Title: Empowerment: Challenges in Measurement.

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Health promotion as a discipline has strived to establish a firm evidence-base yet has faced numerous challenges in doing so. Health promotion practice is complex which means that certain research designs and research approaches are rendered impotent and, in some cases, unethical and incongruent with its value base.

We argue that health promotion as a discipline needs to (re)establish its *own* view on what empowerment is and how it is to be measured. Influences from other disciplines (such as psychology) may not reflect the value base of health promotion. This paper therefore discusses a key challenge for health promotion research. That is, how empowerment – health promotion's flag-ship value and principle (1) – is measured. The difficulties of measuring empowerment have long been apparent and has been defined as an 'old problem' (2), but solutions from within the health promotion community have not been forthcoming. This paper critically discusses the inherent challenges of 'measuring' empowerment. It does not seek to rehearse old arguments, rather it attempts to highlight the real-life challenges for practitioners and academics. We offer a number of suggestions as to how we can address these.

We have signalled elsewhere the problems with defining empowerment (3). There is widespread agreement that poor definitional clarity has dogged empowerment as a concept (4), and this follows through in difficulties in measurement. We have previously highlighted the diversity in definitions and contended that this is problematic arguing that the term is often used loosely and with little theoretical consideration or precision (3). This has also been highlighted in the literature on women's empowerment where scholars have note that it might be conceived in a more radical, emancipatory way and as a 'destination' (4), as multidimensional with many different components (5) and as a context-based issue (6).

Thus ‘measuring’ empowerment has been inhibited and many of the issues can be traced back to problems arising from definitional diversity and differential understandings. Arguably, if we cannot satisfactorily determine what empowerment *is* then it becomes difficult, if not impossible, to determine the absence or existence of it. Of course, we should also be questioning who has the power to define what empowerment is and how it should be measured!

There is general recognition in the literature that empowerment can occur at different levels (individual, group, community or society) (7). A reductionist approach is commonly used to measure empowerment which predominantly focuses on individual (psychological) empowerment. Commonly, constructs such as self-efficacy, self-esteem and increased personal confidence are used as proxy-indicators for empowerment at an individual level (8). Such constructs are also subject to definitional inconsistency and a general lack of agreement as to how they are operationalised in empirical research. As Sharma argues, in the context of women’s empowerment, this leads to major challenges in comparability and lack of direct indicators in key dimensions of empowerment (9). Lack of consensus on what to analyse and on measurement parameters, along with contextual variation, renders measurement problematic (5). This point is reinforced by Pratley who states that the major challenges in measuring empowerment include complexity and the ‘situational, context dependent nature of the empowerment process’ (10 p. 119).

Many studies cite self-determination and mastery as important outcomes. The means of investigation are often self-report measures. For example, Cattaneo and Chapman offer a plethora of specific questions by which the process of individual empowerment might be determined (11). Such approaches have limitations and can be criticised for being deterministic and reductionist. In addition, much of the

measurement of empowerment relies on quantitative means (8). The focus on such 'hard' outcomes limits possibilities for building a genuine evidence base.

The health literature has mainly focussed on measuring the individual aspect of empowerment (12) because measuring the impact of empowerment on an individual level, using validated tools for instance, is methodologically less complex than gauging changes at the community level where 'empowerment' is experienced by different stakeholders in different ways. There is a dearth of tools to measure community empowerment (8). There may be many reasons for this, including methodological difficulties (13). For example, a change of policy in favour of community groups that have come together to create change can be measured, but this 'outcome' may have taken a great deal of time to occur. Indeed, reaching this 'goal' can be a lengthy process and it may not have an easily defined 'end-point' (14). This returns us to the definitional diversity; for instance whether community empowerment is regarded as a 'process' or an 'outcome' which has implications for measurement. This is highlighted in women's empowerment (15). Sharma argues there are 'contending perceptions regarding how to operationalize and measure empowerment of women' (9 p.19). The same is true of empowerment in health promotion.

Moreover, pragmatic and budgetary constraints can prevent researchers from conducting longer-term work or evaluation efforts. For example, the funding structures for health promotion are often focussed on specific diseases and risk factor interventions (16). In addition, funding cycles are frequently short-term which means monitoring community empowerment, which is a longer-term process, is challenging. A further complexity arises from trying to isolate the effect of an intervention – how do we know what has caused the change?

