

EMPOWERMENT IN MS: How Nurses Participate in The Process

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Definition of Empower

- “the ability to enable or authorize appropriate activities for undeserved segments of the population”
- “to promote the self actualization or influence of”
- “to make more confident or assertive”

Defining Empowerment

- Empowerment and hope are related concepts.
- Empowerment enables recognition and mobilization of strengths and resources.
- Empowerment involves knowledge, skills development, coping, mastery over the environment, and flexibility.
- Empowerment=self-direction=hope.

Key Issues in Multiple Sclerosis

- MS requires adjusting to a life with chronic illness and requires frequent readjustment
- Changes include how life is lived, environmental adaptations, and revamping life's expectations
- Independence can be seriously threatened either in reality or how one perceives the future
- People with MS need continued support to be empowered and hopeful

Factors influencing empowerment

- Locus of control: internal or external
- Learned helplessness
- Self efficacy
- Outcome expectations

COMMUNICATION

ADHERENCE

**PATIENT
EMPOWERMENT**

INFORMATION/
EDUCATION

GOAL
SETTING

SELF EFFICACY

PATIENT EMPOWERMENT

COMMUNICATION

- COLLABORATIVE
- ONGOING
- OPEN, WITHOUT FEAR
- TEACH PATIENTS HOW TO COMMUNICATE WITH HEALTH CARE TEAM
- TEACH PATIENTS AND FAMILIES HOW TO COMMUNICATE WITH THE LARGER HEALTH CARE SYSTEM

INFORMATION/EDUCATION

- ESTABLISHES TRUST AND SATISFACTION
- ENABLES PATIENT TO MAKE INFORMED DECISIONS
- PROMOTES ACCURATE INFORMATION SEEKING

PATIENT
EMPOWERMENT

PATIENT EMPOWERMENT

SELF EFFICACY

- EDUCATION PROMOTES
- NEEDS SUPPORTIVE
RELATIONSHIP TO
ENCOURAGE
- WILL BE ENHANCED WITH
SELF MASTERY
- EXPOSURE TO OTHERS
WHO HAVE STRONG SENSE
OF SELF EFFICACY AND
MASTERY MAY INCREASE
SAME SENSE IN OTHERS

