



University of HUDDERSFIELD

University of Huddersfield Repository

Concannon, Michael

Empowerment Expectations Vs Delivery

Original Citation

Concannon, Michael (2007) Empowerment Expectations Vs Delivery. In: Society of Chiropractors and Podiatrists Annual Conference 2007, 18th - 20th October 2007, Harrogate, UK. (Unpublished)

This version is available at <http://eprints.hud.ac.uk/id/eprint/11352/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

0 

Michael Concannon
Senior Lecturer

Empowerment
Expectations Vs Delivery

1 

Initiation for this talk

- National Service Framework in Diabetes 2001
- NSF standards of delivery:
- One of the concluding statements from the DOH was - *"Diabetic services will be: Person centred: - empowering the individual to adopt a healthy lifestyle and to manage their own diabetes through education and support which recognises the importance of lifestyle, culture and religion, and which where necessary tackles the adverse impact of material disadvantage and social exclusion."*

2 

How are podiatrists able to meet this standard?

- The QAAHE 2001, NSF 2001, HPC 2004 (in partnership with SoCP) have benchmarks stating:

"The graduate should be able to educate motivate and alter behaviour. They should also be able to recognise opportunities to influence social policy!"

-
-

3 

Search for the answers?

- Part of my role working for the University of Huddersfield has been developing and delivering:
 - CPD related to health promotion
 - MSc in Diversity for AHP's / community workers.
- MSc in clinical practice – which included optional subjects of diabetology and tissue viability.
- MSc dissertation Empowerment!

4 

The role of podiatry!

5 

MSc Dissertation:

Empowerment and patient centred education
Expectations Vs Delivery

- Aim:
 - To explore the concept of empowerment from a delivery perspective for people with diabetes (within podiatry)
- Objectives:
 - Level of knowledge
 - Attitudes towards empowerment
 - Establish the level of training

6 

The literature suggests

- Little evidence of success supporting the use of / need for, empowerment.
- Empowerment should be interactive, cultivating control in others through the sharing of knowledge, expertise and resources. This philosophy breaks the tradition of patients receiving a service but encourages active partnerships between practitioner and patient.
- The literature strongly suggests that the medical model that we work within will not allow this!

7 

Literature Review

- "the medical model is no more than Capitalistic marketing"
Grace 91 & Skelton 94
- "Clear evidence needing the power to shift from the 'so called expert' to the *'actual expert'* of the disease" Kendall 2003
- "Paternalism is endemic in the NHS, benign and well intentioned, but creating and maintaining an unhealthy dependency!" Coulter 1999

8 

Method

- Survey in the form of Questionnaire
- 4 sections (5 point Likert Scales used with semantic differentials)

- Demographics
- DAS (prevalidated and used with permission)
- NSF offering validity in raising questions from official documentation from DOH
- Training standards and competencies

9  **Method**

- Sampling Non randomised and convenient sample of 130 clinically active SRCh/podiatrists were targeted
- Data collection Anonymity and informed consent assured
- Data analysis Using SPSS a mixture of descriptive and parametric tests were used
- Pilot study This was carried out on a purposive sample in order to test and if needed refine and ensure reliability of the chosen method
- Final study The final study was carried out in line with ethical approval

10  **Results**

20 Pages in the dissertation illustrating 25 graphs and 8 tables!

- Mean, median and SD's
- Box and Whisker plots
- Graphs, Histograms and Pie Charts
-
- Inferential Stats = Parametric Tests
 - 1 Regression analysis using Pearson's correlation (sunflower chart showing strength of relationships)
 - 2 Unpaired (independent t tests)

11  **Results**

- From 99 returned questionnaires:
 - The results indicated that podiatrists perceived themselves to have an awareness of diabetes and issues related to empowerment
 - DAS (18-90 possible) 70
 - NSF (12-60 possible) 34
 - Training Needs - only 17 people believed training was sufficient at undergraduate level

12  **Results worthy of discussion**

- Cross tabulations
- Pt with DM is the most important member of the MDT!
82/99 agreed 50/82 strongly - 3/99 disagreed 0/99 strongly
Participants are forward thinking in attitude! 2 statements earlier however?
- Individuals with DM should have the final say in setting blood glucose levels!
35/99 agreed 5/99 strongly - 32/99 disagreed 7/99 strongly
-
- An opinion consistent with the medical model of care and its critical influence on empowerment, as highlighted in the literature review (Glaser 1990, Grace 1991, Skelton 1994, Johnston-Roberts 1999, Coulter 1999, Feder & Griffith 2000, Taylor 2000, Patterson 2001 and Traynor 2003).
-

13  **Yet! Only 17 people felt that their podiatry training was sufficient for this topic**

14  **Conclusion**

- Health Professionals, whilst good intentional are reluctant to relinquish control to patients therefore tokenistic and paternalistic with practice of empowerment
- The framework of the NHS is not conducive to a true empowerment model Gibson 91, Henwood et al 2003, Christie & Cross 2003.
- Health promotion based on issues perceived important by the HCP are unlikely to succeed and should address the beliefs and priorities of people with DM Boulton et al 2000

15  **Conclusion**

*The majority of us believe that we are:
Person centred: - achieving success in our attempts to empower*

-
- Only 17 people of the 99 who took part in this study believed their undergraduate training in empowerment was sufficient
-

"You have heard it said that the best business in the world would

be to buy people for what they are really worth and sell them for what they think they are worth!"

Josemaría Escriva (March 24th 1931)

16  **The underlying question**

- To achieve true empowerment of service users
 - Who should be empowered?
 - Where did we learn to *teach*? When were we empowered to empower?

17  **Critique of the Study**

Larger than the results section!

- - Sampling methods
 - Closed ended questions
 - Suitability of staff experience
 - Training needs invalidating the training section!

18 

Thank you