



ELSEVIER

Contents lists available at ScienceDirect

Geriatric Nursing

journal homepage: www.gnjournal.com

Feature Article

Older patients' motives of whether or not to perform self-management during a hospital stay and influencing factors[☆]

Caroline E.M. Otter, Msc, PhD student^{a,*}, Jita G. Hoogerduijn, PhD^b, Joost C. Keers, PhD^{a,c},
Ellen I. Hagedoorn, Msc, PhD student^{c,d}, Janneke M. de Man-van Ginkel, RN, PhD^e,
Marieke J. Schuurmans, RN, PhD^{b,e}

^a Martini Hospital, P&O 5N111, Van Swietenlaan 1, 9728 NT, Groningen, the Netherlands

^b University of Applied Sciences Utrecht, Heidelberglaan 7, Utrecht, the Netherlands

^c Hanze University of Applied Science, Petrus Driessenstraat 3, 9714 CA Groningen, the Netherlands

^d Department of Health Psychology, Faculty of Medical Sciences, University of Groningen, the Netherlands

^e Julius Centre for Health Sciences and Primary Care, Nursing Science, University Medical Center Utrecht, University Utrecht, HP Str. 7132, Heidelberglaan 100, 3584 CX, Utrecht, the Netherlands



ARTICLE INFO

Article history:

Received 1 February 2018

Received in revised form 12 October 2018

Accepted 15 October 2018

Available online 9 November 2018

Keywords:

Self-management
Patient participation
Nursing care
Hospital

ABSTRACT

Semi-structured in-depth interviews ($n = 12$) were held to explore older patients' motives of whether or not to perform self-management while hospitalized and to identify factors influencing self-management during hospitalization. These interviews were analyzed using the Quacol method. Self-management during hospitalization is operationalized as: collaboration with the nursing staff, having a proactive role, and having control over personal care. Three main themes, i.e., patients' abilities, expectations and opinions, as well as their perceived behavior of nurses were identified along with eight influencing factors. Results indicate that older inpatients perform self-management when they know that it impacts their recovery, when they perceive that a mistake is impending, when their own personal limits are exceeded, or when they are invited to self-manage by nurses. This study provides several suggestions for developing interventions to support patients' self-management during hospitalization.

© 2018 Elsevier Inc. All rights reserved.

Introduction

Self-management, a concept aiming at patients' active involvement in their care and own responsibility for their health^{1–3}, is becoming increasingly important within healthcare. However, the amount of attention it is given varies between healthcare settings and patients' health problems.

Self-management has been conceptualized as a subset of self-care^{2,3} and refers to the individual's ability to deal with the consequences of their disease in order to maintain a satisfactory quality of life¹. Self-monitoring and symptom management are elements of self-management³. 'Self' must not be understood literally as it includes the collaboration with family, community, and healthcare professionals^{2,3}. It is not important who provides the care, "but whether the care is self-managed i.e., ultimately within the control of the individual"⁴. Self-management requires several basic skills such as problem solving,

decision making, resource utilization, the formation of a patient-provider partnership, action planning, and self-tailoring⁵.

Different programs have been developed to support patients' abilities to manage their chronic illness^{5–7}. These self-management programs consist of a variety of interventions such as education, advice and support for self-monitoring^{5–7} and are based on patient perceived concerns and problems⁵. Age-specific programs are necessary because life contexts differ among age groups⁸. An important goal of self-management programs is the enhancement of self-efficacy or the belief in one's ability to achieve a desired behavior⁵. Self-management support programs can be general or tailored to individual patients and are delivered in different ways such as on an individual basis and in group settings and with various durations ranging from one session lasting for ten minutes to programs with over 200 sessions or lasting for four years⁶. Self-management programs appear to be effective on outcomes such as quality of life, self-management behavior, clinical outcomes, and reduced healthcare costs^{5,9,10}.

Self-management often refers to at-home management that concerns the day-to-day tasks that an individual must perform to control or reduce the impact of chronic conditions when living at home^{1,2,5,8}.

[☆]This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Declarations of interest: none.

* Corresponding author.

E-mail address: c.otter@mzh.nl (C.E.M. Otter).

Self-management can also refer to managing the consequences of non-chronic health conditions³ or managing diseases while hospitalized.

