Measuring Instruments for Empowerment in Social Work: A Scoping Review

Thomas Noordink, Lisbeth Verharen, René Schalk, Marcel van Eck and Tine van Regenmortel

Abstract

Empowerment is seen as an important thinking and working framework for social work. Ideally, it is possible to measure the empowering effects of social work. However, various factors complicate measuring empowerment, making it a difficult exercise. In past decades many instruments for measuring empowerment have been developed and there are many variations in the way these instruments have been developed. The aim of this review is to provide a comprehensive overview of the available instruments, scales or questionnaires that intent to measure the empowerment of users of social work in different contexts of social work, by means of a scoping review. A total of 2,711 studies were screened, resulting in 49 unique instruments for measuring empowerment in contexts related to social work. The results show that the found instruments are almost exclusively Patient-Reported Outcome Scales. Whilst many instruments measure individual empowerment, only a few measure community empowerment. The results also show that there are many variations in which instruments operationalise empowerment. This overview provides social work organisations and its researchers an overview of measuring tools necessary to measure the effects of their efforts, allowing them to build on what is available.
Keywords: Empowerment, measuring instruments, scoping review, social work

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Introduction

Empowerment in social work

Empowerment is globally accepted as a central concept for social work, as can be seen in the international definition of social work, in which empowerment is stated as a core value (IFSW, 2014). Empowerment is seen as an important thinking and working framework within social work (Van Regenmortel, 2008).

The concept of empowerment seems regularly used by social workers. Professionals identify with it, partly because they tend to give meaning to empowerment in all sorts of ways. However, therein lies the risk that empowerment becomes a vague concept that social workers link to everything they do (Van Regenmortel, 2002). As a result, the concept loses its substantive meaning and becomes an all-purpose word for things related to strengthening people, power, control and so on. That is an unnecessary result, since ‘empowerment’ is actually a theoretically well-founded scientific concept, which makes it possible to operationalise and measure empowerment (Zimmerman, 2000; Steenssens and Van Regenmortel, 2014).

The value and complexity of measuring empowerment

Ideally, it is possible to evaluate the empowering efforts of social work and then determine the effects of these efforts. Gulikers (2016) emphasises the importance of meaningfully justifying social work and its efforts. To do so, measuring instruments are needed that expose empowerment as a result of social interventions. For years, professional practice has been looking for methods that can support the effects of social work (Hermans, 2008). In past decades many instruments have been developed that aim to measure different levels of empowerment.

However, measuring empowerment and determining whether the efforts of social workers lead to citizens being able to empower themselves, is difficult (Jacobs et al., 2005; Wallerstein, 2006). The complexity of measuring empowerment is implied by theoretical assumptions that are involved when one wants to measure empowerment. Van Regenmortel (2002) inspired by the work of Rappaport and Zimmerman, states a few basic theoretical assumptions of empowerment, which are exemplary to the complexity of measuring empowerment.
First, empowerment is an open-ended construct and a variable which can vary per context or person. It can occur in several degrees. Empowerment can have a different meaning for each person. Furthermore, it is not set in stone and can develop over time.

Second, empowerment is seen as a multilevel concept, in which different levels of analysis can be distinguished. Psychological empowerment, which relates to empowerment of individuals, organisational empowerment and community empowerment (Zimmerman, 2000). These levels are often intertwined, interconnected, interdependent and can be both cause and effect. This implies the interactive nature of empowerment, the constant mutual influence between individuals and their environments. Furthermore, these three levels can themselves be divided into underlying dimensions and components (Zimmerman, 1995).

The aforementioned factor that empowerment is an open-ended construct implies the complexity of developing universal measuring instruments (Zimmerman, 1995; Van Regenmortel, 2002). A ‘one size fits all’ solution does not seem likely. As a result, there are many different measures for different target populations and contexts. Such a fragmentation of instruments hinders maintaining an overview.