GOAL SETTING

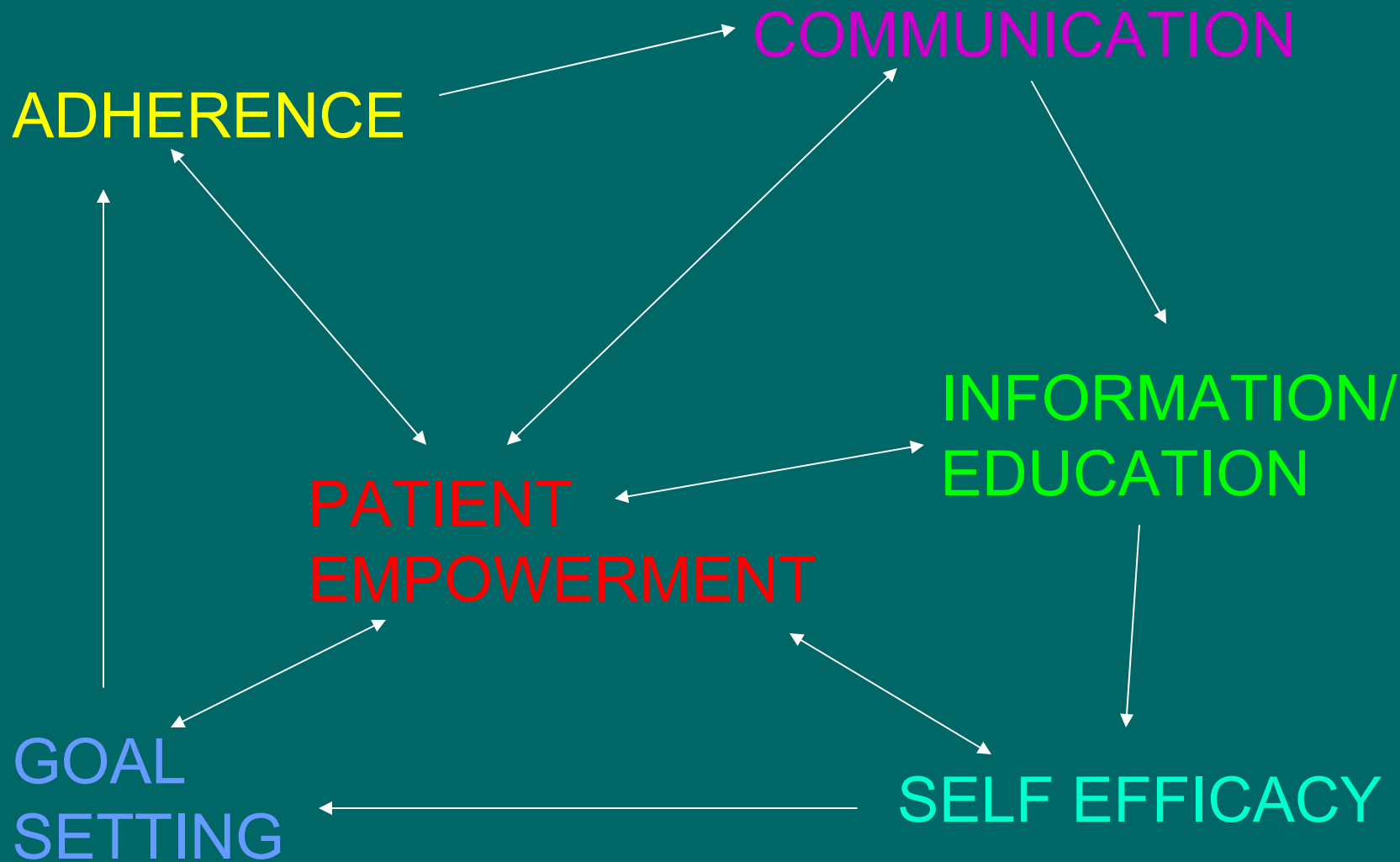
- PARTICIPATION IN ESTABLISHING GOALS WITH HEALTH CARE TEAM IS EMPOWERING FOR THE PATIENT

PATIENT
EMPOWERMENT

PATIENT EMPOWERMENT

ADHERENCE

- MEDICATIONS
- LIFE STYLE CHANGES
- WELLNESS BEHAVIORS
- REHABILITATION
MEASURES
- COMMUNITY INTEGRATION
- PROMOTES ACTIVE,
POSITIVE
CONSUMERISM



Empowerment begins at diagnosis

Factors to be considered:

- Existing coping skills
- Developmental level
- Culture
- Support system (plus and minus)
- Level of denial

Empowerment includes: Awareness of the issues affecting people with MS

Patient rights legislation

HIPPA - protection and confidentiality

Health insurance coverage

Broadening of Medicare/Medicaid

Access to community assistance programs

Medicare: Part D

Pharmaceutical assistance programs

Long-term care costs

Caregiver tax credits

Planning for the Future

- Needs to begin early
 - Employment decisions
 - Health Insurance decisions
 - Financial planning
 - Considerations for future changes in abilities

Empowerment includes Life Planning

- Advance Directives
- Living Will
- Healthcare Proxy
- Power of Attorney
- Trusts

Empowerment includes knowledge of the ADA and Disability Rights

- Rights of the disabled
 - Accessibility
 - Reasonable accommodations
 - A level playing field for the disabled
 - Removal of obstacles to independence
 - Dynamic legislation for the disabled

When the Future is Now

As MS worsens:

- Needs change and empowerment shifts to families, care providers, community
 - Continue to need advocacy
 - Families and relationships at risk
 - Needs are overwhelming
 - Concerns of abuse and neglect

Empowerment by MS Nurses

- Encourage effective communication
- Provide current and on going education
- Facilitate goal setting
- Provide experiences with peers
- Provide ongoing affirmation “cheerleading”
- Maximize wellness
- Encourage motivation
- Affirm the worth of each person
- Be aware when locus of control needs to shift to others

Conclusions

Patients and their families need support and direction for empowerment

Knowledge is empowering...pass it on

Empowerment can influence every aspect of living with MS and make the difference between feeling hopeless and powerless and feeling hopeful and able

Empowerment focuses on “what can be” instead of “what was”