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EMPIRICAL RESEARCH QUANTITATIVE

'Towards a conceptualization of nurses' support of hospitalised patients' self-management—A modified Delphi study'

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Abstract

Aim: To determine patients', nurses' and researchers' opinions on the appropriateness and completeness of the proposed conceptualization of nurses' support of hospitalised patients' self-management.

Design: A modified Delphi study.

Methods: We conducted a two-round Delphi survey. The panel group consisted of patients, nurses and researchers. The conceptualization of nurses' support of hospitalised patients' self-management presented in the first Delphi round was based on previous research, including a scoping review of the literature. Data was analysed between both rounds and after the second round. Results are reported in accordance with the guidance on Conducting and Reporting Delphi Studies (CREDES).

Results: In the first round all activities of the proposed conceptualization were considered appropriate to support the patients' self-management. Panel members' comments led to the textual adjustment of 19 activities, the development of 15 new activities, and three general questions related to self-management support during hospitalisation. In the second round the modified and the newly added activities were also deemed appropriate. The clarification statements raised in the first Delphi round were accepted, although questions remained about the wording of the activities and about what is and what is not self-management support.

Conclusion: After textual adjustments and the addition of some activities, the proposed conceptualization of nurses' support in patients' self-management while hospitalised have been considered appropriate and complete. Nevertheless, questions about the scope of this concept still remains. The results provide a starting point for further discussion and the development of self-management programs aimed at the hospitalised patient.

Implication for the profession and/or patient care: The results can be considered as a starting point for practice to discuss the concept of nurses' support for hospitalised patients' self-management and develop, implement and research self-management programs specific for their patient population.

Reporting Method: Results are reported in accordance with the guidance on Conducting and Reporting Delphi Studies (CREDES).

Patient or Public Contribution: Patients were involved as expert panellist in this Delphi study.

KEYWORDS
Delphi study, hospital, self-care, self-management, support

1 | INTRODUCTION

Over the last few decades, healthcare models in Western societies have shifted from paternalistic models that place the patient in a passive role, towards models in which the patient is more actively involved (Barlow et al., 2002; Castro et al., 2016). An important notion in this development is self-management, a concept that focuses on how individuals deal with the consequences of their health condition(s) in order to maintain a satisfactory quality of life (Barlow et al., 2002; Lorig & Holman, 2003; Van de Velde et al., 2019).

Self-management includes self-monitoring, symptom management and the management of functional, emotional, psychosocial and physical consequences of health conditions (Richard & Shea, 2011). It requires specific tasks from patients, such as measuring parameters and symptoms that indicate that action should be taken or a healthcare provider should be consulted (Lorig & Holman, 2003; Richard & Shea, 2011). Patients sometimes have to change their lifestyle or have to deal with emotions such as anger, fear, frustration and depression (Lorig & Holman, 2003). Nurses can play a supporting role regarding patients' self-management (Elissen et al., 2013).

Many self-management interventions are developed to increase self-management capacity in patients with a chronic disease living at home (Lorig & Holman, 2003; Richard & Shea, 2011), but self-management support can also relate to dealing with the consequences of acute health problems or engaging in health-promoting activities (Richard & Shea, 2011).

What does this paper contribute to the wider global clinical community

- This study generates conceptual understanding of how nurses support patients' self-management during hospitalisation.
- The nursing activities described are considered appropriate and complete to support inpatients' self-management by the Delphi panel members. Further research should assess the effectiveness of these activities on self-management.
- Policymakers can stimulate the implementation of inpatients' self-management support by making it part of the hospital policy.

Impact statement

What problem did the study address?

Self-management support during hospitalisation is understudied, which undermines the development of evidence-based interventions.

What were the main findings?

A panel, consisting of patients, nurses and researchers, agreed on the appropriateness of a conceptualization of nurses' support of inpatients' self-management, and identified some points for discussion, mainly related to the boundaries of the concept self-management.

Where and on whom will the research have an impact?

This study is crucial for generating conceptual understanding of how nurses support patients' self-management during hospitalisation. This is necessary for policy, clinical practice, education, and research on this topic.

2 | BACKGROUND

Self-management support is described as 'a patient-centered collaborative approach to care that promotes patient activation, education and empowerment' (Jones et al., 2011; Wagner et al., 2001). It stimulates patients to use their own skills, information and professional services to take effective control over life (Jones et al., 2011). Patient education is a basic aspect of self-management support (Coster & Norman, 2009; Panagioti et al., 2014). In addition, patients can be encouraged to independently monitor symptoms, to self-treatment in response to choices (Dineen-Griffin et al., 2019). To improve self-management, patients must have self-efficacy and believe they can control their health situation (Lorig & Holman, 2003). Self-management support does not appear to be part of daily practice in the hospital nursing care (Flink & Ekstedt, 2017; Miotto et al., 2015; Pollack et al., 2016). Hospital nurses have a limited knowledge of self-management and are uncertain about what is expected from them with regards to supporting patients' self-management (Otter et al., 2021; Van Hooft et al., 2016). The lack of clarity on this concept undermines

the development of evidence-based interventions, resulting in inadequate care delivery, incomplete nursing training and a lack of healthcare policies in this area.

3 | AIM

The aim of this study is to determine patients', nurses' and researchers' opinions on the appropriateness and completeness of the proposed conceptualization of nurses' support of hospitalised patients' self-management.