A hospital admission can be considered as one of the most disempowering situations that an individual can experience¹¹. Hospitalized patients switch from being fully responsible for their own care into a passive consumer¹¹. Upon discharge, they must return to being responsible and managing their own health problems¹¹. Stimulating inpatients' self-management may bridge the gap between hospital and home, may improve patient outcomes, and may decrease unnecessary admissions to hospitals, especially for older individuals¹². Examples of self-management in the hospital setting are patient's self-medication while hospitalized¹³ and strategies that older patients use to prevent functional decline during hospitalization¹⁴. Limited research has been conducted on programs supporting self-management in hospitalized patients. It is unclear what patients need to manage their illness while admitted to a hospital. The first step to answer this question is to map older patients' perceptions concerning self-management during their hospital stay. Therefore, the aim of this study is to explore older patients' motives regarding whether or not to perform self-management while hospitalized and to identify the factors influencing patients' self-management.

Methods

Design

An exploratory qualitative design was conducted using semi-structured in-depth interviews and a content analysis in order to obtain insight into hospitalized patients' motives regarding self-management and influencing factors. In-depth interviews are well suited for identifying individual experiences about a specific topic¹⁵, and qualitative content analysis is an appropriate method for analysing personal viewpoints¹⁶, especially when existing theory or research literature on a phenomenon is limited¹⁷, as is the case in self-management within acute care.

Sample

The sample consisted of 12 patients who had recently been discharged from a general teaching hospital in the Netherlands. The eligibility criteria included: living autonomously in the community prior to being hospitalized; being admitted to a surgical or a medical ward; age ≥ 70 years; able to understand and speak Dutch; a minimum hospital stay of three days and returning home after admission. Terminally ill patients, those suffering from dementia, and patients with intellectual disabilities, based on nurses' clinical judgement, were excluded. A purposive sampling approach was used to create diversity within the respondents on the following characteristics: ward, gender, and type of admission (acute or planned). Thirty-two patients who met the inclusion criteria were approached by staff nurses and informed about the study. Twenty patients declined to participate because they found themselves too ill or considered themselves unable to discuss the subject. These patients often declared that they were satisfied with the received nursing care and, therefore, had no information for the researcher.

Data collection

Within several days after discharge, semi structured in-depth interviews were conducted. To create a safe environment, the interviews took place at the patients' homes. All interviews were conducted by the first author who was not involved in the patients' treatment.

There is no generally accepted description on how patients' self-management during hospitalization becomes visible and, for older persons in the Netherlands, the concept of self-management is not so common. Therefore, to prevent bias from different interpretations, the research team operationalized self-management during hospitalization as: to collaborate with the nursing staff, having a proactive role (perform own-initiative activities focusing on managing health conditions and taking care of oneself), and having control over personal care (giving direction for personal care based on own opinions about managing health conditions and taking care of oneself).

Interviews began with an open question about the patient's recent experience with nursing care and their collaboration with the nursing staff. The next questions focused on patients' experiences with and their appreciation of self-management during the hospital stay. Also, their perspective on nurses stimulating self-management was discussed. See Table 1 for the interview guide. Instead of the word 'self-management', the above-mentioned operationalization was used during the interviews. Interviews were audio recorded and transcribed verbatim while maintaining anonymity.

Prior to these interviews, two pilot interviews were held with people who share the same characteristics as the actual respondents. These pilot interviews did not result in changes in the interview guide. After each interview, the researcher reflected on her interview techniques.

After written informed consent was obtained, socio-demographic information (age) and information regarding the length of their hospital stay were obtained from patients' medical records. Data was collected from December 2015 until June 2016.

Ethical considerations

The Regional Review Committee Patient-Related Research, Leeuwarden (ref RTPO 958a), and the hospitals' Medical Ethics Committee (nr. 2015-107) approved the study. Participants received written and oral information about it. All of the patients gave written informed consent.

Data analysis

A qualitative content analysis was conducted using the Qualitative Analysis Guide of Leuven (QUAGOL)¹⁸, which offers a comprehensive

Table 1
Interview guide.