The available range of empowerment instruments

In the past decades, many instruments for measuring empowerment have been developed for specific contexts and there are many variations in the way these instruments have been developed (Peters et al., 2007). A few reviews make an inventory of available instruments for a specific target population, for example, the review by Bakker and Van Brakel (2012), Barr et al. (2015) or Herbert et al. (2009). There is no overarching review of instruments that are available and relevant specifically for social work. It is imaginable that this is partly due to the fact that ‘social work’ as a context is hard to define (Van de Kamp et al., 2020). It includes many different target populations, problems and contexts.

A comprehensive overview of available tools to measure empowerment in the various sectors of social work can be a useful starting point for social workers, when they want to measure empowerment within their own specific context.

The aim of this study

The aim of this review is to provide a comprehensive overview of available instruments that intent to measure empowerment of users of social work in different contexts of social work, by means of a scoping review. Subsequently, this study aims to describe these instruments, distinguishing between dimensions of empowerment that are measured,
psychometric properties of the instruments found and relevant contexts in which empowerment is measured.

A scoping review seeks to summarise key concepts and primary sources and types of relevant research data concerning specific topics (Arksey and O’Malley, 2005). It differs from systematic reviews in many ways. For example, a scoping review’s purpose is to take stock of and map the available knowledge concerning a specific topic, whilst the purpose of a systematic review is to summarise the best available research (Pham et al., 2014). Also, to identify research gaps concerning the available measuring instruments for empowerment, in the context of social work. What is not known and is thus a knowledge gap that requires the focus of research in order to fill the void.

Methods

A scoping review was conducted focusing on finding empowerment measures, which can be used for the context of social work. This review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines extension for Scoping Reviews (Tricco et al., 2018).

Eligibility criteria

In a first screening all articles that refer to empowerment measures, were included and screened. The original study of the referred to measure, was then included. Subsequently, articles were eligible when they reported instrument development or validation. Only articles in English or Dutch were included. All instruments that measure empowerment in a context related to social work, were included, delineated as illustrated in the results section. In order to reduce the amount of outdated information, all articles must be referred to or reported in the past 15 years.

Articles were not eligible when the context of the study was not relevant for OECD countries. Also, instruments that include empowerment as a subscale or bycatch, were excluded. Furthermore, translated instruments were excluded; the original study was then included. Editor letters, recommendations and opinion papers were excluded. Work-related instruments, in which empowerment of professionals was measured, were also excluded since there is no specific relation with social work.
Information sources

To this end seven electronic databases were consulted (PsycInfo, Web of Science, MedLine, Eric, Embase, Cinahl, Sociological Abstracts) from 6 January to 3 February 2020. Subsequently, the reference sections of included papers, along with review articles that were found, were examined.

Search

Experimenting with different search strategies resulted in the following search input, with small variations to meet the specific properties of certain databases:

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TI (Empower* N3 (validit* OR specificity OR sensitivity OR measur* OR Assess* OR Scale* OR Tool* OR instrument* OR screen* OR test OR tests OR survey* OR questionnaire* OR score* OR apprais* OR index OR checklist*)) OR AB (Empower* N1 (validit* OR specificity OR sensitivity OR measur* OR Assess* OR Scale* OR Tool* OR instrument* OR screen* OR test OR tests OR survey* OR questionnaire* OR score* OR apprais* OR index OR checklist*)).  
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Given our desire to distil instruments that have the intention of measuring empowerment as a complete construct, it was decided not to operationalise the concept ‘empowerment’ any further.

The other concept ‘measuring’ was further operationalised for the search strategy, as seen above. A third concept, being ‘social work’ was not operationalised and not included in the search strategy. ‘Social work’ is considered a broad concept, which is hard to define (Van de Kamp et al., 2020). Limiting the search strategy by defining ‘social work’ would possibly lead to unwanted exclusion of studies.

| Databases          | Results |
|--------------------|---------|
| Cinahl             | 631     |
| Embase             | 960     |
| Eric               | 182     |
| Medline            | 823     |
| PsycInfo           | 749     |
| Sociological Abstracts | 594   |
| WOS                | 1259    |
| **Total**          | **5198**|

**Total (-duplicates)** | **2711**  

**Figure 1:** Results per database.
Article selection and data charting

A total of 5,198 articles were identified in the search, which was reduced to 2,711 after the removal of duplicates (Figure 1). The 2,711 remaining abstracts and titles were screened blinded by two researchers.