4 | METHOD

4.1 | Design

A Modified Delphi study was performed to organise group communication and obtain an opinion on the appropriateness and completeness of the proposed conceptualization (Keeney et al., 2006; Nasa et al., 2021; Powell, 2003). The main characteristics of a Delphi study are: a group of experts are questioned about the issue of interest; the process is anonymous in order to avoid social pressure; it is iterative, comprising several rounds of enquiry; and the subsequent rounds are informed by a summary of the group response of previous rounds (Jünger et al., 2017; Nasa et al., 2021; Trevelyan & Robinson, 2015). The study is considered as 'modified', as the first round was based on previous studies and not, as is usual in a classic Delphi approach, on open-ended questions (Nasa et al., 2021; Trevelyan & Robinson, 2015). In this way, the available scientific evidence is combined with expert judgement to form an opinion about the activities than can be performed to support inpatients' self-management (Fitch et al., 2001; Jünger et al., 2017). The RAND/UCLA Appropriateness Method (RAM) classification procedure was used to classify the appropriateness of each nursing activity mentioned in the proposed conceptualization (Fitch et al., 2001).

4.2 | Participants

The Delphi panel consisted of three groups of participants: hospital nurses who are experienced in providing care to hospitalised patients; researchers with scientific expertise in self-management; and patients who have experienced a hospital admission and are familiar with self-management. The RAM indicates a range of 7–15 participants (Fitch et al., 2001), therefore 8–12 participants from each group of panellists was considered suitable. The participants were recruited using non-probability sampling (Keeney et al., 2001; Trevelyan & Robinson, 2015).

Patients were recruited from three wards (medical, surgical and cardiologic) of two hospitals in the Netherlands. We planned to include two patients from each ward. Inclusion criteria were: able to speak and understand Dutch, have knowledge of, and/or experiences with self-management and able to reflect on issues related to self-management. The ward nurse approached suitable patients and gave them oral and written information about the study. When they agreed to participate, the researcher contacted them by phone after discharge from the hospital to discuss the study.

Two nurses from each of the six participating wards were recruited by their ward manager. Inclusion criteria were: being a registered nurse and have at least 1 year of work experience in a hospital. Researchers from different universities or colleges in different countries were recruited by the researcher using the researchers' networks, by searching the internet, and by means of the snowball method. Researchers' inclusion criteria were: being a (registered or non-practicing) nurse, and have published in a peer-reviewed journal about self-care or self-management. The researchers were informed about the study and asked if they were willing to participate by e-mail. We planned to recruit six researchers from the Netherlands and six researchers from other European countries and the USA.

All participants were informed about the importance, purpose, procedure and timeframe of the study. If desired, a phone call was scheduled to provide additional information and to increase the chance of lasting involvement of participants (Keeney et al., 2006). In total, nine patients, 12 nurses and nine researchers ($n = 30$) agreed to participate in the Delphi study. See Table 1 for the panellists' characteristics.

4.3 | Data collection and analysis

The study took place between August and December 2022. The number of rounds were pre-defined on two. This number prevents a reduction in the response rate due to response fatigue of panellists (Keeney et al., 2006; Powell, 2003).

Nurses and researchers received the questionnaires by e-mail. Due to privacy legislation this was not possible for patients, so the patients received the questionnaires via regular post, along with a pre-paid return envelope.

4.3.1 | First Delphi round

Based on previous research of our research group, including a scoping review of the literature, we developed a draft conceptualization of nurses' support of hospitalised patients' self-management (Otter

BOX 1 Aspects that together form the proposed conceptualization of nurses' support to hospitalised patients.

1. Recognise and support the patient's current self-management
2. Increase the patient's insight and awareness of his health situation
3. Help the patient in coping with the disease and its consequences
4. Increase the patient's involvement and responsibility for his care
5. Involve family and/or informal caregivers in the patient's care
6. Support transition from hospital to home

TABLE 1 Panellists' characteristics.

Patients	***n*=9**
Age (median, range)	66/56–80
Chronic disease	none: *n*=1 yes: n=8 (diabetes (*n*=2); cardiac disease (*n*=3); rheumatic disease (*n*=2); COPD (*n*=3))[a]
Hospital	A: *n*=4; B: *n*=5
Ward	medical: *n*=4; surgical: n=2; cardiologic: n=3
Nurses	***n*=12**
Age (median, range)	44/29–55
Hospital	A: *n*=6; B: *n*=6
Ward	medical: *n*=4; surgical: *n*=4; cardiologic: *n*=4
Researchers	***n*=9**
Country	The Netherlands (*n*=4) USA (*n*=2) German (*n*=1) Sweden (*n*=1) Italy (*n*=1)

[a]The number of chronic diseases adds up to more than 9 because some patients have more than one chronic disease.

et al., 2019; Otter et al., 2021; Otter, Keers, Reker, et al., 2022; Otter, Keers, Smit, et al., 2022). This conceptualization consisted of 43 nursing activities, clustered in six sets, reflecting the six aspects that make up the proposed conceptualization of nurses' support to hospitalised patients (See Box 1 and Table 2). In the first Delphi round, the participants were invited to provide their opinion on the proposed conceptualization of nurses' support of hospitalised patients' self-management. For this study, self-management was described as 'the way in which the patient deals with the disease and the consequences of the disease'.

The panellists were asked to rate the appropriateness of each activity on a nine point Likert scale, where 1 is 'completely inappropriate' and 9 is 'completely appropriate' (Fitch et al., 2001). The midpoint 5 means 'uncertain'. Prior to implementation, the questionnaire was pilot tested in all three groups of panellists to identify formulation problems (Keeney et al., 2006; Powell, 2003). This led to some textual improvements.

