

## Trends and Issues Related to Studies on Cancer Patient Empowerment

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The purpose of this study was to analyze Japanese and foreign papers related to the empowerment of cancer patients, and to identify trends and issues related to studies on cancer patient empowerment. We searched the web version of the *Ichushi-Web Ver. 4*, *PubMed* and *CINAHL* with the keywords “empower,” “empowerment,” “cancer,” and “patient,” and found one Japanese and six foreign papers meeting the selection criteria of this study. These papers were published between 1997 and 2004, and most study designs were factor analysis studies. To summarize, the research revealed that in interpreting the concept of cancer patient empowerment, emphasis was placed on partnership and self-respect, and that the process of empowering cancer patients was aggregated into three stages: recognition of lack of power; working out how to control one’s cancer, treatment, mind, and body; and change of values. Also, the presence of significant others, health care professionals, and fellow sufferers played an important role in the process. It is necessary to grasp the essence and reality of empowerment based on the characteristics of cancer patients, and work towards developing a practical nursing intervention model and evaluation scale in line with the conceptual framework of empowerment. (Kitakanto Med J 2011 ; 61 : 367~375)

**Key words :** empowerment, cancer patient, literature review

### I. Introduction

The number of people suffering from cancer has been constantly increasing in Japan.<sup>1</sup> In addition, recent health care reforms in Japan have introduced changes wherein the hospital stay of cancer patients is shortened, with an increased number of survivors leading a normal life while receiving treatment on an outpatient basis. In order to continue to live a normal life while continuing treatment for cancer patients, it is important for these patients to self-manage their illness and rebuild their lives on the basis of a proper understanding of their cancer and its treatment. However, their experience with the disease includes not only physical suffering such as functional disability due to the treatment, but also mental suffering such as diminished self-worth, loss of self-control, depression,<sup>2-4</sup> and at times losing the strength to continue living with cancer. According to Nystrom et al,<sup>5</sup> lack of power adversely affects the process of recovery from an illness; therefore, losing the strength to continue

living with cancer would prevent patients from rebuilding and leading normal lives. For this reason, nurses are expected to have the skills and knowledge required to increase cancer patient empowerment, enabling them to discover new ways of living with the disease.

The concept of patient empowerment is gaining importance in the fields of community mental health and welfare, nursing, and health promotion since the 1980s.<sup>6</sup> Furthermore, studies focusing on the strength of empowerment, which increases patient autonomy and self-reliance, are conducted in the field of nursing science. The abovementioned facts make it evident that increasing patient empowerment helps them in overcoming difficulties and improving quality of life (QOL).<sup>7</sup>

Nojima<sup>8</sup> analyzed the trends in nursing studies aimed at patient empowerment and concluded that the concept of empowerment is not clearly defined, and that leads to investigations of different phenomena under the name of empowerment. This indicates that studies aimed at patient empowerment are still in the

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unexplored field ; nevertheless, such studies are being increasingly conducted in several areas. However, few such studies are being conducted on cancer patients. Considering that cancer patients need to achieve and maintain the strength to live with the disease, as well as the increase in the number of patients surviving cancer, nursing studies aimed at patient empowerment are expected to gain importance in future. However, empowerment is a multidimensional concept<sup>8</sup> having a different definition in each field of use ; therefore, it is important to review current documentation in the field of nursing, from the perspective of providing nursing support to enhance the empowerment of cancer patients.

## II. Research Purposes

The purpose of this study was to analyze Japanese as well as foreign research papers on the empowerment of cancer patients, to identify trends and issues related to studies on empowerment of cancer patients, and to provide basic data obtained on analysis.

## III. Methods

### 1. Selection of Papers and Literature for the Study

The word “empowerment” is ambiguous with many closely-related concepts. To eliminate possible ambiguity in the use of this term in the present study, as well as in other similar studies, we restricted our search to the words “empower” and “empowerment” in either English or Japanese.