For 179 articles, the full text was assessed. In total, unique instrument for measuring empowerment in contexts related to social work, were found. The process of data selection is shown in Figure 2. Most of the selection challenges are related to defining social work as a context in which empowerment can be measured. As stated before, ‘social work’ was not operationalised and included in search strategies. The contexts eventually reported are not predetermined, but the result of inductive analyses, in which two researchers determined per study whether the described context was related to social work, based on their own expertise. The four-eyes-principle allows the researchers to compare and discuss differences and involve expertise of the supervisory committee consisting of Dutch and Belgium professors of social work.

Figure 2: PRISMA flowchart of study selection process.
In this phase, instruments were excluded of which the context was not in line with the aim of this study. For example, the Kim Alliance Scale (Kim et al., 2001) was excluded since empowerment was not the construct primary intended to measure, but one of four subscales (collaboration, integration, empowerment and communication).

Data items

For included articles, we abstracted data on study characteristics, instrument objectives and registration methods. In this way, an overview was created with whom is measured, how is measured and what is measured.

Data concerning validity and reliability of an instrument have been added to give a basic impression of the quality of instruments found. Since it is our goal to provide an overview of what is available and not what is good, we choose not to make further statements about the quality of instruments.

Synthesis of results

The data were compiled in a single overview as reported in the results section, in which 49 instruments have been elaborated by describing the aforementioned factors. No further synthesis of results is given, as we intend to describe what is available for social work.

Results

The results are clustered per context within social work. These clusters are presented as follows: parent and family support (9), mental healthcare (8), childcare and youth work (8), elderly healthcare (3), medical healthcare (13) and other (8).

The results show that all measures are questionnaires and that, a few exceptions aside, they use Likert scales as scoring system.

The results further show that 40 of the 49 instruments are patient-reported outcome measures, questionnaires completed by patients to measure their perception of their functional well-being and health status (Department of Health, 2009). Five instruments use interviewer administration, one uses a parallel administration where the measures of patients and nurses are combined and two are unclear. One measure of community empowerment uses an administration method where the questionnaire was self-administered at first and discussed towards consensus in the group thereafter. All instruments measure
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|------------------------------|------------------|-------------------------------------|-----------------------------|----------------------------------------------------------|-------------------------|
| Damen et al. (2017) | The Empowerment Questionnaire | Parents (The Netherlands) | Psychological empowerment - Intrapersonal - Interpersonal - Behavioural | 12 items - 5-Point Likert scale - Self-administered | Construct validity - CFA - C |
| Akey et al. (2000) | Psychological Empowerment Scale | Parents of children with disabilities (USA) | Psychological empowerment - Attitudes of control and competence, - Cognitive appraisals of skills and knowledge, - Formal participation in organisations - Informal participation in social systems | 32 items - Unknown-points Likert scale - Self-administered | Convergent validity - CFA - C |
| Koren et al. (1992) | The Family Empowerment Scale | Families whose children have emotional disabilities (USA) | Family empowerment Level: - Family - Service system - Community | 34 items - 5-Point Likert scale - Self-administered | Panel ratings of items based on construct definitions - FA - C, TRR |
| McConkie-Rosell et al. (2019) | The Genome Empowerment Scale | Parents of children undergoing genome sequencing | Individual empowerment - Meaning of a diagnosis - Emotional management of processes | 28 items - 7-Point Likert scale - Self-administered | Content validity - Criterion validity - Convergent validity - EFA |

