate progress. Decision making can only be as good as the information provided and how it is understood.

Autonomy is a basic tenet of bioethics. Bioethics requires autonomy, but also needs consideration for other principles such as beneficence, non-maleficence and justice. Bioethics also requires values such as humility and compassion. Clinicians must consider how they can use the power they hold—in a safe and respectful way—to support a patient's sense of empowerment.

## Definitions of Patient Empowerment (PE)

**World Health Organization:**<sup>1</sup> PE "may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs."

**European Network on Patient Empowerment (ENOPE):**<sup>2</sup> PE is "a multi-dimensional process that helps people gain control over their own lives and increases their capacity to act on issues that they themselves define as important."

**Anderson & Funnell:**<sup>3</sup> "Empowerment applied to health is the degree of choice, influence and control held by patients over treatment, the disease and their relationship with health professionals."



## History of Patient Empowerment

The concept of patient empowerment began in the 1970s with the Brazilian educator and philosopher Paulo Freire.<sup>4</sup> It arose as a reaction to societal oppression and inequality. It later developed into an area explored by psychologists, educators, sociologists and gender studies experts.<sup>5</sup>

This multidisciplinary approach was linked with health care in the 1990s,<sup>6</sup> with the purpose of challenging the status quo and moving away from the paternalistic model toward more equitable and collaborative models of care delivery.<sup>7</sup>

In the 2000s, patient empowerment was linked to health promotion and health management. It became the backbone of health promotion, and was aimed at increasing patients' autonomy and participation in decision making about their health. In health management, the concept was used as a strategy for the management of chronic conditions to ensure patients participate as partners and take control of their health care to achieve better outcomes.<sup>5</sup>

## Barriers to Patient Engagement and Self-management

Barriers to patient engagement (see Figure 1) can include patient or health-care provider (HCP) assumptions, expectations or underestimation of potential, as well as availability and accessibility of resources and supports in the health-care system.<sup>9</sup>

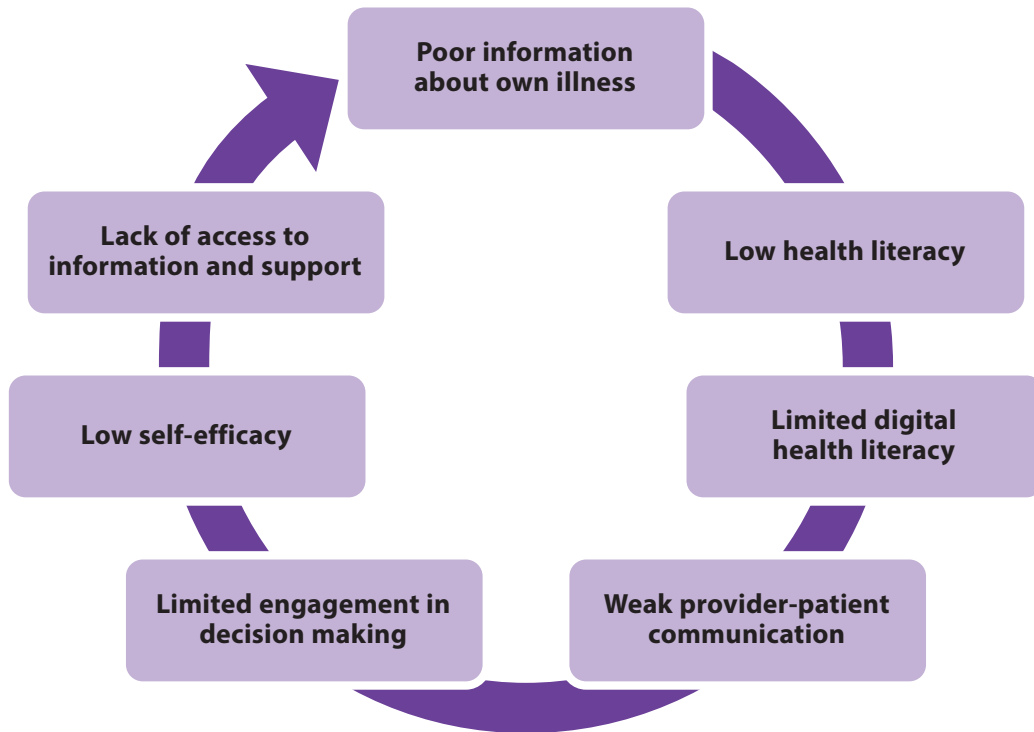
At the patient level, barriers can include limited

### Dimensions of Patient Engagement and Self-Management<sup>8</sup>

- Participating in decision making
- Gaining control and autonomy
- Acquiring knowledge
- Learning coping skills
- Developing a positive attitude
- Finding motivation/purpose
- Developing trusting relationships
- Gaining or maintaining the ability for self-care