The panellists were also asked to indicate additional activities and to indicate why these activities are important. Furthermore, they were given the opportunity to comment on each set of nursing activities and at the end of the questionnaire. The panellists were asked to complete the questionnaire within 2 weeks. Data collection was partially anonymous. The individual responses were unknown to other participants but were known to the researcher (Keeney et al., 2006). After 2 weeks, the non-responders were reminded to complete the questionnaire.

4.3.2 | Data analysis first Delphi round

The Likert scale data were exported to a Microsoft Excel spreadsheet and the comments and additional activities of the panellists were placed in a Microsoft Word file. In accordance with the RAM method an activity is classified as 'appropriate', 'uncertain' or 'inappropriate' based on the median panel rating and the degree of agreement between the participants (Fitch et al., 2001).

Disagreement means that the dispersion of the panel ratings is great. This is measured with a disagreement index (DI): the ratio between the interpercentile range (IPR: 0.3–0.7) and the IPR adjusted for symmetry (IPRAS) (Fitch et al., 2001). An IPR lower than the IPRAS indicates agreement, so a DI <1 indicates agreement (Fitch et al., 2001).

An activity is considered appropriate when the panel median is 7–9, with agreement; 'uncertain' when the panel median is 4–6 or any median with disagreement; and 'inappropriate' when the panel median of 1–3, with agreement (Fitch et al., 2001). Scores were analysed using 'R'. (R Core Team, 2022) The median and the DI were determined for the panel as a whole and for the three separate panellist groups, that is, patients, nurses and researchers. Median ratings that fall between the 3-point boundaries (medians of 3.5 and 6.5) were included in the higher appropriateness category (Fitch et al., 2001).

The panellists' additional activities and other comments were assessed, clustered by theme and developed into newly added activities, adjustments for existing activities, and relevant themes to consider, by one researcher (CO). Then two researchers (CO, JdM) discussed the comments and decided about the modifications needed for the second Delphi round.

4.3.3 | Second Delphi round

The second Delphi round started with a number of statements, based on the comments that were made in the first round, of which the participants were asked to what extent they agree on a nine point Likert scale, where 1 is 'strongly disagree' and 9 is 'strongly agree'. Subsequently, the results of the first round were indicated for

TABLE 2 Median and Disagreement Index (DI) of the nursing activities in both Delphi rounds.

Group of activities	Nursing activities Delphi round 1	*n*	Median	DI	Nursing activities Delphi round 2	*n*	Median	DI
1: Recognise and support the patient's current self-management	discuss with the patient how the patient carries out self-management activities at home (e.g. blood sugar control, stoma care, medication intake)	29	8	0,13	discuss with the patient which self-management activities the patient carries out self-management at home and how he does this (e.g. blood sugar control, stoma care, medication intake)	26	8	0,07
					discuss with the patient whether the self-management activities in the hospital can also be carried out in this way	26	8	0,07
	discuss patient's preferences regarding nursing care	29	8	0,24				
	offer the patient various options for providing nursing care	29	7	0,16				
	ask the patient's opinion about the planned nursing care	29	7	0,16				
	make agreements with the patient about the nursing care	29	8	0,29				
	ask the patient's permission to perform a nursing action	29	8	0,29				
	realise as much as possible what the patient finds important or wants to do	28	8	0,29				
2: Increase the patient's insight and awareness of his own health situation	ask the patient questions that allow the patient to think about the personal situation	28	8	0,16				
					stimulate insight into the own health situation by keeping a diary	23	7	0,17
					using conversational tools (e.g. the Self-Management Web or the Self-Reliance Radar) to discuss the different aspects of self-management	23	7	0,37
					investigate whether the patient has questions about the disease, the treatment or the self-management	24	8	0,13
	provide information about the health condition/disease, risk factors and symptoms	28	8	0,29				
	provide information about the treatment	27	8	0,06				
	provide information about the regimen	28	8	0,13				
	provide information and instruction about self-management and self-management skills. You can think of correct inhalation techniques, wound care, medication intake, checking blood sugar, recognising complications and knowing what to do	28	8	0,13	*moved to intervention 2*			
	provide information about the hospital admission (such as procedures, expectations)	27	7	0,16				
	provide information about and the content, planning and motivation of the nursing care	27	8	0,16				
	provide information about patient's current health situation, such as blood pressure and body temperature	27	8	0,03				

(Continues)

TABLE 2 (Continued)

Group of activities	Nursing activities Delphi round 1	*n*	Median	DI	Nursing activities Delphi round 2	*n*	Median	DI
	provide information and instruction about activities that impacts recovery	29	8	0,08				
	provide information and instruction about ways to prevent hospital complications such as malnutrition and falls	29	8	0,24				
	use teach back method (in which the patient repeats in his/her own words what has been discussed) or another way to repeat/reinforce the given information	29	8	0,24				
					offer the opportunity to get in touch with peers / fellow sufferers	23	8	0,16
3: Help the patient in coping with the disease and its consequences	discuss with the patient the personal situation, experiences, feelings and needs	29	8	0,22				
	encourage the patient to discuss concerns and problems and provide ways to solve problems	29	8	0,22				
	discuss ways to deal with stress and strong emotions	28	8	0,16	discuss ways to deal with stress and strong emotions related to the health problem	25	8	0,16
	clarify where/with which the patient can receive (psychosocial) support, such as check-ups, access to community programs, information on patient groups and relevant websites	29	8	0,16				
	discuss important lifestyle changes for the patient, such as quitting smoking, following a prescribed diet, exercise regularly, medication adherence or other instructions provided	28	7	0,16				
	use motivational interview techniques to increase patient's motivation to change and to build confidence in the ability to do so	28	8	0,28				
	encourage the patient to set goals and create a personalised plan for self-management, with realistic short and long-term goals, focused on topics that are important to the patient	28	8	0,29				
					provide information and instruction on how to manage the symptoms of the health problem	25	8	0,11
					provide information and instruction on how to respond to changes related to the health problem	25	8	0,16
					using solution-focused approach that are aimed at utilising the patient's strengths and resources	25	8	0,27
					support the patient in learning new self-management skills	25	8	0,13

