

A Concept Analysis : Empowerment in Cancer Patients

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Objective : The objective of this study is to clarify the characteristics and construct of empowerment in cancer patients and to examine the utility of the concept in relation to patient support. **Method :** Thirty seven literatures were extracted between 2000 and 2010 in the following five fields : nursing, public health, social science, psychology, and pedagogy. An analysis was conducted employing Rodgers' concept analysis approach. **Results :** The concept of empowerment in cancer patients comprised the following 6 attributes : [existence of motivation], [awareness and reinforcement of inner strength], [acquisition of problem-solving abilities], [self-directive and independent activities], [reframing], and [construction of partnership and interaction]. And 4 antecedents, 5 consequences are extracted from the analysis. **Conclusion :** We defined the concept of cancer patient empowerment as "a process of gaining the ability to reframe thoughts about cancer, treatment, and life through the enhancement of active and independent behavior, acquisition of problem-solving abilities, and recognition and reinforcement of intrinsic strength, on the basis of the patients' motivation, and realized through the interaction within the partnerships constructed between the cancer patients and people surrounding the patient." This concept can be utilized for the research and practice in the field of cancer care, which aims to support cancer patients in acquiring the power to live their normal lives with cancer. (Kitakanto Med J 2013 ; 63 : 165~174)

Key words : empowerment, cancer patients, concept analysis

I. Introduction

Medical technology for treating cancer has shown remarkable achievement in recent years in Japan. The diagnosis and treatment settings for cancer are shifting from hospital wards to outpatient departments as hospital stays are becoming shorter as a result of health care reforms. This expansion of the environment has enabled patients to maintain their social lives while receiving the necessary diagnosis and treatment. However, this has placed patients in a situation requiring them to face and work out the strategies required to cope with various difficulties, which previously had been dealt through the assistance of medical professionals.

Patients that receive a diagnosis of cancer are required to make a choice of treatment amid the confusion. They develop a fear toward cancer, become

aware of death, and experience various distresses while seeking to understand what had been said to them by their doctors.¹ In addition, cancer patients that retain their social lives while attending hospitals as outpatients live with a variety of physical distresses, such as the physical changes resulting from surgeries and the side effects of radiotherapy or chemotherapy. These patients seek for an environment in which they can comfortably share their concerns and problems as cancer patients.²

It is imperative for cancer patients to gain the power to live independently with cancer in order to overcome their ongoing challenges and lead their social lives while continuing long-term treatment. Facilitating nurses are required to have the techniques and knowledge for elevating the patients' power so that patients may be able to devise strategies to live alongside cancer without falling into a powerless state. The

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Received : February 14, 2013

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concept of empowerment, which values autonomy and independence of cancer patients, was therefore employed as the basis for examining these issues.

Many scientists have defined the concept of empowerment. Rodwell³ described empowerment as a helping process, a partnership valuing self and others, mutual decision-making, and freedom to make decisions and accept responsibility. Gibson⁴ defined empowerment as a process of helping people to increase control over the factors that affect their lives. Hawks⁵ described it as an adjustment of one's environment to enhance one's ability to achieve a goal. However, empowerment remains an ambiguous and fluid concept depending on its domains and dimensions in which it is used. It is important, therefore, to grasp the structure of the concept, focusing on the empowerment of cancer patients who are believed to be empowered⁶ through the process of adopting specific coping behaviors, changing their values, searching for methods to control their body and mind, and developing a strategy to live with cancer.

The number of lifetime cancer patients or survivors has increased because of the increase in cancer survival rates. It is important for these cancer patients to gain and maintain the power to live independently with cancer. Discovering meanings in life through the exertion of such power is a feature that is seen in cancer patients. It is inferred, therefore, that the concept of empowerment in relation to the care of cancer patients will become increasingly significant in the future.

This research clarifies the concept of empowerment of cancer patients through the aggregation of recent studies. The obtained results will be useful in considering the nursing and support required to facilitate the empowerment of the growing number of cancer survivors.

II. Objective of this research

The objective of this research is to clarify the characteristics and construct of empowerment of cancer patients, and to examine the utility of the concept in relation to patients' support.