To obtain information from Japanese literature, we analyzed research papers published on any date on the *Ichushi-Web Ver. 4*. To search and subsequently select the relevant literature, we initially used the keywords “empower,” “empowerment,” “cancer,” and “patient,” and to provide an overview of studies in the field of nursing sciences, we narrowed down the search by adding the keyword “nursing” in Japanese.

To obtain information from foreign literature, we analyzed research papers published on any date on *PubMed* and *CINAHL*. We used the keywords “empower,” “empowerment,” “cancer,” and “patient,” and to provide an overview of studies in the field of nursing science, we narrowed down the search by adding the keyword “nursing,” in English.

In order to focus on original research and research papers describing findings of scientific value, we examined only papers equivalent to original papers or papers published in the correct academic format. We excluded reference materials, conference proceedings, and commentary. In addition, we carefully reviewed the title, keywords, and abstract of each study paper to determine if it was related to cancer patient empowerment, and subsequently read the main text to confirm

that it was related to our study purpose, before selecting it for the present study. This applied to both Japanese and foreign research papers.

## 2. Study Methods

### (1) Obtaining Data

The research papers examined in this study were analyzed using a review sheet prepared with reference to the Cooper methodology.<sup>9</sup> We listed the literature ID, purpose, study design, methods, summary of subjects, and results, as an outline for this study on the review sheet. The study design was determined on the basis of Diers<sup>10</sup> study design classifications.

### (2) Analytical Methods

Simple aggregation of items other than the study contents mentioned on the review sheet was performed using Microsoft Excel 2007.

A brief overview of the study contents focusing on the central theme was prepared.

### (3) Ensuring the Reliability of the Analysis

We ensured the reliability of research papers which were difficult to classify into any of the categories on the review sheet to the best of our ability, by conducting the analysis with repeated discussions among several researchers.

## 3. Ethical Considerations

This study examined papers already published in academic journals and the like ; however, before making the study results public, measures were taken to ensure protection of subject privacy and researcher rights.

## IV. Results

### 1. Summary of the Literature

29 papers from Japanese literature published from January 1983 to December 2009 were found by using the keywords “empower,” “empowerment,” “cancer,” and “patient” in Japanese. Of these, we identified eight that were either original research papers or those written in correct academic format. We narrowed down to one paper that discussed empowerment of cancer patients from a nursing perspective after reviewing the titles, keywords, and abstracts.

We found 71 papers from English literature published from January 1992 to December 2009 by using the abovementioned keywords in English. Of these, we identified 37 that were either original articles (original papers) or those written in correct academic format, and narrowed down to six papers that discussed empowerment of cancer patients from a nursing perspective after reviewing the titles, keywords, and abstracts.

A total of seven Japanese and foreign papers were analyzed, the summary of which is given in Table 1.

**Table 1** Summary of the Seven Papers

Item	Group	Number of Papers	(%)
Published year of study	1997	1	(14.3)
	2001	1	(14.3)
	2003	1	(14.3)
	2004	4	(57.1)
	Total	7	(100.0)
Country of institution to which authors were affiliated	People's Republic of China	2	(28.5)
	Taiwan	1	(14.3)
	Japan	1	(14.3)
	The United States of America	1	(14.3)
	Canada	1	(14.3)
	Australia	1	(14.3)
	Total	7	(100.0)
Study design	Qualitative study		
	Factor analysis study	5	(71.4)
	Quantitative study		
	Causal hypothesis validation study (quasi-experimental study design)	2	(28.6)
	Total	7	(100.0)

Of the seven papers, one was published in 1997, one in 2001, one in 2003, and four in 2004, with no research papers published in the last five years. According to the country where the institution and their affiliated authors belonged, there were two papers from the People's Republic of China (both from the same researchers), one paper each from Taiwan, Japan, the United States of America, Canada, and Australia. Furthermore, majority of the studies were conducted in Asian countries. Regarding study design, five studies used factor analysis and two studies were to be confirmed by the causal hypotheses validation study (quasi-experimental studies).