TABLE 2 (Continued)

Group of activities	Nursing activities Delphi round 1	*n*	Median	DI	Nursing activities Delphi round 2	*n*	Median	DI
					let the patient practice and demonstrate the (new) self-management skills	25	8	0,11
4: Increase patient's involvement and responsibility for his own care	discuss patient's and nurse's expectations about the hospitalisation period, including expectations about patient's involvement in care	28	8	0,28				
	invite the patient to actively participate in care activities, for example by asking the patient for help in performing a nursing procedure, or by naming activities that the patient can perform on his/her own	27	9	0,13	invite the patient to actively participate in care activities, for example by involving the patient in performing a nursing procedure, or by naming activities that the patient can perform on his/her own	26	8	0
	assess the patient's abilities to take responsibility for self-management activities during hospitalisation	29	8	0,29	determine together with the patient whether he/she can and wants take control of self-management activities during hospitalisation (if necessary after training and under supervision)	26	8	0,21
	offer the patient the opportunity to take responsibility for self-management activities related to daily living activities (ADL) during hospitalisation (if possible)	29	9	0,22	determine together with the patient whether he/she can and wants take control of self-management activities related to daily living activities (ADL) during hospitalisation (if possible)	25	8	0,11
	offer the patient the opportunity to take responsibility for self-management activities related to medication use and/or diabetes care during hospitalisation (if possible) (	29	8	0,29	determine together with the patient whether he/she can and wants take control of self-management activities related to medication use and/or diabetes care during hospitalisation (if possible)	26	8	0,13
	offer the patient the opportunity to take responsibility for self-management activities related to monitoring symptoms during hospitalisation (if possible)	29	8	0,29	determine together with the patient whether he/she can and wants take control of self-management activities related to monitoring symptoms during hospitalisation (if possible)	26	8	0,16
	offer the patient the opportunity to take responsibility for self-management activities related to nutritional intake, diet, keeping track of body weight and/or the intake and output of fluid during hospitalisation (if possible)	29	8	0,29	determine together with the patient whether he/she can and wants take control of self-management activities related to nutritional intake, diet, keeping track of body weight and/or the intake and output of fluid during hospitalisation (if possible)	26	8	0,15

(Continues)

TABLE 2 (Continued)

	offer the patient the opportunity to take responsibility for self-management activities related to the prevention of complications, for example by performing certain exercises or specific oral care during hospitalisation (if possible) (review)	28	8	0,29	determine together with the patient whether he/she can and wants take control of self-management activities related to the prevention of complications, for example by performing certain exercises or specific oral care during hospitalisation (if possible)	25	8	0,23
					determine together with the patient whether he can and wants to take control of self-management activities during hospitalisation with regard to other self-management activities, such as wound care, catheter care, etc.	24	8	0,16
5: Involve family and/or informal caregivers in patient's care					determine together with the patient whether/to what extent informal caregiver(s) and/or family are involved during the admission period	25	8	0,13
					support the patient in involving the caregiver(s) and/or the family	25	8	0,13
	invite family and/or informal caregivers to attend self-management information sessions with the patient and/or receive instruction on self-management skills such as measuring blood pressure or weighing daily	28	7	0,37	in consultation with the patient, invite informal caregiver(s) and/or family to attend information meetings about self-management	25	8	0
					in consultation with the patient, invite informal caregiver(s) and/or family to receive instruction on self-management skills	25	8	0,27
	invite family and/or informal caregivers to discuss the patient's request for help and the discharge plan	28	8	0,28	in consultation with the patient, invite informal caregiver(s) and/or family to discuss the patient's request for help after discharge	26	8	0,16
	invite family and/or informal caregivers to help them adopt a supportive attitude in their interaction with the patient	28	7	0,16	determine together with the patient whether/to what extent informal caregiver(s) and/or family are involved after the admission period	26	8	0.07
	ask family and/or informal caregivers to help the patient at home	28	7	0,35	deleted, became part of another activity			
	ask family and/or informal caregivers to provide the patient with social and psychological support	28	7	0,37	in consultation with the patient, ask informal caregiver(s) and/or family to offer the patient physical, social and psychological support at home	26	8	0,08
	ask family and/or informal caregivers to monitor patient adherence to the guidelines	28	7	0,36	in consultation with the patient, ask informal caregiver(s) and/or family to support the patient at home in complying with the guidelines/regimen	26	8	0,16

TABLE 2 (Continued)

6: Support transition from hospital to home	prepare the patient to return home	29	8	0,29	discuss the home situation with the patient and determine the goals for discharge together	26	8	0,07
					determine with the patient the planning of the discharge	26	8	0
	discuss how the patient can resume self-management at home	29	8	0,29	discuss how the patient can perform self-management activities at home	26	8	0,13
	discuss any new self-management activities with the patient	29	8	0,29	removed, already mentioned in intervention 3			
	check that the patient understands the self-management plan after discharge and knows what to do with questions about the disease	29	8	0,29	clearly indicate where the patient can go with questions in the home situation	25	9	0,13
					contact the patient by phone after discharge to answer any questions	26	8	0,16

each activity and the modifications and/or additions that have been proposed in response to the panellists' comments.