Topic	Questions
Recent hospital admission/ experiences in nursing care	Ask for general appreciation nursing care. Continue talking about: collaboration with nurses; having control; active involvement; receiving information; possibility to ask questions; personal attention.
Personal experiences self-management	Ask for situations in which patient felt actively involved and in which patient felt not involved. Detailed questions: What happened exactly?; What does this mean to you?; What effect does it have?; How did the nurse respond?
Personal appreciation self-management	Ask for opinion and expectations on: having control over personal care; collaboration; active involvement; getting informed. Ask opinion about nurses' expectations with regards to self-management
Personal opinion self-management support	Ask what the nurse can do to stimulate self-management. Detailed questions: Why?; What can be the effect?; How does it work?; What is furthermore important?

method to guide the process of qualitative data analysis and is inspired by the constant comparative method of the Grounded Theory Approach¹⁹. The process of content analysis using the QUACOL method consist of two parts: (1) a thorough preparation of the coding process and (2) the actual coding process¹⁸. Atlas-ti (version 7.5 15) was used to support this process.

Preparation of the coding process

Thorough preparation began with developing a framework for the actual coding process based on the interviews using only 'paper and pencil'¹⁸. Each interview was individually (re)read by members of the research team (CO, JH, EH, JK), and essential characteristics that contributed to a better understanding of inpatients self-management were listed in a brief abstract and abstracted afterwards to a more conceptual level, i.e., the key concepts. The appropriateness of the key concepts was verified and further developed by the researcher (CO) in two ways: (1) by rereading the interviews with the corresponding concepts in mind (a forward-backward movement) and (2) by comprising the brief abstracts and key concepts of the other interviews (a forward-backward movement between within-case and across-case analysis)¹⁸.

The coding process

In the second part of the Quacol method, the identified key concepts were discussed by the research team (CO, JH, EH, JK) in a consensus discussion and presented in a nonhierarchical list of 12 data-generated sensitizing concepts (Table 2)¹⁸. These concepts were used as preliminary codes in the actual coding process in the software program. All of the interviews were coded and analyzed by two researchers (CO en EH). The preliminary codes were critically examined, further developed, refined, supplemented, or merged into a broader concept. In this way, the preliminary codes were developed into a first draft of factors influencing inpatients' self-management. These influencing factor were verified by reading all of the interviews again. After Interview 9, no new information was ascertained. Finally, the research group discussed the results and determined the final version of factors influencing inpatients' self-management. Patients' motives concerning whether or not to perform self-management were distilled from the influencing factors and placed in a model.

Trustworthiness was ensured by using a purposive sampling method and by continuing data collection until the data were saturated^{20,21}; conducting a content analysis using Quacol^{21,22}; peer debriefing with discussions by the research team²⁰⁻²²; and providing a comprehensive description of the research process^{20,21}.

Table 2
Nonhierarchical list of data-generated sensitizing concepts.

Key concepts
Degree of illness
Knowledge
Previous experiences in hospital
Patient's preference/ personality
Image of 'having control'
Being part of a group
Initiative of nurse
Subject of 'having control'
Setting
Attitude of nurse
Being equal /being dependent
Workload nurse

Table 3
Patients characteristics.

Patient no	Gender	Ward	Admission sort	Length of hospital stay
1	m	medical	acute	3 days
2	m	medical	acute	7 days
3	f	surgical	planned	5 days
4	f	surgical	acute	5 days
5	f	medical	acute	4 days
6	m	surgical	planned	4 days
7	f	surgical	planned	12 days
8	f	surgical	planned	8 days
9	m	medical	acute	5 days
10	m	medical	acute	7 days
11	m	surgical	planned	4 days
12	m	medical	acute	10 days

Results

The mean age (SD) of the patients was 78.7 years (8.8). The interviews were held 6–21 (median 7) days after discharge and lasted 17–50 (median 26) minutes. Patient characteristics are shown in Table 3.

Based on the content analyses process, 12 data-generated sensitizing concepts that were identified as preliminary codes in the coding process resulted in three themes and eight influencing factors of inpatients' self-management (See Table 4). The patients often declared that they did not influence nursing care, however, various situations were mentioned in which patients were proactive and clearly indicated what they thought was necessary or desirable.

The results are shown below in two ways:

- A description of the identified themes and influencing factors.
- An explanation of the model (Fig. 1) that shows inpatients' motives.