III. Methods

1. Data collection

Since the 1980s, the empowerment theory has received attention in the fields of regional/mental insurance and welfare, nursing, and health promotion.⁷ Kukita⁸ described empowerment as a process that involves a strong psychological component. In addition, a balanced psychological condition is considered to be a factor⁶ in the assessment of self-empowerment,⁹ which is the basis of empowerment. It is necessary, therefore, to consider the concept of empowerment

from a psychological standpoint. Moreover, Nojima¹⁰ implied that educational or counseling-based interventions facilitate empowerment more effectively than nurse-led interventions. Given the above, a literature search, excluding conference proceedings, was conducted in the following five fields: nursing, public health, social science, psychology, and pedagogy. To focus on the recent use of empowerment, this search was conducted for literatures published between 2000 and 2010.

For Japanese literatures, Ichushi-Web version 4 was used to search literatures on nursing and public health, the Bibliography of Japanese Sociology for literatures on social science, and CiNii for literatures on psychology and pedagogy. For English literatures, Cumulative Index to Nursing & Allied Health Literature (CINAHL) and MEDLINE were used to search literatures on nursing and public health, the Social Science Research Network for literatures on social science, PsycNET for literatures on psychology, and Educational Resource Information Center (ERIC) for literatures on pedagogy. This search was conducted on each site using the keywords "empowerment" or "empower" combined with "cancer" and "patient."

From the literatures extracted through this search, any overlapping literatures and those unavailable in Japan were eliminated. The resulting total number of extracted literatures was 167 (35 in Japanese and 132 in English) categorized as follows: nursing and public health: 33 Japanese, 131 English; social science: 1 Japanese, 0 English; psychology: 1 Japanese, 1 English; pedagogy: 0 Japanese, 0 English. To avoid bias, literatures amounting to 20% were selected from each of the fields, from which a total of 35 literatures, 7 Japanese and 28 English, were selected as subjects for analysis. Two more English literatures were added as secondary sources, making a total of 37 literature subjects for the analysis.

2. Method of analysis

Concept analysis is regarded as a process defining a vague concept used in various theories, clarifying the characteristics of these terms, and distinguishing the concept from closely related concepts. Methods of concept analysis include the essentialist approach outlined by Walker & Avant and Chinn & Kramer,^{11,12} which explores the essence of the phenomenon in question by considering the concept as a static and universal notion. Rodgers' approach^{11,12} is based on attribution theory and focuses on the way in which the term is used, regarding the concept as an idea that changes over time through continual reassessment and refinement. In this research, we considered it necessary to focus on the recent use of empowerment in

examining the concept that is both ambiguous and fluid. Therefore, we employed Rodgers' approach, in which a concept development is understood as a continuous process shaped by time and context.

The first step was to extract the target literatures for analysis by clarifying the concept in question and domain of the research. Next, for every literature subject of the analysis, the attributes, antecedents, consequences were extracted onto the coding sheet, for which a qualitative analysis was performed. A definition of the concept of empowerment was devised from the results obtained, and a model case was illustrated for a pragmatic demonstration of the definition.

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

Figure 1 shows the construct of empowerment in cancer patients. It presents the concept as consisting of six attributes, four antecedents, and five consequences. Hereafter, categories are indicated by [], and subcategories by { }.

1. Attributes

Following six categories were extracted as attributes: [existence of motivation], [awareness and reinforcement of inner strength], [acquisition of problem-solving abilities], [self-directive and independent activities], [reframing], and [construction of partnership and interaction].

[Existence of motivation] comprises of the two subcategories. {Setting achievable goals} leads to raise self-control and self-efficacy. {Having the will to live life} shows the patients' possession of a firm standpoint¹⁵ and their will to live life.¹⁶

[Awareness and reinforcement of inner strength] comprises the two subcategories. {Recognition and enhancement of one's own inner strength} indicates that patients are aware of their own strength¹⁷ and increase their power.¹⁸⁻¹⁹ {Being conscious of the feeling of self-affirmation} means that patients feel respected as individuals²² and are aware of their self-efficacy.