Each participant received their own results as well as the combined panel results. The activities that scored 'appropriate' were accepted and not presented as a question in the second round, except when changes were advised by the participants. Otherwise, the procedure was identical to the first round.

4.3.4 | Data analysis second Delphi round

The scores on the statements and the activities were analysed according to the RAM method, using 'R' (R Core Team, 2022). Participants' comments were read and clustered by one researcher (CO). Two researchers (CO, JdM) discussed the comments and reached consensus on the results and on the adjustment for the final version of the conceptualization of nurses' support to patients' self-management.

4.4 | Ethical considerations

The Medical Research Ethics Committee United (MEC-U) concluded that the study does not fall under the Medical Research Involving Human Subjects Act (WMO; refW22.025), because participants in this study were not subjected to physical or psychological procedures. The hospital's Medical Ethics Committee assessed the study regarding local codes of conduct and approved the study (no. 2022–014). All participants received written information about the study and gave written informed consent.

4.5 | Trustworthiness

To enhance transparency and quality, we used and described the following eight evaluation points of Delphi studies: systematic identification of the problem area; selection of panel members based on objective and predefined criteria; anonymity of participants and responses; controlled feedback; iterative rounds; consensus criteria; analysis of consensus; and closing criteria defined a priori (Nasa et al., 2021). A ninth evaluation point, the stability of the results, was not implemented because the study consisted of only two rounds (Nasa et al., 2021). To enhance the robustness of this study, the guidance on Conducting and Reporting Delphi Studies (CREDES) was followed (Jünger et al., 2017).

5 | RESULTS

During the first Delphi round 96.7% ($n=29$, response rate 96.7%) and during the second round 90% ($n=27$, response rate 90%) of the questionnaires was completed. See Table 2 for the median and the DI of each activity from both Delphi rounds, including the number of panellists who responded to the activity.

5.1 | First Delphi round

The panellists expressed their opinion on the appropriateness of the 43 activities of the proposed conceptualization of nurses' support to inpatients' self-management. Based on the results of the whole group of panellists, all activities were considered appropriate, with median panel ratings between 7 and 9, and DIs between 0.03 and 0.37 (See Table 2). The activities with the highest median scores were part of the set activities reflecting the aspect: 'Increase patient's involvement and responsibilities for his own care, namely: '*invite the patient to actively participate in care activities, for example by asking the patient for help in performing a nursing procedure, or by naming activities that the patient can perform on his/her own*' (median 9, DI 0.13) and '*offer the patient the opportunity to take responsibility for self-management activities related to daily living activities (ADL) during hospitalization (if possible)*' (median 9, DI 0.22).

Based on the separate results of the three panellist groups, it was found that one activity of the set reflecting the aspect 'Involving family and/or informal caregivers in patient's care' scored 'uncertain' in the group researchers, namely: '*ask family and/or informal caregivers to monitor patient adherence to the guidelines*' (median 5, DI 0.91). In addition, in the panel subgroup consisting of nurses, two activities scored between the 3-points boundaries of appropriateness, namely the activity '*ask family and/or informal caregivers to monitor patient adherence to the guidelines*' (median 6.5, DI 0.56) and the activity '*invite family and/or informal caregivers to attend self-management information sessions with the patient and/or receive instruction on self-management skills such as measuring blood pressure or weighing daily*' (median 6.5, DI 0.3). As agreed in advance, these scores mean that the activities are considered appropriate.

Seventeen panel members (two nurses, seven patients and eight researchers) made comments when answering the questionnaire. Some comments were not relevant for the purpose of this study, e.g. because it consisted of compliments for the nursing care. The relevant comments led to the adjustment of 19 activities and the development of 15 new activities (See Table 2). One activity, placed in the set 'Increase the patient's insight and awareness of his situation' was moved to the set 'Help the patient in coping with the disease and its consequences', because this was a more suitable place. One activity of the set 'Support transition from hospital to home' was removed because it overlapped with an activity already mentioned in the set 'Help the patient in coping with the disease and its consequences'.

Many comments related to the wording of nurses' activities. It was indicated that some activities were formulated from the nurses' perspective, which showed less patient involvement and agreement. The sets of activities focusing on 'Increase patient's involvement and responsibility for his care', 'Involve family and/or informal caregivers in patient's care' and 'Support transition from hospital to home' in particular have been adjusted to this feedback. Comments were also made on whether or not the activities are relevant to every patient, whether the activities support specific self-management or are general nursing care, and whether the hospital nurse should focus on the medical and physical consequences or also on the emotional and the psychosocial consequences of the health problem. This led to three statements related to self-management support during hospitalisation (See Box 2).

BOX 2 Clarifying statements related to self-management support during hospitalisation.

1. Supporting the patient in coping with hospitalisation is part of supporting patient's self-management
2. During hospitalisation, nurses focus on supporting the patient's self-management with regard to:
   - managing the medical consequences of the patient's health problem, for example taking medication or wound care
   - managing the consequences of the health problem on the patient's daily life, for example the effect on patient's roles or on patient's sense of purpose
   - coping with the emotional consequences of the health problem, for example fear of surgery or depression
3. When supporting the patient's self-management, the nurse should tailor the activities to the wishes, needs and possibilities of the patient and his/her caregivers and/or family

5.2 | Second Delphi round

In the second round, panellists assessed the appropriateness of the modified and the newly added nursing activities (see Table 2) and indicated the extent to which they agreed with the clarifying statements (see Box 2), both on a nine point Likert scale.