Identified themes and influencing factors

Three primary themes were identified: patients' abilities; patients' expectations; and their perceived behavior of nurses (See also Table 4). In general, patients stated that they did not want to influence nursing care because they were satisfied with the care they received. Also they indicated that they had experienced little or no collaboration with the nursing staff. Sometimes patients acted proactively, mainly focused on their own mobility.

Theme 1: Patients' abilities

The question whether or not a patient performs self-management while hospitalized begins with a patient's abilities to self-manage. The following factors can be distinguished within this theme: patient's knowledge, condition, and personality.

Table 4
Influencing factors and themes found.

Themes	Influencing factors
1. Patients' abilities	1.1. Knowledge 1.2. Physical and mental condition 1.3. Personality
2. Patients' expectations and opinions	2.1. Opinions regarding self-management 2.2. Expectations on nursing care 2.3. Opinions on how to behave in a hospital
3. Perceived behavior of nurses	3.1. Being encouraged and invited 3.2. Being heard, seen and support

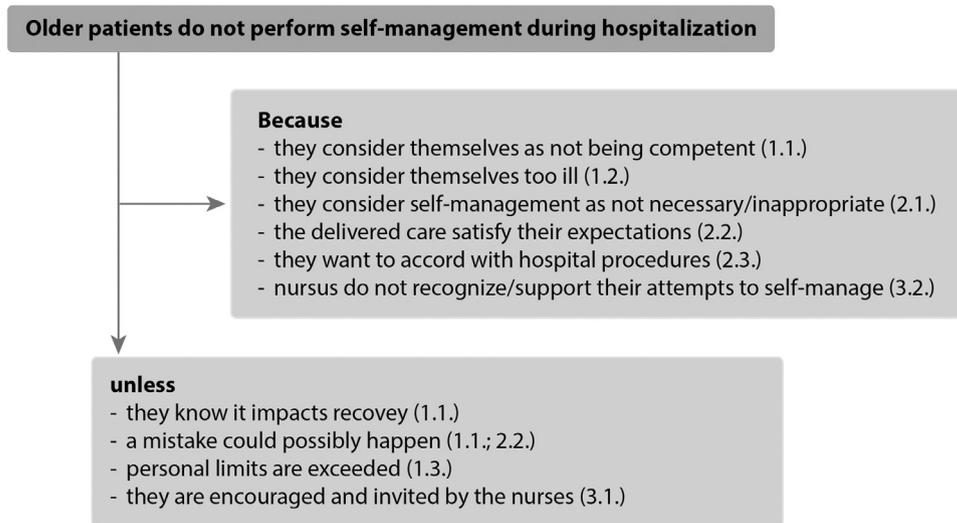


Fig. 1. Older patients' motives of whether or not to self-manage while hospitalized.

1.1. Knowledge

Most patients indicated that they did not manage their own care because they did not have the necessary knowledge to do so. They had no knowledge about their treatment or the hospital procedures. Therefore, they did not consider themselves as collaborating partners in care. Patients declared that it is better to trust nurses, because they know what is going on and are the experts.

'..... because you're always in a subordinate position. You are not the expert. And they are the professionals and I resign myself to this situation. I think 'what they say will be good.' (patient 6)

Patients took an active role and performed some type of self-management when they knew the activity impacted their recovery. They were aware that staying active would be beneficial, therefore, they began mobilizing and performed their personal care whenever they could.

'If I walked over the hallway the nurses said 'Are you walking again?' And I said 'Yes I'm walking, that has to be done! It will keep the bowels moving!' (patient 7)

Only one patient stated that she always had control over her personal care, but she also allowed nurses to decide what should be done and when unless it was not going well. Several patients stated that they would intervene when a mistake could possibly happen. Patients mentioned that previous hospital admissions and knowing the hospital procedures can ensure that you know what is normal and when to intervene.

(after being served the wrong diet) 'If I had known I was on a liquid diet, I would have told the lady so this morning.' (patient 4)

1.2. Physical and mental condition

Patients stated that having a good physical and mental condition is a prerequisite for self-management during the hospital stay. They indicated that when you feel good and do not need much assistance, you can decide most things yourself. When your condition is poor, you will have less energy, and you will not quickly acquire knowledge yourself. Patients often mentioned that they were too sick for self-management as was illustrated in the following quote:

'Also, you're not in an optimal condition. So, therefore, you don't have much need to be engaged in a serious debate with the nurses, such as 'Isn't this better?' or 'Shouldn't that be done otherwise?' (patient 6)

1.3. Personality

Patients mentioned that their personality could also be an influencing factor. Some individuals are assertive and more pro-active in

taking initiatives. Others are waiting for things to occur and do not take control over their personal care.