**Figure 1.** Barriers to Empowerment and Engagement in Self-management

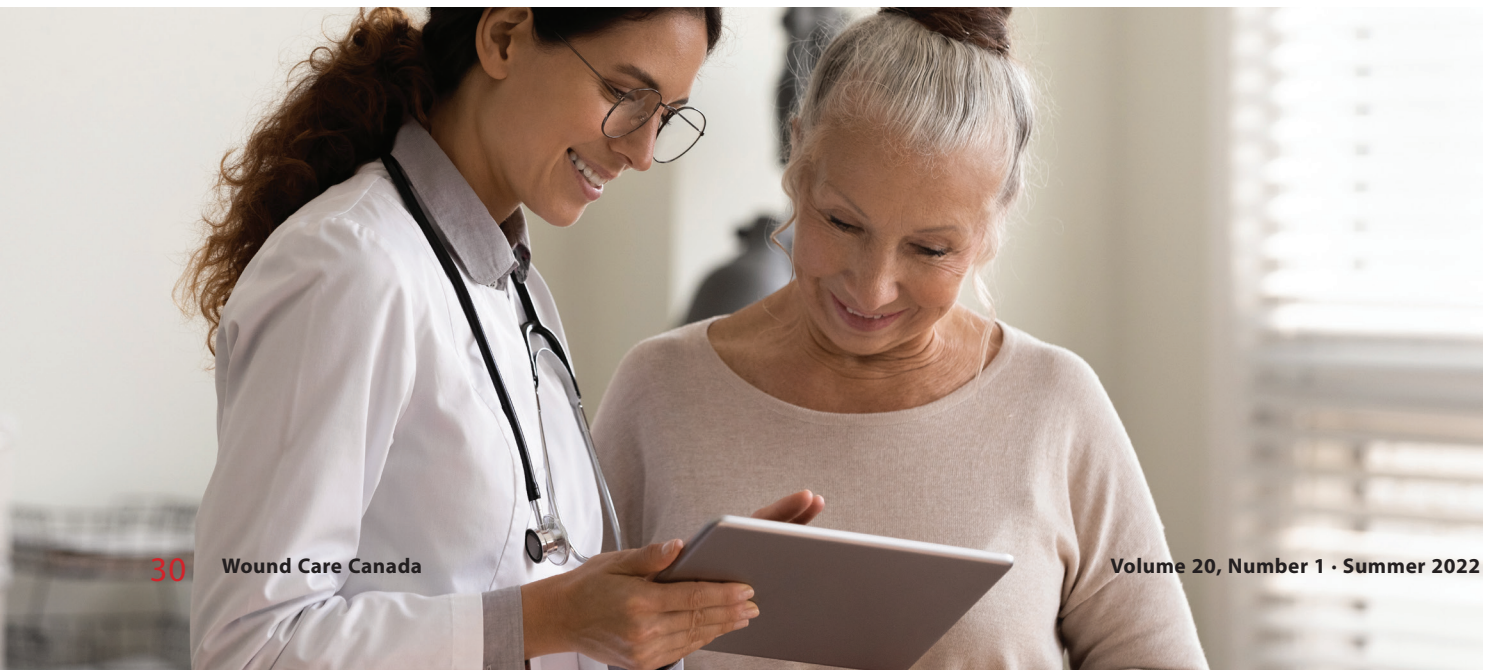


knowledge about their disease and symptoms, lack of understanding about the role of everyday self-management, not being prepared to be engaged, feeling unsupported or alone, or being frustrated with a trial-and-error approach. At the HCP level, barriers can include: not listening to patient needs, taking a paternalistic approach to care that places the patient as a passive subject and underestimating patient ability to be involved in their own care and decision making.

At the systems level, barriers can include a foundation in paternalistic care (biomedical model) that focuses on care for patients with acute conditions only, and minimal investment in health promotion and disease prevention interventions.

### **Patients Who Don't Want Autonomy**

When clinicians have patients who are not interested in engaging in their care, it is important to consider why. Reasons might include: high com-



## Take-away Points

- ✓ Create a safe environment for patients to express their needs, concerns, preferences; always welcome questions.
- ✓ Listen to patients' expertise about their life and disease process experiences.
- ✓ Share your professional expertise about the disease, adapt to each patient's context and connect the patient to the right resources and self-management supports at the right time.
- ✓ Assist patients to develop knowledge, confidence, a sense of autonomy and independence for their own care.
- ✓ Set realistic and achievable goals and help patients to make their own informed choices as part of their individualized care plan.

plexity of their current condition (e.g., a complex wound that is unstable), past negative experiences with the health-care system or providers that lack respect, or feelings of fear, anxiety, depression, frustration, anger, hopelessness or helplessness. In these cases, it is important to respect a patient's desire and capability while working with them to improve their current situation and adjust expectations for improving the level of engagement over time.

## Benefits of Patient Empowerment

Empowerment enables patients to recognize the costs, benefits and value of engaging in self-management to achieve the desired outcomes, which in turn increases their motivation to continue to perform everyday tasks to avoid further complications (e.g., amputation) as reported by a study's participant:<sup>10</sup>

*"Right now, as an inconvenience I can live with it, but I know that if I don't do (engage in self-care) what I do every day, it could get much worse. That's my motivation, if I can get it completely better that would be a bonus."*

—Patient's perspective of self-managing a diabetic foot ulcer

Patient empowerment also greatly improves patient satisfaction. In addition, engagement and self-care have the potential to increase one's own health knowledge and responsibility, improve mutual trust and respect between health-care providers and patients, enable patients to better manage their care at home, enable desired outcomes to be achieved and improve patients' quality of life.<sup>11</sup> 🏠

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