[Acquisition of problem-solving abilities] comprises the two subcategories. {Acquisition of appropriate information and knowledge about cancer and treatment} is to be able to receive or obtain correct information from the surrounding environment²¹⁻²⁴ and to be able to exchange high quality information.²⁵

{Acquisition of self-control} refers to the acquisition and reinforcement of the ability to maintain physical conditions and lifestyles.^{14,26}

[Self-directive and independent activities] comprises the two subcategories. These subcategories imply that patients become self-assertive,²⁷ demonstrate self-discretion,¹⁵ and experience decision-making²⁸ about their treatments based on an idea that cancer treatment should be performed not only by doctors but also with the active participation of patients expressing their own opinions.²⁶

[Reframing] comprises the two subcategories. {Reconstruction of the meaning of cancer, treatment, and life} indicates that patients actively reinterpret and reconstruct their disease, lives, and values²⁹ and discover new perspectives.^{25,30,31} {Coming to terms with cancer and treatment} suggests self-change of patients to reconcile with their cancer³⁰ and that patients come to confirm and accept their disease²⁹ by confronting the situation.¹⁷

[Construction of partnership and interaction] comprises the three subcategories. {Interaction with patients having the same disease} implies that cancer patients understand their experiences with each other³² and learn from others' experiences.³¹ It also suggests that cancer patients help other patients^{25,29} and that as advocates, they educate and provide information to those suffering from the same disease.³³ {Cooperation with medical professionals} means that medical professionals are patients' powerful advocates³⁴ and that support from such professionals brings a sense of empowerment to the patients and their families.²⁹ In addition, communication with doctors²¹ and the qualities and skills of nurses^{20,30} are important sources for the patients' feelings of efficacy and empowerment. {Construction of coordination with supporters} indicates that social networks are supportive social resources and the most important component of empowerment.³²

2. Antecedents

Following four categories were extracted as antecedents: [the attributes of cancer patients], [the perception of pain associated with cancer and treatment], [the necessity of participation in medical treatment], and [the commitment by support systems surrounding cancer patients].

For [the attributes of cancer patients], internal and external factors were documented. Internal factors included being older,²¹ intellectual background,²³ social background,^{19,23} stage of cancer, and cancer treatment and care.³⁵ External factors contained cultural and ethnic backgrounds.³⁶