'It's also caused by the people themselves, how they are, how you are. That's what I think.' (patient 3)

However, patients indicated that there are limits to this 'wait and see policy'. If they really wanted things to change, they would act pro-actively. Patients intervened or declared they would intervene when personal limits were exceeded.

'Well, I insisted on removing the infusion as soon as possible. Yes, I said, I find it terrible being so bound and having to ask everyone.' (patient 6)

Theme 2: Patients expectations and opinions

The second theme was 'patients expectation and opinions'. Patient's self-management behavior seemed to be related to individuals' expectations and opinions regarding this behavior. The following factors can be distinguished: opinions on self-management, expectations on nursing care, and opinions on how to behave in a hospital.

2.1. Patient's opinions regarding self-management

Most of the patients regarded self-management, operationalized as 'having control over personal care', as not necessary or as something that should not be necessary. They did not expect to collaborate with nurses or to exert influence over their personal care. Self-management was often considered as interfering with someone else's work as was illustrated by the following quote:

'Often I'm looking at the infusion, thinking 'It's almost finished', and then I call for a nurse. That's not how it's supposed to be.' (patient 4)

Some patients mentioned it was inappropriate to make demands or to be in control as a patient. Being pro-active and standing up for yourself were appreciated negatively.

'He (another patient) commented on everything, really very assertive. Like 'I am the patient and I pay for this, and...'. I found it unpleasant. I don't want to be that way.' (patient 6)

2.2. Expectations of nursing care

Patients indicated that, overall, they received nursing care as expected, and stated that this was the reason why they did not exert influence over their personal care.

'It happens naturally. They (the nurses) drop by, and you'll be dressed, and you'll get your meals, and then they go to the next. So the day passes.' (patient 8)

In general, patients expected and experienced little or no collaboration with nurses. Patients found it difficult to visualize collaboration with nurses. It did not match their expectations regarding hospital admission.

'In this regard, I find the word 'collaboration' difficult. You are a patient, you need to be taken care of, you need to recover. So, you're not in an equal position necessary for collaboration.'; 'I do not need it either.' (patient 6)

In some circumstances, when patients noticed omissions or mistakes in care, such as receiving the wrong medication or a wrong diet, they intervened.

'Food was brought, and there were mashed potatoes, though I had to be on a liquid diet. So, when I got mashed potatoes. I thought, 'This is not correct,' and I told the man, look, mashed potatoes, I cannot eat that.' (patient 11)

2.3. Opinions on how to behave in a hospital

While hospitalized, patients considered themselves as guests and adjusted themselves to the hospital procedures. They indicated that there cannot be self-control because the physician and the nurse are in control. Some patients mentioned they felt dependent and not in a position to indicate wishes and preferences. Patients also mentioned they had to wait for their turn to receive a nurse's attention. They did not want to be too critical and did not want to put their own needs above the needs of others. Also, other patients need care and nurses' attention as was addressed by the following patient.

'I had to adapt myself to hospital rules. I was able to do it, but at home I'm in control'; 'I adapt myself because other people need more help than me.' (patient 2)

Theme 3: Perceived behavior of nurses

Finally, the perceived behavior of nurses plays a role. Patients described nurses' behavior as a facilitator and as a barrier for their self-management. Nurses can stimulate inpatients' self-management by encouraging patients to do so. When patients were invited by nurses, they participated and took responsibility. Patients also mentioned situations in which they attempted to influence nursing care and wanted to make their own decisions, however, nurses did not respond in a way that met their needs. Nurses did not always recognize and understand these attempts to perform self-management. Hence, two factors were identified: 'being encouraged and invited' and 'being heard and seen'.

3.1. Being encouraged and invited

Patients felt appreciated and were willing to be actively involved when they were encouraged and invited to do so by nurses. Sometimes, the nurse supported the patient by jointly preparing a planned conversation with the physician. In other situations, a nurse's approach to involve a patient was part of an existing method, such as allowing the patient choose his own menu or jointly deciding on homecare facilities, as was illustrated by the following quote.