5.2.1 | Nursing activities

All 33 nursing activities were considered appropriate, with median panel ratings between 7 and 9, and DIs between 0 and 0.37 (See Table 2). The results were comparable within the three different panellist groups. One activity: '*Clearly indicate where the patient can go with questions in the home situation*' had a median of 9 (DI 0.13).

Eighteen panel members (five nurses, five patients and eight researchers) added comments. Once again some comments about the wording of nurses' activities were made. For clarification, 14 activities have been slightly modified textually and one activity was shifted to another set (see Table 2).

Comments were made about the aforementioned themes 'is this self-management support or general nursing care?' and about the need to tailor activities to the individual patient. In addition, comments were made about what is meant by self-management, whether certain activities were aimed at self-care rather than self-management, or focused on patient participation rather than self-management. Since the number of rounds were predetermined on two, we were unable to ask the panellists for their views on these issues. The importance of listening carefully and believing in what the patient says, and preventing overburdening of the patient was also indicated. This is included in the set 'Increase patient's involvement and responsibility for his own care' which states that a nurse, together with the patient, determines whether the patient can and wants to take control of self-management activities during

hospitalisation. See Box 3 for the nursing activities after the second Delphi round.

5.2.2 | The clarifying statements

We included three statements to clarify issues that arose in the first Delphi round (See Box 2). The first statement was based on comments that were made about whether certain activities specifically support the patient's self-management or are general nursing care or nurses' attitude. The activities targeted by these comments were mainly related to recognising and supporting the patient's current self-management. This led to the statement: 'Supporting the patient in coping with hospitalization is part of supporting patient's self-management'. The respondents agreed with this statement (median: 8 DI: 0.16). Several comments have been made on this statement from panel members of the group of researchers, indicating being confused by the definition of self-management used, indicating not only patients but also their family should be included, and indicating that it depends on the outcomes the nurse aims to achieve.

In the first Delphi round, comments were posted on the focus of nursing care in the hospital. The question arose as to what the focus of nursing care in the hospital should be. Is this primarily on supporting the patient in coping with the physical and medical consequences of the health problem or also on other consequences? This resulted in three statements in which panellists were asked their view on three different aspects of self-management support, using the three tasks of self-management identified by Corbin and Strauss: medical management, such as taking medication; behavioural management, such as adapting lifestyle; and emotional management, such as dealing with emotions (Corbin & Straus, 1988; Schulman-Green et al., 2012) (See Box 2). These three statements were agreed (median: between 7.5 and 8, DI from 0.16–0.23). Panellists also added comments showing they agree. One panellist questioned the meaning of 'medical' in the statement and questioned whether wound care, cited as an example, can be considered a medical consequence. In addition, the importance of a multidisciplinary team was indicated, particularly with regard to the emotional consequences of the illness, and comments have been made indicating that the options for support depend on the specific situation of the patient, including the home situation, the length of hospital stay and any necessary aftercare.

The last statement is based on comments made on the need to tailor nurses' activities to the wishes, needs and capabilities of the individual patient, and on comments made on the need to provide standard care (See Box 2). This statement was also agreed (median: 8, DI: 0.21). Some remarks have been added confirming the importance of this statement.

6 | DISCUSSION

In this modified Delphi study, patients, nurses and researchers agreed on the appropriateness and completeness of a conceptualization of nurses' support of inpatients' self-management. No new sets of activities were defined during the Delphi study, but 15 new activities were added to existing sets and two sets of activities were formulated differently. Various activities were also reformulated, supplemented or moved to another set. One activity was deleted because it has already been mentioned elsewhere. The final version of this conceptualization consists of 56 nursing activities divided into 6 sets (See Box 3).

The panellists agreed with the conceptualization, but also indicated a number of questions and points for discussion. Comments were regularly made on the formulation of nurses' activities, which seemed to address too little the patients' involvement and agreement. Nurses' activities should always be discussed with and acceptable to the patient (Butcher, Bulechek, Dochterman, & Wagner, 2018). To emphasise this, we have indicated in various activities that nurses should undertake these together with or in consultation with the patient.

Some panel members indicated that certain activities may not be appropriate to support the self-management of every patient and/or in every situation. The selection of nursing activities for a particular patient is part of the clinical judgement of the nurse, which is based on several factors, among which the desired patient outcomes and the acceptability to the patient (Butcher et al., 2018). It is not the intention that the activities mentioned in the proposed conceptualization are always fully implemented, but that nurses can determine, based on their clinical judgement and in consultation with the patients, which activities are suitable.

Also panellists suggested that the exact content of an activity should be tailored to the patient's needs, capacities and circumstances, something that is confirmed by the literature (Trappenburg et al., 2013).To emphasise this, we have added to some activities that they must be personalised.

In addition, several comments were made about what self-management support is and what not.

