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The brief summary of studies on the phenomenon of empowerment

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THE BRIEF SUMMARY OF STUDIES ON THE PHENOMENON OF EMPOWERMENT

Empowerment in the workplace.

The term empowerment for the first time was used in pedagogy in 1968 by Freire, a philosopher and educator. The author presented an idea of a new pedagogy system called the empowerment education model. The main assumption of this model was to involve students in shaping their own education by giving them opportunity to listen, dialogue and action (Freire, 1974). In fact, his idea appears to be more universal and the term empowerment was used more often and in the wider context.

Rappaport (1987) was one of the first researchers who used the term empowerment in the field of psychology. The author defines it as “a process of becoming able or allowed to do some unspecified thing because there is a condition of dominion or authority with regard to that specific thing, as opposed to all things” (Rappaport, 1987, p. 129). He also emphasised that empowerment is a multilevel construct which combines “individual determination over one’s life and democratic participation on the life’s of one’s community” (Rappaport, 1987, p. 121). But the most important was his belief that empower-

ment should become a Phenomena of Interest for Community Psychology. Rappaport explains that in this one word he places the whole class of phenomena which researchers want to study and understand (Rappaport, 1987). Unfortunately his suggestion was not taken up by psychologists then.

However, in the same time the concept of empowerment appeared in management field as a part of a process of increasing organizational effectiveness (Conger & Kanungo, 1988). But despite the increasing popularity of the concept among management researchers and practitioners, the theoretical background of it was still limited and often confusing. Coming toward the need of clarifying this concept, Conger and Kanungo (1988, p. 474) defined empowerment as “a process of enhancing feelings of self-efficacy among organizational members through the identification of conditions that foster powerlessness and through their removal by both formal organizational practices and informal techniques of providing efficacy information”. In fact, on one side they presented empowerment as motivational process of employees and on the other – they merged it with the psychological dimension of the feeling of self-efficacy (Bandura & Wood, 1989).

Moreover, Conger & Kanungo (1988) described the empowerment process, which was later defined in terms of cognitive psychology by Thomas & Velthouse (1990). The Cognitive model of empowerment refers to behavioural approach of social learning (a sequence: stimulus-organism-behaviour-consequences), but concentrates on intrapersonal elements. Thomas & Velthouse (1990) defined empowerment as “intrinsic task motivation” (p. 668), which includes the four cognitive dimensions (Conger & Kanungo, 1988; Thomas & Velthouse, 1990):

- meaning which corresponds to the relation between a goal and someone’s beliefs and values,

- competence which is understood as an individual's belief in his capability to take activities skilfully; it corresponds to self-efficacy (Bandura & Wood, 1989),
- self-determination which is understood as a possessed autonomy of the initiation and continuation of chosen activities and behaviours,
- impact which corresponds to the perceptible level of influence on one's life.

The theoretical background presented by Conger & Kanungo (1988) and Thomas & Velthouse (1990) was empirically verified and confirmed by Spreizer (1995; 1996; 2008). Moreover, she has begun studies on development and validation of a new tool for measurement empowerment in a workplace. Spreizer (1996; 2008) also conducted research on the influence of properties of organizational structure on the level of employees' empowerment. Her studies showed that empowering employees involves two aspects – the first is about the influence on the mentioned four cognitive dimensions, while the second refers to the employees' perceptions of a workplace in a context of being or not empowering for individuals (Spreizer, 1996; 2008). In the other words, the process of increasing employees' empowerment integrates the behaviour of a supervisor and an employees' perception of the mentioned dimensions. Consequently, the process of empowering subordinates can only be achieved if the employees improve in all of the four dimensions, and this change will be initiated by the supervisors' activities (Lee & Koh, 2001).

Health empowerment

The second way of defining empowerment is related to health care and patient outcomes. Wallerstein & Bernstein (1988) were the first researchers who applied Freires education empowerment model to health education. They incorporated Freires ideas into substance-abuse prevention program targeted at middle and high school students. The positive results of their program showed that this is the right path for further studies. However, it needs to be emphasised that they understood empowerment as a process, not as a feature.

Nowadays, the main idea of empowering patients is to convince them that they can influence their health, therapy and life, rather than just be passive recipients acted upon. The process of giving patients the knowledge, the skills and self-awareness is most developed in the diabetes care. Funnell, Anderson, Arnold, Barr, Donnelly, Johnson, Taylor-Moon and White (1991) presented the idea of new philosophy, which in their opinion would be revolutionary in the diabetes' health care. In fact, they implemented the Rappaport's idea of empowerment to health education for diabetes patients. Even though they precisely described steps of that procedure, there are still same misunderstandings and wrong usage of their ideas (Anderson & Funnell, 2009).