(continued)
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|-------------------|--------------------------------------|-----------------------------|---------------------------------------------------------------|-------------------------|
| Fadda et al. (2017)         | Vaccination       | Parents considering child vaccination (USA) | Psychological empowerment • Seeking information and support • Implications and planning | 9 Items 6-Point Likert scale Self-administered | C                       |
| Freiberg et al. (2014)   | The Parent Empowerment and Efficacy Measure | Parents (Australia) | Individual empowerment • Efficacy to parent • Efficacy to connect | 20 Items 10-Point Likert scale Self-administered | Convergent validity PCA, C, TRR |
| Latour et al. (2010)        | EMpowerment of PArents in The Intensive Care | Parents of children in a paediatric intensive care unit (The Netherlands) | Individual empowerment • Information • Care and cure • Parental participation • Organisation • Professional attitude | 65 Items 6-Point Likert scale Self-administered | Content validity Face validity Congruent validity C |
| Jurkowski et al. (2014)    | Parent Resource Empowerment Scale | Parents of overweight or obese children (USA) | Individual empowerment (scale was adapted from Spreitzers' PEI) • Weight • Physical activity • Diet | 15 Items 4-Point Likert scale Self-administered (by parents) | Not validated (development of scale was discussed between authors and a community advisory board gave a critique) |
| Degeneffe et al. (2011)    | Caregiver Empowerment Scale | Family caregivers of persons with traumatic brain injury (USA) | Individual empowerment • Advocacy self-efficacy • Community self-efficacy • Caregiver self-efficacy | 30 Items 5-Point Likert scale Self-administered | C Convergent and discriminant validity |
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|-------------------|--------------------------------------|-----------------------------|------------------------------------------------|-------------------------|
| 10 Boevink et al. (2009)    | Mental healthcare: Empowerment | Mental healthcare (The Netherlands) | Individual empowerment • Personal self-efficacy | 40 Items 5-Point Likert scale Self-administered | Construct validity Face validity PCA C |
| 11 Segal et al. (1995)      | Personal Empowerment | People with mental illness (USA) | Personal empowerment • Amount of choice in day-to-day life • Reduction of uncertainty in day-to-day life | Unclear number of items Interviews with users, staff and volunteers Interviewer administered | Convergent and discriminant validity C TRR |
| 12 Segal et al. (1995)      | Organisational Empowerment | People with mental illness (USA) | Organisational empowerment • Control • Coordination | Unclear number of items Interviews with users, staff and volunteers Interviewer administered | Convergent and discriminant validity C TRR |
| 13 Segal et al. (1995)      | Extra-organisational Empowerment | People with mental illness (USA) | Extra-organisational empowerment • Political activity involvement • Community activity involvement | Unclear number of items Interviews with users, staff and volunteers Interviewer administered | Convergent and discriminant validity C TRR |
| 14 Rogers et al. (1997)     | Boston University Empowerment | Mental healthcare (USA) | Individual empowerment • Self-esteem-self-efficacy • Power-powerlessness • Community activism and autonomy • Optimism and control over future • Righteous anger | 28 Items 4-Point Likert scale Self-administered | Construct validity Known group validity PCA C |
| 15 Lopez et al. (2010)      | Empowerment Questionnaire for Inpatients | Psychiatric ward patients (UK) | Individual empowerment • Information • Choice | 16 Items 4-Point Likert scale Self-administered | Concurrent validity Face validity Content validity |
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|------------------|-------------------------------------|-----------------------------|----------------------------------------------------------|------------------------|
| 16  | Schafer (2000) Individual Empowerment Assessment | Mental health patients | Individual empowerment: Communication, Professional critique, Commitment to self-help principles, Power to influence | 12 Items, Self-administered | CFA, TRR |
| 17  | Schafer (2000) Environment Empowerment Assessment | Mental health patients | Environmental (influence on) empowerment: Enabling staff qualities, Learning community, Consciousness raising, Safety, Partnership and involvement, Individual planning, Commitment to self-help | 49 Items, Self-administered | C, TRR |
| 18  | Walker et al. (2010) Youth Empowerment Scale–Mental Health | Youth (14–21 years old) with mental health difficulties (USA) | Adapted from the FES (Koren et al., 1992), Three factors: System, Services, Self | 20 Items, 5-Point Likert scale, Self-administered | EFA, C, TRR |
| 19  | Ozer and Schotland (2011) Psychological empowerment | Urban youth (13–19 years old) | Psychological empowerment: Socio-political skills | 26 Items, 4-Points Likert scale | Criterion validity, CFA |