This gave insight into possible differences in perspectives on self-management. One of the issues related to whether certain activities specifically support self-management or can be considered general nursing care, or general nurses' attitude. It is difficult to determine what the exact boundaries of general nursing care are, because there is no generally accepted description of this concept. Some proposed activities, e.g. *'discuss patient's preferences regarding the nursing care'* and *'discuss patient's and nurse's expectations about the hospitalization period'* can reflect a general attitude of nurses, but also encourages the patient's self-management during hospital stay (Otter et al., 2019). Many of the activities mentioned in the proposed conceptualization of self-management support during hospitalisation are already part of regular nursing care (Otter et al., 2022), which can make it difficult to judge whether an activity is appropriate to support patient's self-management or can be considered as general nursing care. Sometimes it depends on the specific purpose and content of the activity whether or not it supports self-management. For example, information on treatment and regimen may consist of general information, not tailored to the individual

BOX 3 Nursing activities to support inpatients' self-management (conceptualization after the second Delphi round).

1. Recognise and support the patient's current self-management
- Discuss with the patient which self-management activities the patient carries out self-management at home and how he does this (e.g. blood sugar control, stoma care, medication intake)
- Discuss with the patient whether the self-management activities in the hospital can be performed as in the patient's home situation
- Discuss patient's preferences regarding nursing care
- Offer the patient various options for providing nursing care
- Ask the patient's opinion about the planned nursing care
- Make agreements with the patient about the nursing care
- Ask the patient's permission to perform a nursing action
- Realise as much as possible what the patient finds important or wants to do
- Use conversational tools (e.g. the Self-Management Web or the Self-Reliance Radar) to discuss the different aspects of self-management

2. Increase the patient's insights and awareness of the own health situation
- Ask the patient questions that allow the patient to think about the personal situation
- Suggest keeping a diary to monitor symptoms and to gain insight into own health situation
- Investigate whether the patient has questions about the disease, the treatment or the self-management
- Provide information about the health condition/disease, risk factors and symptoms
- Provide information about the treatment
- Provide information about the regimen
- Provide information about the hospital admission (such as procedures, expectations)
- Provide information about and the content, planning and motivation of the nursing care
- Provide information about patient's current health situation, such as blood pressure and body temperature
- Provide information and instruction about activities that impacts recovery
- Provide information and instruction about ways to prevent hospital complications such as malnutrition and falls
- Use teach back method (in which the patient repeats in his/her own words what has been discussed) or another way to repeat/reinforce the given information
- Offer the opportunity to get in touch with peers/others with similar condition

3. Help the patient in coping with the disease and its consequences
- Discuss with the patient the personal situation, experiences, feelings and needs
- Encourage the patient to discuss concerns and problems and provide ways to solve problems
- Discuss how the patient can cope with stress and strong emotions related to the health problem
- Clarify where the patient can receive (psychosocial) support, such as check-ups, access to community programs, information on patient groups and relevant websites
- Discuss important lifestyle changes for the patient, such as quitting smoking, following a prescribed diet, exercise regularly, medication adherence or other instructions provided
- Use motivational interview techniques to increase patient's motivation to change and to build confidence in the ability to do so
- Encourage the patient to set goals and create a personalised plan for self-management, with realistic short and long-term goals, focused on topics that are important to the patient
- Provide personalised information and/or instruction on how to manage the symptoms of the health problem
- Provide personalised information and/or instruction on how to respond to changes related to the health problem
- Provide personalised information and instruction about self-management and self-management skills. You can think of correct inhalation techniques, wound care, medication intake, checking blood sugar, recognising complications and knowing what to do
- Using solution-focused approach that are aimed at utilising the patient's strengths and resources
- Support the patient in learning and performing (new) self-management skills

4. Increase patient's involvement and responsibility for his own care
- Discuss patient's and nurse's expectations about the hospitalisation period, including expectations about patient's involvement in care
- Invite the patient to actively participate in care activities, for example by involving the patient in performing a nursing procedure, or by checking together which activities the patient can perform on his/her own
- Determine daily with the patient whether he/she can and wants take control of self-management activities during hospitalisation (if necessary after training and under supervision)
  - related to daily living activities (ADL) during hospitalisation
  - related to medication use (p.e. diabetes care) during hospitalisation
  - related to monitoring symptoms during hospitalisation
  - related to nutritional intake, diet, keeping track of body weight and/or the intake and output of fluid during hospitalisation
  - related to the prevention of complications, for example by performing certain exercises or specific oral care during hospitalisation
  - with regard to other self-management activities, such as wound care, catheter care, etc.

5. Engage family and/or informal caregivers in patient's care
- Determine together with the patient whether/to what extent informal caregiver(s) and/or family are involved during the admission period
- Support the patient in involving the caregiver(s) and/or the family in his/her self-management
- In consultation with the patient:
  - invite informal caregiver(s) and/or family to attend information meetings about self-management
  - invite informal caregiver(s) and/or family to receive instruction on self-management skills
- Determine together with the patient whether/to what extent informal caregiver(s) and/or family are involved after the admission period
- In consultation with the patient:
  - invite informal caregiver(s) and/or family to discuss the patient's request for help after discharge
  - ask informal caregiver(s) and/or family to offer the patient physical, social and psychological support at home
  - ask informal caregiver(s) and/or family to support the patient at home in complying with the guidelines/regimen

6. Support transition from hospital to home
- Discuss the home situation with the patient and determine the goals for discharge together
- Determine with the patient the planning of the discharge
- Verify if the patient has questions about performing self-management activities at home
- Verify that the patient knows where to go with questions in the home situation
- Contact the patient by phone after discharge to answer any questions

patient and without regard to potential problems that may arise after discharge. For post-discharge self-management however, the patient needs not only knowledge, but also a plan and the ability and motivation to carry out that plan (Horwitz, 2017).

The activities of the proposed conceptualization should not be considered in isolation, but rather as a whole from which to choose, depending on the needs, wishes and possibilities of the patient. Most of the activities are described in abstract terms and need further

content aimed at supporting the self-management of specific patient populations.