## 2. Study Details

We reviewed the seven research papers using the review sheet, and found that they presented more or less three types of studies: studies on the concept of empowerment for cancer patients, studies on empowerment process for cancer patients, and studies on empowerment strategies for cancer patients. The following provides a summary of each type of study.

### (1) Studies on the Concept of Empowerment

Empowerment is an ambiguous word, and attempts to clarify the concept in many fields apart from nursing have been made by Gibson and Rodwell et al.<sup>11-12</sup> Esther Mok,<sup>13</sup> who clarified the meaning of empowerment in China in the context of Chinese culture, conducted an interview survey of Chinese cancer patients visiting hospitals on an outpatient basis, and analyzed the results using Colaizzi's phenomenological analysis. The results of analysis showed that empowerment in China is a process by which patients develop a sense of inner strength

through their relationships with the people around them, including their families, friends and health professionals. Furthermore, this is also a process of change in which patients positively reach a new perspective by reconceptualizing and reinterpreting their disease. It was established that the main elements constituting this empowerment are "active relationships," which bring strength through involvement with people; "partnership with health professionals," which is constructed by patients receiving useful information and care; "reconceptualization and reinterpretation of the disease," which encourages acceptance of the disease by changing patient views of cancer; and "self-reliance," where responsibility for one's own decisions lies with the individual. In addition, Mok points out that nurses also need to assess the information provided to them about the patient's lifestyle, as well as important sources of strength and its relevance.

### (2) Research on the Empowerment Process for cancer patients

Three papers that demonstrated the empowerment process focusing on cancer patients were found.

The first paper was by Uesugi,<sup>14</sup> who qualitatively and inductively demonstrated the phases of empowerment that cancer patients went through to overcome their difficulties after discharge from hospital. The study subjects were 12 patients with lung cancer, stomach cancer, colorectal cancer, uterine cancer, ovarian cancer, and cancer of the larynx. The study demonstrated that empowerment of cancer patients after discharge from hospital comprised four phases: "the phase of realizing one's loss of strength," in which cancer patients accept the presence of the disease and associated loss of physical strength, and experience a

diminished will to live; “the phase of strengthening the will to live and having goals,” in which patients set new goals for themselves while realising their loss of physical strength and try to live their own way in spite of their cancer; “the phase of finding and taking advantage of useful resources,” where, in order to live with their cancer, patients try to learn how to adjust their body and mind to suit themselves while making use of available resources and coming up with ideas in their own way; and “the phase of putting in place a way of living their lives to suit themselves,” in which patients go on with their daily lives by finding ways and means of making physical and mental adjustments to suit themselves. Furthermore, patients gain and build up the strength to get their lives in order, to get into shape, to stabilize their feelings, and to fulfill a role through the process of empowerment. Uesugi concluded on the basis of these results that the empowerment of cancer patients after discharge from hospital is a process in which patients find and put into practice a way of life that suits them, and increase their strength through this process. The study also emphasizes on the importance of providing the support and resources needed by patients, and considers making use of internal resources as an integral part of encouraging the process of empowerment.

The second paper was authored by Freire,<sup>15</sup> who used the term from a sociological point of view and assumed that the basis of empowerment is the building of reciprocal relationships among people; empowerment follows a process of listening, discussing, and acting. Li-Chun Chang<sup>16</sup> demonstrated the process of cancer patient empowerment by conducting dialogical interviews, which were also part of Freire’s process, with 15 patients suffering from lung cancer, hepatocellular cancer, malignant lymphoma, cervical cancer, breast cancer, nasopharyngeal cancer, esophageal cancer, and tonsil cancer. Chang demonstrated that the patient empowerment process is made up of six aspects: “redefining health,” in which cancer patients affirmatively define health anew; “carrying on with self-confidence,” in which patients gain the self-confidence to face the changes in and progression of their disease; “active involvement,” in which patients take decisions and obtain information on the treatment of their disease; “revitalizing one’s sense of self, and the desire to live for one’s self,” in which patients set new goals in their lives to suit themselves; “negotiating the goals of one’s care plan,” in which patients and doctors together set goals for care that can satisfy both parties on the basis of discussion; and “gaining the strength to help others,” in which patients’ experience with the disease gives them the strength to help other cancer sufferers. The paper goes on to state that the

essential element of empowerment is critical for patients to confront difficulties in their lives and increase their ability to place value in their lives. Furthermore, emphasis was laid on the importance of healthcare professionals forming partnerships with patients, supporting patients to consciously make their own decisions regarding their life and health, and working out what they need by open-ended dialogue.