(continued)
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|------------------------------|-------------------|--------------------------------------|-----------------------------|------------------------------------------------------------|--------------------------|
| 20 Bode (2018)               | Youth empowerment measure—Urban Youth | High school students (average 16 years old) (USA) | • Motivation to influence  
• Participatory behaviour  
• Perceived control | Self-administered | C |
| 21 Acuña Mora et al. (2018)  | Gothenburg Young Persons Empowerment Scale | Youth with chronic condition (12–25 years old; Sweden & The Netherlands) | Individual empowerment  
• Knowledge and Understanding  
• Personal control  
• Identity  
• Shared decision-making  
• Enabling others | 15 Items  
5-Point Likert scale  
Self-administered | Content and face validity  
CFA  
C |
| 22 Marr-Lyon et al. (2008)   | Youth Tobacco Empowerment Prevention Evaluation | Youth (11–22 years old) (USA) | Individual empowerment (in relation to possible tobacco use)  
• Active participation  
• Empowerment efficacy  
• External organisation involvement  
• Participant satisfaction | 27 Items  
5-Point Likert scale  
Self-administered | Construct validity  
PAFA  
C |
| 23 Patterson (2013)          | Psychological Empowerment Measure Incarcerated Youth Oregon | Incarcerated youth (USA) | Psychological empowerment  
• Intrapersonal  
• Self-efficacy  
• Motivation to control  
• Perceived control  

Interactional  
• Awareness of resources  
• Critical awareness  
• Problem solving  

Behavioural | 18 Items  
5-Point Likert scale  
Self-administered | Discriminant validity  
EFA, CFA  
C |
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|-------------------|--------------------------------------|-----------------------------|------------------------------------------------------------|-------------------------|
| 24 Speer et al. (2019)      | Youth Cognitive Empowerment Scale | Highschool students (USA) | Psychological empowerment, Source of social power, Nature of social power, Instruments of social power | 12 Items, 5-Point Likert scale suggested (p.6), Self-administered | Construct validity, Predictive validity, CFA, Face validity, C, CFA |
| 25 Travis and Bowman (2011) | Individual and Community Empowerment | Youth (majority 13–22 years old) (USA) | Individual empowerment, Community empowerment, Individual risk, Community risk | 33 Items, 5-Point Likert scale, Self-administered | Face validity, CFA, C |
| 26 Gagnon et al. (2006)     | Health Care Empowerment Questionnaire | Elderly (Canada) | Individual empowerment, Decision-making involvement, Control, Interaction involvement | 10 Items, 4-Point Likert scale, Self-administered | Convergent and discriminant validity, EFA, PCA, CFA, C, TRR |
| 27 Faulkner (2001)          | Patient Empowerment Scale | Older hospitalised people (aged 65+) | Individual empowerment, Control giving acts, Control taking acts | 40 Items (acts), 3-Point Likert scale, Self-administered | NR/U |
| 28 Elder et al. (2007)      | Seniors Empowerment and Advocacy in Patient Safety | Seniors (USA) | Individual empowerment, Outcome efficacy, Attitudes, Self-efficacy, Behaviours | 21 Items, 4-Point Likert scale, Self-administered | Content validity, Construct validity, C |
| 29 Bulsara et al. (2006)    | Patient Empowerment Scale | Cancer patients (Australia) | Individual empowerment, No factors specified. It measures for example: resources, involvement in decision-making process, support of family and friends and more | 28 Items, 4-Point Likert scale, Self-administered | Validity and reliability was measured by means of The Rasch measurement model |
| 30 Johnson et al. (2012)    | Health Care | Adults with HIV | Individual empowerment | 27 Items, Convergent and | (continued) |
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|------------------------------|------------------|--------------------------------------|-------------------------------|-------------------------------------------------------------|------------------------|
| 31 Van den Berg et al. (2013) | Cancer Empowerment Inventory | Breast cancer patients (The Netherlands) | Psychological empowerment | 40 Items 5-Points Likert scale Self-administered | Convergent and discriminant validity EFA, PCA C Raykov’s rho |
| 32 Mikky (2006) | Client Empowerment Scale | Clients with chronic diseases (USA) | Individual empowerment | 60 Items 5-Point Likert scale Self-administered | Construct validity EFA, PCA C |
| 33 Jerofke and Weiss (2016) | Patient Perceptions of Patient-Empowering Nurse Behaviours Scale | Cancer and cardiac patients (USA) | Individual empowerment | 42 Items (long form) 11-Point Likert scale Self-administered | Convergent validity Predictive validity Content validity Known group validity C, TRR |
| 34 Anderson et al. (2000) | Diabetes Empowerment Scale | Diabetes patients (USA) | Individual empowerment | 28 Items (long form) 5-Point Likert scale Self-administered | Content validity Concurrent validity C, TRR |
| 35 McAllister et al. (2011) | Genetic Counselling Outcome Scale | Patients of clinical genetics (United Kingdom) | No factors specified. A 7-factor model was eventually tried, but the factor analysis failed, so GCOS was treated as a unidimensional measure. | 24 Items 7-Point Likert scale Self-administered | Convergent and divergent validity EFA C, TRR |
| 36 Kettunen et al. (2006) | Empowering | Hospitalised | Individual empowerment. | 58 Items | |