[the perception of pain associated with cancer and

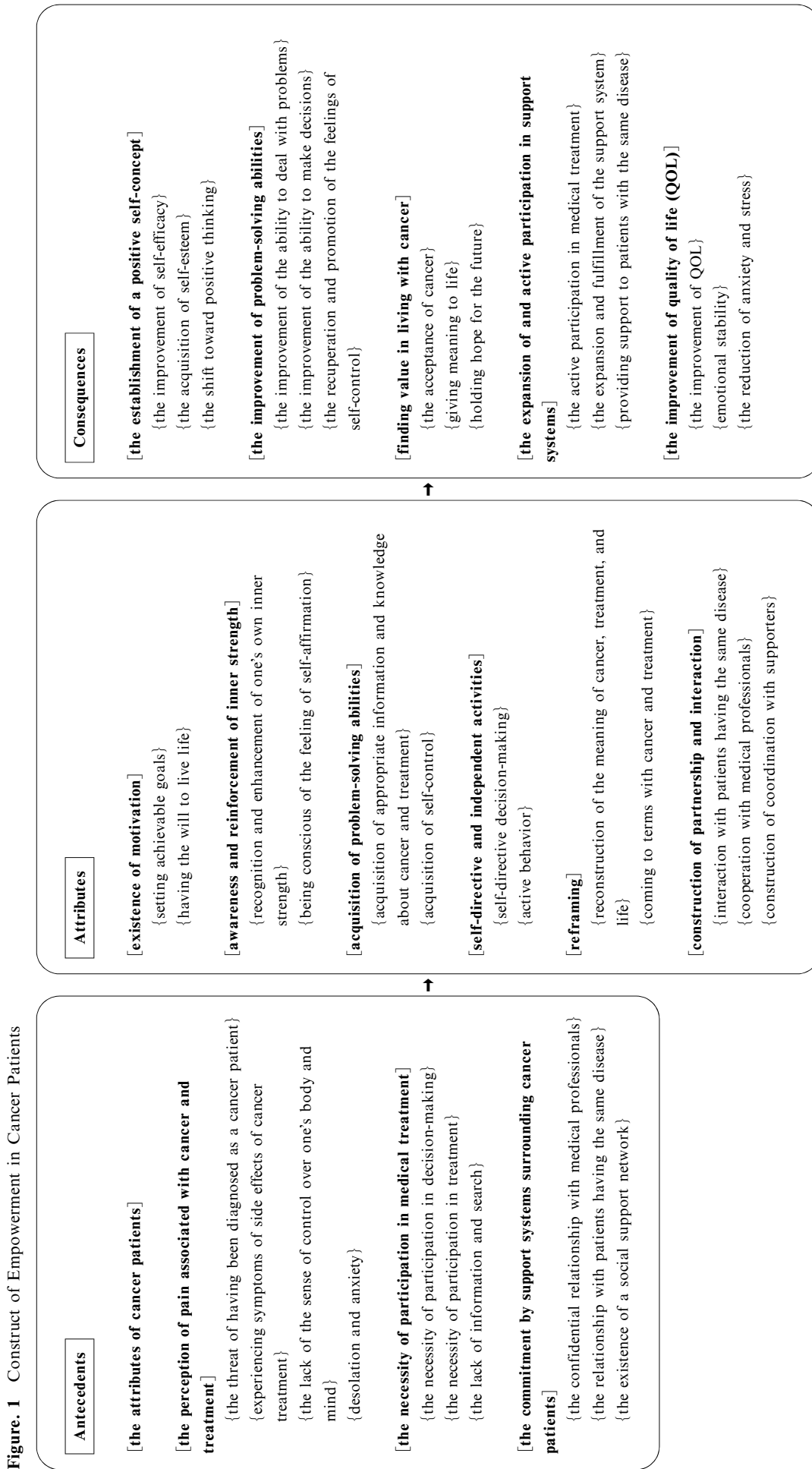


Figure. 1 Construct of Empowerment in Cancer Patients

treatment] comprises the four subcategories.

Cancer diagnosis causes a variety of stressors and confusions. Patients feel the threat of having been diagnosed as a cancer patient as they experience emotional discomfort²⁹ and feel powerless against the diagnosis of cancer such as breast cancer.^{22,31,37} {Experiencing symptoms of side effects of cancer treatment} causes long-term changes to the lives of patients, and the patients need to cope with these symptoms for the rest of their lives.³³ This brings negative psychological reactions to the patients.^{14,27} Moreover, patients who receive the diagnosis and treatment of cancer feel as though they have betrayed³³ themselves because they have failed to prevent cancer. {The lack of the sense of control over one's body and mind} means to them that they are no longer able to control their symptoms^{32,33,38} in addition to not being able to control themselves emotionally and psychologically. Patients who experience {the lack of the sense of control over one's body and mind} feel that they are victims who suffer from a cancer, and isolated from others³⁰ by having to face a crisis unlike any that they have ever experienced, and this tends to develop feelings of {desolation and anxiety}.

[The necessity of participation in medical treatment] comprises the three subcategories. {The necessity of participation in decision-making} involves decision-making about the care that patients receive²³ and about other medical matters.³⁹ {The necessity of participation in treatment} refers to the need for the patients to participate in symptom management.³⁴ {The lack of information and search} means that patients feel that they do not have sufficient knowledge^{30,35} and that they seek for information regarding diagnosis, treatment, and prognosis.^{26,35}

[The commitment by support systems surrounding cancer patients] comprises the three subcategories. Patients feel powerless⁴⁰ when they become passive consumers through an unfair relationship with medical professionals. {The confidential relationship with medical professionals} involves the existence of a partnership between patients and medical specialists¹⁷ and the existence of medical professionals who act as the patients' supporters.^{31,41} {The relationship with patients having the same disease} includes the existence of fellow patients who have the same disease^{18,26} and the interaction with these patients^{14,22,25,26,28,31,32} through attending support or self-help groups. {The existence of a social support network} indicates that support from families and other important persons²⁹ is an important social resource that provides appropriate support²⁴ to patients.

3. Consequences

Following five categories were extracted as consequences: [the establishment of a positive self-concept], [the improvement of problem-solving abilities], [finding value in living with cancer], [the expansion of and active participation in support systems], and [the improvement of quality of life (QOL)].