There are also first reports of empowering patients with chronic conditions. McAllister, Dunn, Payne, Davies and Todd (2012) took first steps toward implementing and making measurable the concept of empowerment for patients with chronic conditions. They summed up the most important problems with this procedure, such as the lack of precise definition of the term or lack of a tool to measure of it. Moreover, McAllister et al. (2012) suggested a multi-dimensional model of empowerment

which includes cognitive control, decisional control, behavioural control, emotional regulation and hope for the future. However, the mentioned studies show undoubted need to develop the one universal tool for measurement of empowerment.

As an indirect answer for this call, Small, Bower, Chew-Graham, Whalley and Protheroe (2013) have conducted studies on the tool making empowerment of patients with chronic diseases measurable. The trial version of the authors' scale was based on a literature review and contained five dimensions: identity, knowledge and understanding, personal control, decision-making and enabling other patients with long-term conditions (Small et al, 2013, p. 9). Unfortunately, they did not confirm it empirically. However, the three dimensional structure was discovered. The two factors were preliminary called: "positive attitude and self of control" and "knowledge and confidence in decision making". The third one contained too wide range of different items to be precisely named.

Moreover, there are only few trials for including health empowerment in studies of addicted patients. Taiwanese scientists Yeh, Che, Lee and Horng (2007) interviewed a group of members of Taiwanese Alcoholics Anonymous with a full remission from alcohol. The main goal of their study was to explore the phenomenon of successful abstinence. They found out that the main reason of making a decision to cease drinking alcohol is feeling of loss of control. But the major factor which helped alcoholics uphold this decision was a process of increasing empowerment potential which consists of three steps: repositioning, releasing and active sharing. Moreover, because of empowerment, their self-esteem, abilities and knowledge grew rapidly and could be use later. Therefore Yeh, Che, Lee and Hong (2007) recommend including empowerment in an alcoholics-recovery programme as a must.

There is also a report of great promise from Wood, Englander-Golden, Golden and Pillai (2010) about the effectiveness of Say it Straight training – a new addiction therapy – which includes elements of the process of intensifying empowering behaviours. They worked with a group of 26 patients with different kinds of addictions (alcohol and other substances, sexual addiction, eating disorders, compulsive shopping and gambling) twice a week over a period of five weeks. The main results of the training were significant increase in empowering behaviours, self-esteem and quality of life. Although the study can be acknowledged successful, the authors admit that the further studies, especially with largest group, definitely should be conducted.

According to all international studies implementing empowerment in the therapy of diabetes or chronic conditions brings significant results. Patients are more aware of their health problems and they can become more involved in their therapy. The possible outcomes of understanding and practical application of health empowerment are following a higher self-efficacy, a stronger sense of control or improved quality of life. But empowerment brings also something more. It implicates environmental change, too (Wallerstein & Bernstein, 1988).

Emergent directions for future research

The major problem of conducting studies on health empowerment is that it seems to be actively practised, whereas the academic discussions about the exact nature and meaning of health empowerment have only last years begun (Funnell et al., 1991). Probably because of that most studies related to health empowerment look upon it as a process of bringing impor-

tant outcomes (Tengland, 2008). Conducting studies on empowerment understood as a feature or psychological disposition should be done at the very beginning. Therefore, the first step should concentrate around analyzing the concept of empowerment and health empowerment in psychology.

Secondly, nevertheless there are many international studies related to empowerment, there is still a need for reliable and valid tool which allows to measure health empowerment. Making health empowerment measurable has fundamental importance, because it would allow conducting more researches on health empowerment and could be a huge breakthrough in addiction therapy. This is because the level of empowerment has not only an interrelation with patients' involvement in becoming and staying healthy, but also helps them how to live and cope with their weaknesses.

Finally, it needs to be emphasised that empowerment understood as a feature is a dynamic phenomenon. Therefore, it is reasonable to try increasing its intensity through properly developed trainings. And the higher level of empowerment someone has, the stronger is his aspire to fulfilment his goals. For sick people those goals are to be health and individual well-being. Thereby, all studies which will be conducted on health empowerment should bring, in long-term perspective, utilitarian effect understood as an empirically confirmed background for further studies on development of an expert training for increasing empowerment.

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