(continued)
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|------------------|--------------------------------------|-----------------------------|-----------------------------------------------------------|-------------------------|
| Small et al. (2013)         | Patient Empowerment Scale in long-term conditions | Patients suffering long-term conditions (United Kingdom) | Individual empowerment - positive attitude and sense of control, knowledge and confidence in decision-making, enabling others | 47 Items, Unknown-points Likert scale, Self-administered | Construct validity EFA, PAF |
| Pagliarello et al. (2010)   | Psoriasis Empowerment Enquiry in the Routine practice questionnaire | Patients with psoriasis | Individual empowerment - knowledge, experience, skills | 12 Items, 5-Point Likert scale, Self-administered | Construct validity PCA |
| Pereyra-Rodriguez et al. (2019) | DATEMP questionnaire | Adult patients with atopic dermatitis (Spain) | Individual empowerment - knowledge, abilities, intention to change, coping skills | 17 Items, 5-Point Likert scale, Self-administered | Construct validity EFA |
| Webb et al. (2001)          | Treatment-related Empowerment Scale | HIV patients (UK) | Individual empowerment - communication, treatment choice, decision-making, satisfaction | 10 Items, 5-Point Likert scale, Self-administered | Criterion validity Discriminant validity |
| Wåhlin et al. (2017)        | Patient Empowerment Questionnaire-Intensive Care Unit | ICU patients (Sweden) | Patient empowerment. No factors specified. Patient experience and perceived importance were measured | 27 Items, 5-Point Likert scale, Self-administered | Content validity Face validity Reliability—NR/U |

(continued)
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|-----------------|--------------------------------------|-----------------------------|-----------------------------------------------------------|--------------------------|
| 42 Van Dop et al. (2016)    | Service User Psychological Empowerment Scale | Service users (Belgium) | Psychological empowerment - Intrapersonal - Interpersonal - Behavioural | 28 Items 5-Point Likert scale Self-administered | Convergent and discriminant validity CFA Composite reliability |
| 43 Gysemberg and Heremans (2002) | Empowerment questionnaire by Gysemberg and Heremans | Adults (Belgium and The Netherlands) | Levels: - Individual - Organisational - Community | 34 Items 5-Point Likert scale Self-administered | Divergent validity Predictive validity PCA C |
| 44 Samoocha et al. (2011)  | Vrijbaan Questionnaire | People with long-term work disability (The Netherlands) | Individual empowerment - Competence - Self-determination - Meaning - Impact - Positive identity - Group-orientation | 62 Items 5-Point Likert scale Self-administered | Content validity Face validity C |
| 45 Haswell et al. (2010)   | Growth and Empowerment Measure | Indigenous Australians (Australia) | Emotional empowerment (EES): - Self-Capacity - Inner Peace | The GEM has two components (EES and 12S) with 26 items (14 items EES and 12 items 12S) 5-Point Likert scale (EES) 7-Point Likert scale (12S) Interviewer administered | EFA C |