[The establishment of a positive self-concept] comprises the three subcategories. {The improvement of self-efficacy} shows that cancer patients improve their self-efficacy by increasing their self-evaluation^{27,43} and by feeling helpful to others.³² {The acquisition of self-esteem} means that patients are able to gain confidence through their experiences.^{18,31} {The shift toward positive thinking} indicates that these changes elicit positive psychological states from the patients³⁵ and enable to shift the patients' lifestyles and ideas about medical treatment toward a positive direction.^{27,43}

[The improvement of problem-solving abilities] comprises the three subcategories. By obtaining various skills and knowledge,³⁰ patients gain the ability to deal with cultural and power-related problems,³⁴ as well as the ability to cope with stress and inner struggles.²⁷ {The improvement of the ability to deal with problems} means that patients are able to take preventive measures against the disease⁴⁴ as well as further stress and negative experiences.²⁸ {The improvement of the ability to make decisions} involves the patients' active participation in making specific decisions²² concerning their own treatment^{21,24} and over important matters in their lives.²² {The recuperation and promotion of the feelings of self-control} indicates that empowerment enables patients to control their cancer, treatment, and lifestyles^{18,28} and to regain their sense of control.^{20,37}

[Finding value in living with cancer] comprises the three subcategories. {The acceptance of cancer} was extracted because patients come to accept cancer experience as being a part of their lives⁴³ and begin to feel that they have come to terms with living with cancer³⁰ through empowerment. {Giving meaning to life} describes the cancer patients' acquisition of the ability to give meaning to their lives through empowerment⁴⁰ and becoming able to find meanings in life through their experiences of cancer.³⁰ {Holding hope for the future} indicates the way in which empowerment provides hope³³ to live a life with cancer and its treatment.

[The expansion of and active participation in support systems] comprises the three subcategories. Patients who receive empowerment gain the ability to talk with their doctors about the often-avoided topics relating to prognosis³⁵ and to be able to participate in their own care plans,⁴⁰ which refers to {the active

participation in medical treatment}. {The expansion and fulfillment of the support systems} means that patients not only actively try to construct interaction between themselves and medical professionals but also accept and support other patients with the same disease. {Providing support to patients with the same disease} shows that patients further gain the power to help and provide support to others with the same disease^{40,28} through empowerment.

[The improvement of quality of life (QOL)] comprises the three subcategories. Several sources state that empowerment has a positive influence on QOL²¹ and contributes to {the improvement of QOL}.^{16,37} Patients, who were previously disempowered by existential distress,⁴³ anxiety, stress,³⁶ and emotional pain,⁴⁵ enables to keep {emotional stability} by improving their perceived levels of wellness and well-being self-assessment scores.⁴³ In addition, decreased levels of uncertainty³⁶ and the reduction of patients' suffering⁴⁵ result in {the reduction of anxiety and stress}.

V. Discussion

1. Structural concept and definition of empowerment for cancer patients

Cancer patients' empowerment was indicated as arising out of individual attributes such as the stage of cancer and patients' experiences of powerlessness. Patients' feelings of powerlessness may derive depending on the level of commitment by the support systems surrounding them, such as the absence of friends and supporters or an insufficient confidential relationship with medical providers. It may also derive from the distresses of being affected by cancer, the distresses associated with treatment, or when they feel the need to take part in medical treatment about which they have insufficient information.

By building partnerships with medical professionals and other patients with the same disease and through these involvements, cancer patients gain the ability to actively and independently collect information on the basis of their goals and motivation, thereby gaining the ability to cope with their problems. Gaining the ability to deal with their problems enables patients to see themselves more positively and to recognize and reinforce the strength that is inherent to them. It was believed that cancer patients follow the process of organizing and reframing their thoughts about cancer, treatment, and their lives by becoming able to trust their own strength.

As a result, patients are stimulated to establish positive self-concepts, improve the ability to solve problems, actively participate in support systems, and discover their own values in living with cancer. All

these factors lead to improvements in their QOL.

The concept of cancer patient empowerment can therefore be defined as "a process of gaining the ability to reframe thoughts about cancer, treatment, and life through the enhancement of active and independent behavior, acquisition of problem-solving abilities, and recognition and reinforcement of intrinsic strength, on the basis of patients' motivation, and realized through the interaction within the partnerships constructed between the cancer patient and people surrounding the patient."