'She (the nurse) talked to me and said, 'You can go home, but you have to arrange homecare.' So, she came up with a list of helpers, and we chose (name organization).' (patient 2)

3.2. Being heard, seen and support

Some patients discussed their wishes, needs, and possibilities in relationship to nursing care. Patients used different ways to exert influence both direct and indirect, for example, by asking questions or expressing their preferences. Patients' attempts to achieve influence were not always recognized by nurses.

'Sometimes, I have a bit of shortness of breath, the general practitioner gave me a puff-er.'; 'But now the nurse said: 'You have to use a nebulizer.'; 'I did not want this and said 'That's not necessary, I do not

use that stuff.'; 'But she kept to the record.'; 'I pretended to use the nebulizer but put the nebulizer next to me.'; 'But I brought my own puff-er with me, I used it a few times.' (patient 9)

Sometimes, personal care was adjusted at a patient's request, as was illustrated by the following quote.

'So, in the end, I mentioned 'I want to take a shower'. She (the nurse) said, 'But you have wounds'. And I said, yes, but you're already washing the wounds out, you can do it while I'm showering. So, that's what happened.' (patient 9)

Patients' motives placed in a model

Older patients' perceptions regarding performing self-management while hospitalized were distilled from the influencing factors and were divided into motives and barriers for doing so. This resulted in a model presented in Fig. 1. The numbers in this model correspond to the numbers of the themes and influencing factors.

Motives for performing self-management are:

- Being aware that it stimulates recovery (Theme 1-1: Patients' abilities: Knowledge).
- When a mistake threatens to happen (Theme 1-1: Patients' abilities: Knowledge; Theme 2.2: Patients expectations and opinions: expectations of nursing care).
- When a patient's personal limits are exceeded (Theme 1-3: Patients' abilities: Personality).
- When patients are encouraged and invited by the nurses (Theme 3.1: Perceived behavior of nurses: Being encouraged and invited).

Barriers for performing self-management:

- Older patients consider themselves as not being competent (Theme 1-1: Patients' abilities: Knowledge).
- Older patients consider themselves too ill (Theme 1-2: Patients' abilities: Physical and mental condition).
- Older patients consider self-management as not necessary/not correct (Theme 2-1: Patients expectations and opinions: Opinions regarding self-management).
- Older patients are satisfied with the nursing care that is provided (Theme 2-2: Patients expectations and opinions: Expectations of nursing care).
- Older patients want to accord with hospital procedures (theme 2.3: Patients expectations and opinions: Opinions of how to behave in a hospital).
- When nurses do not recognize/support older patients attempts to self-manage (Theme 3-2: Perceived behavior of nurses: Being heard and seen).

Discussion

By using a qualitative design, we were able to gain insight into patients' motives of whether or not to perform self-management while hospitalized. The most important motives we found for performing self-management are 1) improving recovery; 2) avoiding a mistake that is impending; 3) crossing personal limits; and 4) being encouraged and invited to self-manage by nurses.

Several barriers for performing self-management seem to be related to the nursing care given and to patients' perceptions and expectations of the nursing care. Nurses appear to be less focused on inpatients' self-management and often do not recognize patients' attempts to self-manage. Patients desire to adhere to what they perceive as hospital rules and consider self-management as not necessary. Patients were satisfied and unquestioningly complied with the care provided. This is part of the so called 'sick-role behavior' in which hospitalized patients believe they are exempt from normal

responsibilities and rely on health care professionals to cater to their needs²³. In addition, the patients choose not to self-manage due to their feelings of incompetence. This is consistent with the theory that patients' self-efficacy (or belief in one's ability to accomplish specific activities) is an antecedent for self-management³. Lastly, patients' physical and mental condition can be a barrier for performing self-management.

Three themes with influencing factors emerges from our study: patients' abilities; patients' expectations and the perceived behavior of nurses. These findings are consistent with the results of a qualitative study of factors affecting the at home self-management of adults with a chronic illness²⁴. In addition, factors such as financial resources, psychosocial support, and environmental characteristics are mentioned to influence at home self-management²⁴.