The third paper was by Esther Mok et al,<sup>17</sup> who conducted semi-structured interviews of 12 patients with breast cancer, colorectal cancer, and laryngeal cancer, who were visiting a hospital on an outpatient basis. He used the grounded theory approach to demonstrate the process by which patients who had lost their power overcame this situation and gained strength. Furthermore, the empowerment process for cancer patients is made up of three stages: the process of motivation, the process of finding a way of controlling the disease, and the process of changing one’s thinking. These processes enabled patients to find meaning in life, gain knowledge and skills for health, and to accept the presence of their disease. Based on these processes, Mok<sup>17</sup> stated that nurses play an important role in supporting patients to change their ideas and attitudes, and helping them to find meaning in their lives. The building of nurse-patient relationships is pointed out as an important part of patient empowerment.

“Process” means the state of change based on the assumption of a certain order.<sup>18</sup> These three papers show that the process of change to achieve empowerment can be aggregated into three stages: recognition of lack of power; search for a way of controlling cancer, treatment, body and mind; and a change of values. The building of relationships between health care professionals and patients is reported as a factor facilitating this process.

### **(3) Studies on strategies for empowerment**

Three papers reporting strategies for empowerment were found.

First, Caroline Bulsara et al<sup>19</sup> sought to understand concrete means of empowerment from patients’ experience, and they demonstrated strategies for empowerment used by cancer patients who were apparently highly adapted and empowered, through a phenomenological approach. The study subjects were seven patients in the terminal or remission phase of malignant lymphoma or multiple myeloma. Interviews with these patients and their families demonstrated seven characteristic empowerment strategies to fight their cancer and recover their sense of control: “determination,” “looking for a way of adaptation and physical stabilization,” “change and reevaluation of what is important in life,” “the importance of the

support of significant others,” “the importance of the support and positive attitude of health care professionals,” “the necessity of not setting long-term goals and acceptance of short-term goals,” and “the hope of supporting other cancer patients get over their experience of suffering cancer.” This study particularly emphasized on the fact that empowering strategies are the need to have strength of one’s own to fight the disease and to take decisions ; to receive support with the involvement of family members and significant others, who become spiritual leaders and can draw out the patients’ strength ; to get over denial, anger, and anxiety about the future ; to accept the presence of cancer ; and to look for a means of control.

The other two papers were on intervention studies of strategies employed to empower cancer patients, of which one demonstrated the effectiveness of introducing a Mind, Body, and Spirit Self-Empowerment Program (MBSSP),<sup>20</sup> and the other confirmed the effectiveness of an informative intervention devised independently by the researchers.<sup>21</sup>

MBSSP is a group intervention program made up of integrated, cumulative lessons which systematically explain various strategies for forming a healthy balance between mind, feelings, spirit, and the body.<sup>20</sup> The goal of this program is to reduce the suffering of participants, and for participants to deepen their understanding of QOL, adequately recognize the goals and significance of their lives, and experience a perceived sense of wellness based on the lessons and through interaction with program participants. Furthermore, participants were able to look for self-empowerment. Carolyn K Kinney et al<sup>20</sup> applied this program to 51 patients with breast cancer and evaluated its effectiveness using four rating scales : the Beck Depression Inventory (BDI-II), which allows the measurement of degree of depression ; the Functional Assessment of Chronic Illness Therapy-Breast Cancer (FACT-B), which allows the measurement of subjective health perception in patients with breast cancer ; the Functional Assessment of Chronic Illness Therapy-Spirituality (FACIT-SP), which allows the evaluation of spirituality in cancer patient QOL ; and the Perceived Wellness Survey, which evaluates health perceptions. Participants in the program showed a marked decrease in levels of depression, with high perceptions of general QOL, mental health, and wellness, within two years of cancer diagnosis. In addition, FACT-B showed significant improvement and FACIT-SP some improvement over the course of the program. Furthermore, patients demonstrated a marked improvement in mental state over the course of the program.