2. Characteristics of the empowerment concept of cancer patients

The concept of cancer patients' empowerment is based on the concept of empowerment. Many researchers have worked on the concept analysis of this term because of its vagueness. In the field of nursing, subjects of the concept analysis of empowerment have been powerless patients affected with a certain disease. When discussing the components of empowerment by focusing on cancer patients as subjects, it was indicated that empowerment is generated through the patients' lapse into a state of powerlessness, caused by the features intrinsic to cancer. This included the stigma attached to the disease name exemplified in [the distress associated with cancer and treatment], the surgical treatment that may require the loss of body parts, and the heavy distress associated with the side effects of chemotherapy. The research also revealed consequences in which patients establish positive self-concepts by receiving support from various support systems and by gaining the ability to solve problems, and discover the values in living with cancer. Clark⁴⁶ defined the concept of cancer survivorship as the "patients' process of life and the experience of living with cancer, overcoming cancer, and continuing to live with it." This is a way of thinking that places value on the way in which the cancer patients live with cancer. Furthermore, it indicates that cancer patients seek for a way to live through their life by forming their own interpretation about the life with cancer. These ideas have close features with the consequences derived in this study. In conclusion, cancer patients' empowerment is a concept that bears the ideas that are similar to the concept of cancer survivorship, and captures the features of cancer patients who continue to live with cancer.

3. Model Case

Following is a clinical model case presented in order to illustrate the possibility of specific adaptation in the empowerment concept of cancer patients devised in this research.

“The patient was a female in her early 30’s diagnosed with left-breast cancer. She was energetically engaged in her work related to international relations, which she considered to be an important part of her life. She took a leave of absence from her work to receive a left-side mastectomy, followed by chemotherapy. After a few months, she was told that the cancer had metastasized to her lung. She had taken temporary leave from the work she loved, and had spent her days enduring the pain of losing her breast and the side effects of chemotherapy. She was agitated by the metastasis, and said, “I don’t know what to do anymore. This could be the end of my life.”

However, the patient had the goal of returning to her work and travel overseas again. She made use of her good English ability, and collected information from books and Internet articles on the treatment of lung metastasis that originates in breast tumor. She also attended patients’ meetings. Through interacting with others having the same disease, she realized that she was not the only one who was fighting against breast cancer, and learned that there was a way to cope with her cancer that could fit her lifestyle. She gained encouragement to face and live with her cancer.

From this experience, the patient gained the ability to actively express to her medical providers about her life plan and thoughts about her treatment. She repeatedly attended consultations with medical providers to create a made-to-order treatment plan. With this treatment plan, she was able to return to work while continuing her treatment. She enjoyed working more than ever, and worked very lively. She said with a smile, “From now on, I want to deliver information to breast-cancer patients in Japan about overseas breast cancer treatment and patients. I think this is something only I can do.”

The patient in this model case was diagnosed with breast cancer when she was in her 30’s, the prime of her life. She suffered greatly when she learned about the metastasis, after going through a surgery and chemotherapy. She fell into a state of powerlessness because of the lack of information about what she should do or what was going to happen to her. However, with the motivation toward achieving her goals, she independently collected information as a means to solve her problems. In addition, through the interaction with others having the same disease, she recognized and enhanced her intrinsic strength, gaining the ability to reframe her thoughts about cancer and treatment. Consequently, empowerment enabled the patient to regain self-control through the active participation in the medical treatment and to discover the self-value of living alongside cancer through the establishment of a

positive self-concept and self-respect.

4. Utility of the concept of empowerment in the field of cancer-nursing

In our country, the number of cancer patients (cancer survivors) who live their normal life with cancer has increased notably. The question of how to provide the environmental and medical support for cancer patients that would enable them to live their own lives with cancer has become an increasingly important issue. Showing strength to actively work with cancer and gaining the power to live with cancer will help cancer patients to face many difficulties that they will encounter in their survival life. It is therefore essential in the nursing of cancer patients to provide the necessary support for the patients in gaining such power, for which the employment of the concept of cancer patients’ empowerment deemed appropriate.

The empowerment concept of cancer patients clarified in this research suggests that nurses are able to increase empowerment of patients by giving instructions on problem-solving, constructing support-system and encouraging reframing, taking an opportunity of eliciting motivation of patients.

Therefore, this concept can be used for an orientation of nursing support to raise empowerment and has possibility to be the basic idea to study nursing. Regarding examining effects of empowerment, 5 factors of consequences would be one of the evaluation indicators. Thus, this concept is valuable in the future researches and nursing practices to examine how nursing enhances empowerment of patients who survive cancer.