Supporting inpatients' self-management

The results of this study and, more specifically, the model of older inpatients' motives for determining whether or not they perform self-management (Fig. 1) can provide direction for nursing interventions in supporting patients' self-management. The model shows that nurses can support inpatients self-management by (1) encouraging and inviting patients to participate in their own care; (2) by strengthening patients' motives to self-manage, for example, by offering information about activities that impacts recovery and educate patients about ways to prevent hospital complications; and 3) by discussing mutual expectations regarding the hospital stay in general and being more specific about patients' involvement in their own care.

Findings shows that nurses not always recognize and support inpatients' attempts to self-manage. This is consistent with recent research which suggested that overall older inpatients perceived respect by nurses, but improvement is necessary in the area of listening and encouraging patients²⁵. Nurses can realize this by acknowledging older patients and their views positively and supporting their individual capacities²⁵. Although older patients are the expert when it comes to personal care and health, they consider themselves as not being competent. The awareness of this competence and the enhancement of patients' self-efficacy are considered to be key elements of inpatients' self-management programs⁵.

Overall, the findings of this study suggest that inpatients' self-management requires a change of roles for both patients and nurses. Nurses must relinquish some power and have to recognize patients as equal partners in care, who have control and responsibility for their own health²⁶. And after the first period of a hospital admission, when patients' illness subsides, patients can take more responsibility for their health condition and for preparing themselves for hospital discharge.

Hospitals aim at quickly and effectively treating illness. In everyday clinical practices, the focus often lies on 'getting the job done' and on medical and/or clinical outcomes. But acute intervention options must not be privileged over equally important fundamentals of care, such as bathing and dressing, communication, mobility and nutrition^{14,27}; over gerontologically sensitive interventions, such as the recognition, prevention and treatment of functional decline²⁸ or over supporting self-management. Supporting self-management and promoting independence may help older patients survive the hospitalization with fewer deficits and less difficulty adjusting to return home²⁹.

Strengths and limitations

We used purposive sampling to include acute or planned admitted patients of both gender from different wards. This means that the sample consisted of patients with various experiences which provided a broad idea of the motives and influencing factors³⁰. The study

was conducted in a single hospital, and the sample consisted of older Dutch patients with the same cultural background, which limits the transferability of the findings. Another limitation of this study is the fact that we did not perform a member check to request feedback from the respondents. We decided not to do so in order not to burden the older patients.

Self-management proved to be a difficult concept to explain. A number of patients who met the inclusion criteria did not want to participate because they were satisfied with the care. It appeared as though they only wanted to participate when they could criticize nursing care. Even after further explanation of the study subject, they persevered with their decision. It is unclear if this influenced the results because all of the participating patients also indicated that they were satisfied with the nursing care they had received.

Much research has been done on at home self-management⁵⁻⁸, but less is known about what this concept means in the hospital setting. Therefore we made our own operationalization of self-management based on (1) the underlying philosophy that individuals are primarily responsible for their own health³ and, therefore, must take action; (2) the explanation of the concept 'self' within self-management; individuals do not have to provide the care themselves, however the care must be within the control of the individual^{2,4}; (3) a visible basic skill of self-management while hospitalized, specifically, the formation of a patient-provider partnership⁵.

Conclusion

The results of this study give insight in older patients' motives regarding whether or not to perform self-management while hospitalized and provide several suggestions for developing interventions to facilitate older inpatients' self-management. The findings indicate that often older patients do not consider self-management while hospitalized as relevant. It is nurses' job to discuss this subject with patients and to stimulate and support inpatients' self-management in order to improve patient outcome and to bridge the gap between hospital and home.