B. Joyce Davison et al<sup>21</sup> put into practice and

evaluated an informative intervention designed to increase empowerment focused on patient decision-making, by supporting acquisition of information in 30 patients newly-diagnosed with prostate cancer. This informative intervention provides information on self-efficacy via a written information package that includes a list of questions to ask and discuss with health care professionals, and a tape-recording from the time of diagnosis prepared by the researchers. A group of 30 patients recently diagnosed with prostate cancer was provided with only written information and was the no-intervention group. The State-Trait Anxiety Inventory, which allows the measurement of state-trait anxiety, and the Centre for Epidemiologic Studies Depression Scale (CES-D), which allows evaluation of states of depression, were set up as measuring tools. Evaluation of the effectiveness of this program showed that patients in the intervention group had decreased levels of anxiety and depression, and were able to play an active decision-making role in their treatment.

Both the abovementioned studies evaluating the effectiveness of interventions had the objective of increasing patient self-empowerment, and used an evaluation scale for states of depression as the evaluation scale for intervention outcomes. The papers concluded that a stable mental state is considered to be one important factor.

Furthermore, the common strategies for empowerment found among these three documents were the importance of significant others, health care professionals, and fellow sufferers. The involvement of these key people is an effective tool for increasing cancer patient empowerment.

## V. Discussion

### 1. Trends in Studies on Cancer Patient empowerment

In order to identify trends and issues related to research on cancer patient empowerment in the field of nursing, we conducted a retrospective analysis of Japanese and foreign literature, and found just seven papers on the empowerment of cancer patients. A literature search using the keywords found 100 references, but many of them were just review documents, data, and conference presentation abstracts. In addition, while these papers demonstrated various kinds of patient phenomena and nursing care, we found few papers dealing solely with empowerment. These papers were limited to indirect discussions on empowerment, or demonstrating the phenomenon of empowerment as a study outcome, or suggesting the need for empowerment. Because empowerment is a multidimensional and complex entity, the definition of

the concept is still developing.<sup>8</sup> Therefore, it seems difficult to use it as a conceptual framework for scientific research. On the other hand, it can be utilized at many levels and in many fields because of this multidimensionality. A thorough study of the nature and essence of empowerment will be needed once the concept has been clearly defined on the basis of the level and field of use, and once the definition is put into use. In addition, it is necessary to accumulate a higher number of research reports, and to analyze information revealed by papers submitted after conference presentations, to clarify the term "empowerment."

The papers analyzed were published between the years 1997 and 2004. We suppose this was due to the influence of the U.S. National Coalition for Cancer Survivorship (NCCS) established in 1986, which led to the subsequent chain of events. The establishment of NCCS gave rise to the switchover where cancer patients who had previously been treatment recipients entered an age in which they took the initiative for themselves to beat their cancer, leading to the popularization of the idea of cancer survivorship. Furthermore, the word empowerment, which started receiving attention in various fields in the 1980s, became the trend in the 1990s,<sup>23</sup> giving rise to interest in the concept of empowerment in cancer patients battling their disease and obtaining the power to beat it.

Most studies on the empowerment of cancer patients use a factor analysis study design, probably because the concept of empowerment is vaguely defined, and qualitative research methods have been widely adopted to capture its essence. The need for research to confirm causal hypotheses validation studies has already been discussed in studies in the field of cancer nursing.<sup>24</sup> Causal hypotheses validation studies have high design hurdles in terms of ethical aspects and guarantee of the sample size. However, based on previous research, they will play an important role in building evidence to support the need for practical nursing interventions to increase cancer patient empowerment. Before that, there will be a need to actively address the establishment of means to offer nursing support for patient empowerment, after clarifying the nature of empowerment.