(continued)
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|-------------------|--------------------------------------|-----------------------------|---------------------------------------------------------------|--------------------------|
| 46 Kasmel and Andersen (2011) | Community Empowerment Measure | Communities (involved in health promotion programs) (Estonia) | Community empowerment  • Community activation  • Community competence  • Program management skills  • Creating supportive environments | Number of items not specified  4-Point Likert scale  Self-administered at first and discussed towards consensus in group thereafter. | NR/U |
| 47 Osborne et al. (2007) | Health Education Impact Questionnaire | Patients with chronic conditions (Australia) | Individual empowerment  • Positive active engagement in life  • Health directed behaviour  • Skill acquisition  • Constructive attitudes  • Self-monitoring and insight  • Health service navigation  • Social integration and support  • Emotional wellbeing | 42 Items  Likert scale with unknown number of points (ranged from 'strongly disagree' to 'strongly agree')  Self-administered | Construct validity  CFA  
C |
| 48 Speer and Peterson (2000) | Empowerment Scale | This measure was designed for a community-organising context, active in substance abuse prevention (USA) | Individual empowerment in community-organising contexts. Cognitive empowerment:  • power developed through relationship  • political functioning  • defining debate  • shaping ideology | 27 Items  Unspecified scoring system  Surveyor-administered (through telephone interviews) | Content validity  Construct validity  PAFA  
C |
| Authors and publication year | Title/description | Target population and land of origin | Levels, subscales/dimensions | Number of items, score system and method of administration | Validity and reliability |
|-----------------------------|-------------------|--------------------------------------|-----------------------------|-----------------------------------------------------------|-------------------------|
| Barrett (1990)              | Power as Knowing Participation in Change Tool | Adults (validated for several target groups) (USA) | Behavioural empowerment Individual empowerment  
- Awareness  
- Choices  
- Freedom to act intentionally  
- Involvement in change-creation | 52 Items  
7-Point semantic differential scale  
Self-administered | NR/U |

Besides these user orientated instruments, one instrument was found that was specifically designed to measure empowerment of social workers themselves and is therefore notable:

| Frans (1993) | Social Worker Empowerment Scale | Social Workers (USA) | Individual empowerment  
- Collective identity  
- Knowledge and skills  
- Self-conception  
- Critical awareness  
- Propensity to act | 34 Items  
5-Point Likert scale  
Self-administered | Convergent validity FA C |
the perception of those involved. None measure observable behaviour.

Whilst many instruments measure individual participation within communities, only a few actually measure community empowerment. The results also show that there are many variations in which instruments operationalise empowerment. Constructs as ‘control, perceived influence, self-efficacy, confidence, coping’ and so on alternate and are regularly used.

An inductive analysis led to the delineation of the following clusters: Parent and family support, mental healthcare, childcare and youth work, elderly healthcare, medical healthcare and a ‘other’ category. This last cluster was used for instruments that have no specific target population, but are usable for a more general audience. It is striking that some target populations are not represented in the found literature. For example, no measuring instruments have been found for homeless care, compulsory care or addiction care. The Powerless-Empowerment Scale (Shearer and King, 2001) is an instrument related to substance use, but focuses on the counsellor orientation of the powerlessness of their clients. Also, the scale by Speer and Peterson (2000) relates to substance use, but only covers prevention-related objectives.

**Discussion**

More reviews into empowerment measures have been conducted in the past. The manner in which the current study differs from existing studies, also determines its added value. The systematic review by Barr et al. (2015) excludes studies that were designed for completion by children or other relatives and caregivers, which thus excludes a significant part of the work field of social workers. Also, the aim of their review was to include related constructs, such as enablement, activation, perceived control and independence, besides empowerment. Given the aforementioned risk of framing empowerment as a multi-interpretable, all-purpose word, we choose to only include instruments when their primary intention was to measure empowerment. Empowerment as primary intention also means that ‘empowerment’ is not the accidental outcome of a factor analysis (FA), but a predetermined factor and intended outcome. The review of Herbert et al. (2009) focuses on adults only and furthermore also excludes community empowerment and doctoral dissertations. The review of Bakker and Van Brakel (2012) only focuses on empowerment of people with disabilities and is limited to instruments intended for developing countries.