References

- Barlow J, Wright C, Sheasby J, Turner A, Hainsworth J. Self-management approaches for people with chronic conditions: a review. *Patient Educ Couns*. 2002;48(2):177–187.
- Wilkinson A, Whitehead L. Evolution of the concept of self-care and implications for nurses: a literature review. *Int J Nurs Stud*. 2009;46(8):1143–1147.
- Richard AA, Shea K. Delineation of self-care and associated concepts. *J Nurs Schol*. 2011;43(3):255–264.
- Segall A, Goldstein J. Exploring the correlates of self-provided health care behaviour. *Soc Sci Med*. 1989;29(2):153–161.
- Lorig KR, Holman H. Self-management education: history, definition, outcomes, and mechanisms. *Ann Behav Med*. 2003;26(1):1–7.
- Coster S, Norman I. Cochrane reviews of educational and self-management interventions to guide nursing practice: a review. *Int J Nurs Stud*. 2009;46(4):508–528.
- Panagiotti M, Richardson G, Small N, et al. Self-management support interventions to reduce health care utilisation without compromising outcomes: a systematic review and meta-analysis. *BMC Health Serv Res*. 2014;14:356–370. <http://dx.doi.org/10.1186/1472-6963-14-356>.
- Clarke M, Becker M, Janz N, et al. Self-management of chronic disease bij older adults. *J Aging Stud*. 1991;3(1):3–27.
- Lorig K. Chronic disease self-management program: insights from the eye of the storm. *Front Public Health*. 2015;2:253.
- Trappenburg J, Jonkman N, Jaarsma T, et al. Self-management: one size does not fit all. *Patient Educ Couns*. 2013;92(1):134–137.
- Bickmore T, Pfeifer L, Jack B. Taking the time to care: empowering low health literacy hospital patients with virtual nurse agents. 2009:1265–74.
- Hickman LD, Rolley JX, Davidson PM. Can principles of the chronic care model be used to improve care of the older person in the acute care sector. *Collegian*. 2010;17(2):63–69.
- Grantham G, McMillan V, Dunn SV, Gassner L, Woodcock P. Patient self-medication – a change in hospital practice. *J Clin Nurs*. 2006;15(8):962–970.
- Lafreniere S, Folch N, Dubois S, Bedard L, Ducharme F. Strategies used by older patients to prevent functional decline during hospitalization. *Clin Nurs Res* 2015.
- Hennink M, Hutter I, Bailey A. In-depth interviews. In: *Qualitative Research Methods*. 2nd ed. SAGA Publications Ltd.; 2015:108–134.

16. Flick U. Thematic coding and content analysis. In: *An Introduction to Qualitative Research*. 5th ed. SAGE Publications Ltd.; 2014:420–438.
17. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res*. 2005;15(9):1277–1288.
18. Dierckx de Casterle B, Gastmans C, Bryon E, Denier Y. QUAGOL: a guide for qualitative data analysis. *Int J Nurs Stud*. 2012;49(3):360–371.
19. Corbin J, Strauss A. *Basics of Qualitative research. Techniques and Procedures For Developing Grounded Theory*. 3rd ed. Thousand Oaks, CA: Sage Publication; 2008.
20. Lincoln YS, Guba EG. *Naturalistic Inquiry*. Beverly Hills, California: Sage Publications; 1985. Inc.
21. Cypress BS. Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimens Crit Care Nurs*. 2017;36(4):253–263.
22. Castro EM, Van Regenmortel T, Vanhaecht K, Sermeus W, Van Hecke A. Patient empowerment, patient participation and patient-centeredness in hospital care: a concept analysis based on a literature review. *Patient Educ Couns*. 2016;99(12):1923–1939.
23. Faulkner M, Aveyard B. Is the hospital sick role a barrier to patient participation. *Nurs Times*. 2002;98(24):35–36.
24. Schulman-Green D, Jaser SS, Park C, Whittemore R. A metasynthesis of factors affecting self-management of chronic illness. *J Adv Nurs*. 2016;72(7):1469–1489.
25. Koskenniemi J, Leino-Kilpi H, Puukka P, Stolt M, Suhonen R. Being respected by nurses: measuring older patients' perceptions. *Int J Older People Nurs*. 2018;13(3): e12197.
26. Sahlsten MJ, Larsson IE, Sjostrom B, Plos KA. An analysis of the concept of patient participation. *Nurs Forum*. 2008;43(1):2–11.
27. Zwakhalen SMG, Hamers JPH, Metzelthin SF, et al. Basic nursing care: the most provided, the least evidence based. A discussion paper. *J Clin Nurs*. 2018;27(11–12):2496–2505.
28. Parke B, Hunter KF. The care of older adults in hospital: if it's common sense why isn't it common practice. *J Clin Nurs*. 2014;23(11–12):1573–1582.
29. Jacelon CS. Older adults and autonomy in acute care: increasing patients' independence and control during hospitalization. *J Gerontol Nurs*. 2004;30(11):29–36.
30. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004;24(2):105–112.