5. Issues regarding the concept of cancer patients’ empowerment

As pointed out, empowerment is an important and useful concept in regard to the cancer patients’ pursuit for a meaningful life. However, the following points must be considered in utilizing this concept.

1) Social and cultural background

Thirty out of 37 (81%) of the literatures used in this research were written in English. While “shared decision making” is the common approach in western countries, “medical paternalism” is more or less the tendency in Japan. In many cases, patients leave the decision-making in the hands of the medical providers, on the doctrine of trust. However, the concept of empowerment identified in this research describes the role of medical providers in terms of [construction of partnership and interaction]. Therefore, equal partnership between medical providers and the patients becomes an important factor in the promotion of

empowerment in Japan. A move away from traditional values is required from both the medical providers and patients.

Mok et al.³⁰ pointed out that the construction of a nurse-patient relationship is an important resource for patients' empowerment, and nurses have an important role in supporting and assisting patients to change their thoughts and attitudes and to find meanings in their lives. Therefore, in order to utilize the concept of empowerment in cancer nursing in Japan, it is also necessary to take in account the social and cultural background to devise a system in which nurses are able to recognize their role as patients' partners, and as advocates of those patients.

2) Empowerment as momentum

In this research, [existence of motivation] was extracted as an attribute of the concept of empowerment. Minami⁴⁷ stated that empowerment occurs because of the existence of the desire to do something. Similarly, this research showed that the process of empowerment develops as patients themselves acquire the purpose or goal in life, find things to live for, and gain the ability to set achievable goals. However, when there is a gap between the patients' motivation, and the level of expectation from the medical providers who are their partners, patients may possibly be disempowered. In order to realize a smooth promotion of empowerment, it is necessary to set an appropriate level of motivation that takes into account each patient's features, and to share this among partners.

In the process of empowerment, it is also important to maintain this motivation. Medical providers will at times be required to provide an incentive as a "motivational resource to inspire patients' motivation. In order to utilize the concept of empowerment, it is important that the modalities of motivation are considered and adjusted through the cooperation of patients and their medical providers.

3) Relationship with close concepts

In this research, strength is mentioned as one of attributes, and self-efficacy is described as a part of consequences. These are positioned as structural factors of the empowerment concept of cancer patients. And, when viewing the concept of empowerment in this research, and the way in which its attributes include [acquisition of problem-solving abilities] and its consequences include the ability/sense of self-control, its relationship with the concept of sense of control becomes apparent.

Younger et al.⁴⁸ defined mastery as the experience of gaining new strengths through difficulties, thereby finding meaning in life. Fujita⁴⁹ defined mastery as the power obtained by cancer patients as a result of stressful experiences, and the power to readjust them-

selves and their environment in order to smoothly come to a compromise with their life with cancer. Given the references, the consequences including [the improvement of problem-solving ability] and [finding value in living with cancer] extracted in this research is precisely indicative of such acquisition of mastery.

The concept of cancer patient empowerment can therefore be understood as the aggregate of these related concepts. Thus, in order to refine and systematize the concept of cancer patients' empowerment, it is necessary to continue pursuing research on its relationship with close concepts. In addition, a devised model for nursing and support will be required to systematically facilitate the patients' empowerment.

VI. Conclusion

As a result of the concept analysis developed in this research, empowerment of cancer patients has been defined as "a process of gaining the ability to reframe thoughts about cancer, treatment, and life through the enhancement of active and independent behavior, acquisition of problem solving abilities, and recognition and reinforcement of intrinsic strength, on the basis of the patient's motivation, and realized through the interaction within the partnerships constructed between cancer patients and people surrounding the patient." It is believed that this concept can be utilized for the research and practice in the field of cancer care, which aims to support cancer patients in acquiring the power to live a normal life with cancer.

In utilizing the concept of empowerment, however, it is essential to take into consideration of the situational background in Japanese culture and to coordinate motivation between patients and their medical professionals. Furthermore, since the empowerment concept contains aspects of other various concepts, it is necessary to continue pursuing research on its relationship with close concepts in order for its systematization.

It is a challenge for the future to refine the concept of empowerment of cancer patients clarified in this research by utilizing and verifying it in the practice of cancer nursing studies.

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