The seven studies can be roughly divided into studies on the concept of cancer patient empowerment, studies on the cancer patient empowerment process, and studies on strategies employed for cancer patient empowerment.

First, we shall discuss the concept of cancer patient empowerment.

The concept of empowerment has been analyzed previously by many researchers.<sup>11-12,25-27</sup> Rodwell<sup>12</sup> showed that empowerment is made up of a support

process, a mutually-respectful partnership, shared decision making, freedom of choice, and acceptance of responsibility. In addition, Gibson<sup>11</sup> showed that empowerment is made up of attributes associated with patients, nurses, and patients and nurses together, and that empowerment is a process of strengthening people's control over factors affecting their lives. Analysis of these concepts was based on examination of a wide range of literature in fields such as sociology and nursing. Based on these concepts, Esther Mok, who examined Chinese cancer patients and conducted a phenomenological analysis, offered "active involvement," "partnership with health care professionals," "reconceptualization and reinterpretation of one's disease," and "self-confidence" as constituent elements of empowerment. The results of Gibson,<sup>11</sup> Rodwell,<sup>12</sup> and Esther Mok<sup>13</sup> share a common conclusion where partnership and self-respect occupy an important position in the concept of empowerment. In cancer patients, long-term cancer treatment and partnership with health care professionals supporting coexistence with cancer is thought to be an important factor influencing the patients' ability to face the disease. In addition, a sense of self-respect is strongly related to psychological adaptation.<sup>28</sup> The image that cancer equals death is strong and needs to be addressed, considering that many patients suffering from cancer go through a psychological crisis

The empowerment process for cancer patients in this study was shown to be aggregated into three stages: recognition of lack of power, search for a way to control body and mind, and a change of values. This process roughly corresponds to the empowerment process proposed by Shimizu et al.,<sup>6</sup> that comprises participation, dialogue, the exhilaration of camaraderie, problem awareness, and action. In other words, cancer patients can be empowered by going through a process of awareness of their problems through dialogue with health care professionals, significant others, and fellow sufferers; and in response, working out and putting into practice concrete coping strategies for living with cancer, controlling their physical and mental condition, and changing their values.

The attitude of facing and overcoming one's own problems is a power within the reach of natural human ability. However, we face difficulties in promoting cancer patient empowerment, considering that even those equipped with this power may be unable to cope with a life-threatening disease like cancer.<sup>22</sup> Kukita<sup>29</sup> states that empowerment is a process dealing strongly with the psychological aspect, which can only be realized through people's awareness of their individual will, latent strength, and formation of self-confidence. Therefore, when facilitating cancer patient empower-

ment, we emphasize on the importance of instilling belief in their inherent power, which can help them work out ways of controlling their cancer, treatment, body, and mind. However, compared to Western countries, Japan is still a bastion of paternalism and leaving things up to others. As a result, winning independence for cancer patients does not seem an easy task. Considering that almost all of the literature analyzed in this study was foreign, the process by which cancer patients in Japan will win their independence and empower themselves needs to be addressed in future.

The results of this study demonstrate the importance given to self-empowerment in studies analyzing empowerment strategies. Furthermore, significant others, health care professionals, and fellow sufferers play an important role in the process of empowerment. Self-empowerment is the most basic form of empowerment, in which one draws out one's own strength. However, it is not obtained by one's own strength alone but by relative connection between the subjects and their surrounding environment.<sup>30</sup> In other words, building relative connections with significant others, medical staff, and fellow sufferers is thought to provide an important basis for increasing self-empowerment. Building relationships with fellow sufferers, also known as peer empowerment, has important merits from the perspective of being able to empower one another through fellow-feeling. In recent years, self-help groups for cancer patients have also been active. However, developing this kind of peer empowerment is predicated on equality between participants and respect of the right to make individual decisions<sup>31</sup>; however, participants leave the group or cease attending because of problems maintaining an individual identity.<sup>32</sup> Considering that patients' situations may be completely different even if they have same disease; i.e., differences in the stage of cancer, age, and treatment selected, guaranteeing the identity of individual patients is important to facilitate self-empowerment.