Another question that arose from panellists' comments had to do with the difference between self-care and self-management. Some panellists asked whether certain activities support self-management or support self-care. Self-management can be seen as a subset of self-care, focusing on managing the actual or potential impact of disease (Richard & Shea, 2011; Richmond & Connolly, 2020). From this point of view, self-care activities such as activities of daily living (ADL) can be seen as self-management when the disease makes it different from usual. Nurses see stimulating ADL as self-management support, as a first step to regain the patient's self-confidence and as a starting point to perform more self-management tasks (Otter et al., 2021). Therefore, encouraging patient's self-responsibility for ADL tasks is seen as part of supporting the self-management of hospitalised patients.

Finally, panellists noted that some activities seem to focus on patient participation rather than self-management. Understandable, because both concepts are interrelated and fit in with the trend towards a more participatory healthcare (Castro et al., 2016). Various studies have shown that patient participation has a positive effect on self-management (Longtin et al., 2010). Patient participation is seen as a strategy to achieve patient-centeredness and patient empowerment, which stimulates self-management (Castro et al., 2016). Therefore, it can be argued that activities stimulating patient participation also support self-management.

Self-management does not stop when a patient is hospitalised. It is patient's daily task (Lorig & Holman, 2003). Self-management support is central to nursing, also within the hospital setting.

There are many conflicting definitions of self-management and self-care (Richmond & Connolly, 2020), which may explain why differences in perspectives on self-management became apparent in our Delphi study. Despite these differences, the Delphi panel agreed on the appropriateness and completeness of the conceptualization of nurses' support of inpatients' self-management.

Self-management support to hospitalised patients, regardless of whether the reason for hospitalisation is chronic or acute, has been understudied. Our Delphi study provides an impetus for further discussion on the topic. Next step is to develop self-management support programs for specific hospitalised patient populations, based on this conceptualization, and to assess the effectiveness of these programs on patients' self-management.

6.1 | Strengths and limitations

We chose to conduct a Delphi study because this method is an appropriate group method that does not require the panellists to meet physically. It also made it easy to involve international experts. Our study solicited information from three groups of experts with a wide range of experience to ensure that the entire spectrum of opinions was taken into account. This strengthened the likelihood that the results will hold across multiple contexts and settings.

It proved to be difficult to include patients who were able to reflect on issues related to self-management, which is why we did not reach the target number of 12 participating patients. Researchers who met the inclusion criteria and were willing to participate were also difficult to find. The RAND/UCLA Appropriateness method indicates a range of 7–15 participants (Fitch et al., 2001), therefore nine participants from the group of patients and researchers were considered suitable.

In general, the Delphi method has been criticised with regard to reliability and validity (Keeney et al., 2001). There is no guarantee that the same results will be obtained in another panel of experts and the validity of the results would be debatable because the researcher has no influence in the development of the following questionnaires. Quality criteria used in qualitative research are more appropriate to evaluate a Delphi study (Keeney et al., 2001). We focused on trustworthiness and performed and described this study according to the evaluation points of Delphi studies by Nasa et al. (2021) and the CREDES guidance (Jünger et al., 2017). This enhanced its trustworthiness and provides insight into the quality of the study. Another strength of study was the use of the clear rules of the RAM classification procedure to determine the appropriateness of the activities propose (Fitch et al., 2001). There is no standard threshold for determining consensus in a Delphi study. The RAM developed a method, based on the classic definition for agreement within a 9-member panel (meaning that agreement exists when no more than two panellists rate outside the 3-point region with the median) that can be applied to any panel size (Fitch et al., 2001). Also the high response rate for both rounds (96.7% and 90%) is a strength of this study.

In the interpretation of the results, some limitations should be considered. First, only Dutch patients and nurses were included, which may limit the generalizability of the findings. We involved international experts to reduce this effect. Secondly, because this Delphi study was conducted with several groups of experts, including patients, we did not use a scientist definition of self-management, but gave a simple and broad description. This confused some respondents from the group of researchers, probably because they usually use a different definition. This may have led to some of the comments made about the boundaries of the concept. Third, the modifications made after the second round were not presented to the Delphi panel. These were minor textual adjustments that most likely would not have led to a different result. We also did not discuss the issues surrounding the boundaries between self-management and self-care that emerged in the second round, because the number of Delphi rounds were predetermined on two. However, the difference between, and the relationship among self-management and self-care are not clear in the literature (Richard & Shea, 2011; Richmond & Connolly, 2020) and both terms are often used interchangeably (Wilson et al., 2006).

A third Delphi round would not have clarified this. Finally, the evidence for the effectiveness of these nursing activities on self-management has not been investigated. The existence of consensus within a Delphi study does not mean that the correct answer has been found (Keeney et al., 2001). Our Delphi study did not yield a

right or wrong answer, but a valid opinion of experts in the field of self-management and self-management support.

7 | CONCLUSION

After textual adjustments and the addition of some activities, the proposed conceptualization of nurses' support in patients' self-management while hospitalised have been considered appropriate and complete by a Delphi panel consisting of patients, nurses and researchers. The final conceptualization consists of 56 nursing activities divided into 6 sets (See Box 3).

The Delphi study also gave us insight into some issues surrounding this concept. Different perceptions about the boundaries between self-management and self-care exists and it is not always clear how self-management support relates to general nursing care and patient participation.

The results can be considered as a starting point for practice to discuss these issues, and develop, implement and research self-management programs specific for their patient population.

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CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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