Collective transformative outcomes achieved through successful empowerment can include the acquisition of political power (17) and changing the prevailing patterns of access and control over relevant resources (4). For example, women's empowerment is linked to structural transformation whereby women gain control over their socio-political environment and resources (5). Thus it is conceived as comprising two defining concepts – 1) process, whereby change occurs; and 2) agency, whereby women themselves are 'significant actors in the process' (18 p 72). Transformative change may also occur at the individual level but it is collective empowerment which remains at the heart of social change (19). Social movements are part of a multifaceted process of social transformation, resulting in numerous outcomes and requiring a variety of measures. The achievement of social justice for many remains the ultimate measure of collective empowerment and it is this which remains the central focus of health promotion. Perhaps we should be looking for evidence of empowerment in social transformation and in the results of social protests and social movements? When citizens rise up and take action they are truly empowered.

Health promotion practitioners and researchers (20) have argued that the context-bound and complex nature of empowerment means that attempts to measure it using standardised tools is relatively futile. Practitioners have described tools to measure empowerment as too objective and rigid (21) and such approaches to assess whether an individual or community has increased levels of empowerment may be inappropriate when working with marginalised populations. Using questionnaires or validated scales *on* participants can work against core values that seek to work *with* and/or *alongside* people. Such efforts to measure can, in some cases, marginalise or exclude individuals further if the approach is not carefully

considered by researchers. Macdonald and Mullett (22) explore these challenges in health promotion research and describe the tensions between establishing research rigour and maintaining and establishing trust.

Health promotion is characterised, and has pride in, its participatory and emancipatory ways of working in practice. This raises questions as to whether research processes and philosophies should mirror this and in themselves strive to promote empowerment. Indeed, there are excellent examples of how this has been done with marginalised populations (23). In keeping with the values of health promotion, working closely with people to determine valued outcomes might be a better way to establish whether or not empowerment has occurred. In order to do this we would first have to explore the *meaning* of empowerment for those that we work with.

Exploring empowerment in qualitative or more participatory ways may be a useful avenue for future work. Whether qualitative evidence would satisfy commissioners seeking to fund projects aiming to work in empowering ways is an area where further research would be welcomed. Much of the actual evidence of empowerment is likely found in what is commonly described as ‘softer’, or more subjective outcomes. In a context that values hard outcomes or objective measures as a means to securing funding this will be an uphill battle.

One broader question that this paper seeks to highlight is who is controlling and contributing to the health promotion research agenda. A recent systematic review highlighted that the measurement of empowerment has been monopolised by the Global North which perhaps accounts for the individualised orientation toward empowerment and its measurement (8). This is, in fact, a pattern that exists across

several disciplines and that needs to be challenged. It broadly reflects the dominant neoliberal politics and agenda of the West. As a discipline and academic community working within health promotion, this is somewhat disconcerting and contributions from researchers from other parts of the world, where perhaps more egalitarian structures feature in communities, may shift the research agenda toward a greater understanding of how empowerment in its widest sense is understood, operationalized and measured. Empowerment itself is culturally and socially defined and this should be taken into account in attempts to measure it.

Difficulties with measuring empowerment, such as those outlined in this paper, have resulted in a situation where there is a lack of research which clearly demonstrates the success of empowerment in terms of improving health and wellbeing (24). For health promotion, a discipline keen to build on (and provide) a solid evidence base for effectiveness, this is problematic. Many of the debates about the nature of evidence in health promotion are salient in this discussion and include key issues such as what counts as success or failure and why is evidence necessary or crucial? In order to assess the value of empowerment approaches and contribute to the evidence base, practitioners and community members should be supported and encouraged to develop evaluation skills so that they themselves can begin to measure the effectiveness of their work.

As health promotion academics, we are keen to ensure that the distinct challenges faced by health promoters with regards to empowerment are not overlooked. We therefore end by making a number of recommendations. Firstly, we would call for authors and academics to be clearer in their use of definitions, how they are operationalising empowerment as a concept and what this means for establishing its existence. More clarity and critical debate is needed. Secondly, there is a need for

new approaches in specific areas such as when trying to measure community level empowerment and greater transparency when using qualitative measures. Thirdly, there is a need to measure evidence of empowerment in relation to social movements and to address the evidence gap here. Fourthly, more qualitative research is needed particularly around co-production and the use of research itself as a tool for empowerment at all levels. Finally, we need to ensure greater voice from those in the Global South so that lessons learned can be shared.

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