The overwhelming amount of instruments using Likert scales is conceivable since perception and attitude is measured in particular and the Likert scale is in line with this, requiring people to state their degree of
agreement (Likert, 1932). As said, a few instruments describe the added value of an interviewer in support of the scoring process. It is recommended to investigate further. Working with questionnaires requires and assumes that the subject is sufficiently linguistic to provide an adequate answer. Parton and Kirk (2009, in Hermans, 2014) state that Social Work research should make an effort to involve so called ‘silent voices’, users of social work that are often not heard, the users that are not easily reached or who are not the first ones to participate in research. Van Regenmortel et al., (2016) emphasises the importance of paying extra methodical attention to vulnerable groups and their voices, concerns and issues. This requires accessible research with attention also to simple language.

The amount of variation in how empowerment is operationalised goes to show how the degree in which empowerment is interpreted and defined, differentiates. A strong theoretical framework at the base of constructing a measure seems necessary to provide insight into how the operationalisation has come about.

Various studies into measuring empowerment show that instruments in the social sector mainly focus on psychological empowerment, as Steenssens et al. (2017) outline. This may be explained by the fact that cares for the psychological well-being of individuals are usually central to the welfare sector. However, the mission of social work is broader. Social work focuses not only on strengthening and connecting individuals, but also on strengthening and connecting groups, neighbourhoods, districts and communities (IFSW, 2014).

As stated in the results, all instruments measure the perception of the target population and none measure actual observable behaviour as an indicator of empowerment. The behavioural component of empowerment shows the results of being ‘empowered’ and transcends the level of perception alone. Many instruments have included the behavioural component as one of the factors. However, the behavioural factor cannot be generalised backwards to concrete observable behaviour, after which empowerment could be observed locally.

The added value of this study for social work does not lie in the possibility of choosing an available instrument off the shelf and then using it in one’s own context. Various researchers emphasise the importance of using instruments that have been specifically developed for their own target population, instead of universal instruments (Zimmerman, 1995: Van Regenmortel, 2002). However, the present research does provide a starting point that can benefit social work and its researchers. It can form a foundation on which new instruments can be developed.
Limitations

A scoping review was chosen as a design for this study, to map the available instruments for measuring empowerment in social work. Besides reporting basic data concerning validity and reliability of the instruments, no assumptions are made in regard to the quality of the instrument. We studied what is there, not what is good. A more in-depth analysis of the quality of the instruments can still be of value. As part of a larger study, a next step will be to examine whether quality standards for measuring empowerment can be determined. Based on these standards, the current overview can be re-examined and valued.

A second limitation also lies in methodological decisions made. The broadness of social work as a research context poses a methodological challenge: how to define your search strategy, so that you limit the amount of by-catch on the one hand and do not exclude valuable instruments on the other. It is imaginable that other researchers would have in—or excluded certain instruments due to its relevance, or lack thereof. For example, we chose to exclude all instruments related to the work—environment, a sector in which we found 15 unique instruments. It is not inconceivable that these instruments can be used in some way in social work. Also, the choice to only including English and Dutch articles might form a limitation. It is possible that studies in other languages than mentioned above, could lead to additional insights.

A third limitation is related to the manner of article selection. Whether an instrument is relevant for social work, is determined by two researchers and mutual differences are discussed by a supervisory committee. The fact that social work is a difficult field to define complicates this. A demarcation aimed at contexts and target populations offers some guidance and structure. Although all involved are experts in the field of social work, it is imaginable that other experts decide in a different manner than the involved researchers did.

A final limitation can be found in the decision to only include instruments that predetermine to measure empowerment. Instruments that did not intend to measure empowerment, but—for example—self-efficacy, were excluded, whilst their theoretical framework might be very similar, since researchers tend to operationalise these concepts in the same way.

Conclusion

This study describes 49 instruments and its core features, with which empowerment can be measured in different target populations within social work. It provides social work organisations and its researchers with examples of measuring tools necessary to measure the effects of their efforts, allowing them to build on what is available and construct similar
instruments for their own practise. Knowledge concerning the degree in which empowerment of their service users is increased, provides a starting point to adjust their working methods accordingly. Furthermore, it creates an overview of available instruments and thus also of the lack thereof in specific contexts within social work. This can then be a starting point for the construction of new measuring instruments to fill the void.

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