The literature analyzed in this study used depression rating scales such as BDI-II and CES-D as empowerment evaluations, and rated a stable psychological state as one important factor in self-empowerment. Furthermore, they evaluated the phenomena that occurred based on the results of interventions used to increase empowerment. Wallerstein<sup>33</sup> discusses the importance of seeing fluid changes in the empowerment process, rather than considering the results fixed. Empowerment is a continuous process, especially in the case of cancer patients. Considering the need for cancer patients to obtain their own power and strength, and remain in control when confronted with various challenges such as test results, surgery, and adjuvant

therapy while living life as a cancer survivor, the assessment of changes in the process of empowerment is important, and not whether they have been empowered. We also need to examine what kind of indicators can be used to evaluate the empowerment process in future.

## **2. Issues Related to Studies on Cancer Patient Empowerment**

The results of this study have demonstrated that attempts were made, albeit at a snail's pace, to elucidate the nature and reality of cancer patient empowerment, and that there is movement towards establishing nursing support as a method to increase empowerment. Unfortunately, we have seen little movement in recent years. There is only a single study on empowerment in Japan so far. Considering the demand for the ability of self-management in cancer patients due to their increase in number, reduced hospital stay, and increased complexity of treatment, there is an urgent need to employ nursing support to increase empowerment. Although this need is recognized, the research is not yet underway. It is first necessary to conduct basic research to grasp the essence and reality of empowerment based on the characteristics of cancer patients. As a result, we need to demonstrate whether existing programs such as the papers analyzed in this study empower effectively. Also, we need to continuously accumulate research and build a practical nursing intervention model in line with the conceptual framework of empowerment. However, since empowerment has many aspects, it is difficult to evaluate the empowerment process and whether someone is empowered or not. Although some progress has been made overseas on developing a scale for measuring empowerment,<sup>34-36</sup> there is none in Japan. The development of such a scale is also deemed necessary.

## **VI. Limitations and Issues in the Study**

We expect this study to be valuable in understanding global trends and issues related to research on cancer patient empowerment, but we cannot claim it to be completely comprehensive on the subject of interest, given the ambiguity of the term. It needs to be analyzed taking into account its relationship with closely related concepts. There has been adequate debate among researchers seen in the review of literature, but these may include their subjective judgments.

However, the results of this study do reveal that adequate research on cancer patient empowerment is not conducted. We believe that it is necessary not only in western countries but also in Japan to actively move forward, to establish a concept, and develop a practical nursing intervention model with a scale to

measure it.

## VII. Conclusion

Our overview of Japanese and foreign literature on empowerment of cancer patients revealed the following.

1. There were very few papers on empowerment of cancer patients; one from Japan and six from abroad. These papers were published between 1997 and 2004, and most study designs were factor analysis studies.
2. The content of the studies can be roughly divided into three stages: studies on the concept of cancer patient empowerment, studies on the cancer patient empowerment process, and studies of strategies employed for cancer patient empowerment.
3. Studies on the concept of empowerment placed most emphasis on partnership and self-respect.
4. In studies on the process of empowerment, the process of empowering cancer patients was aggregated into three phases: recognition of lack of power; working out how to control one's cancer, treatment, mind, and body; and change of values. Furthermore, building a relationship between patients and health care professionals was an important element in facilitating this process.
5. In studies on strategies employed to empower cancer patients, the presence of significant others, health care professionals, and fellow sufferers played an important role.
6. Regarding the still-vague concept of empowerment, first it is necessary to grasp the essence and reality of empowerment based on the characteristics of cancer patients through basic research, and work towards developing a practical nursing intervention model and evaluation scale in line with the conceptual framework of empowerment.

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