



# **The opinions and experiences of nursing professionals on self- management support in dementia care: a mixed methods study**

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## **Abstract**

**Background:** Because of the growing number of people with dementia, the importance of self-management support by nursing professionals is increasing. Currently it is unknown how nursing professionals think about self-management support in the care of people with dementia.

**Aim:** Gaining information about the current opinions and experiences of nursing professionals about self-management support in the daily care of people with dementia and their family caregivers. **Research question:** 'What are the current opinions and experiences of nurses and certified nursing assistants, working in home, residential and nursing home care, about self-management support in the care of people with dementia?'

**Method:** A mixed methods approach. Secondary analyses were done on quantitative data of a formerly conducted cross-sectional survey among a national representative sample of 206 nursing professionals. Twelve semi-structured interviews were used to study the opinions and experiences more in-depth.

**Results:** Most participants experienced self-management support as a part of their job and mentioned positive effects. They defined self-management support as helping people with dementia to maintain the control of their lives by involving them in decisions in daily care. The family caregiver plays an important role in this process. Nursing professionals didn't feel sufficiently trained and skilled to perform self-management support.

**Conclusion:** The opinions and experiences of nursing professionals towards SMS in dementia care are overall positive. Focus on supporting self-management of the family caregiver is important and has to be improved. Most nursing professionals needed training in self-management support and do think that it is an appealing task in the future.

**Recommendations:** More publicity, time en training is necessary to perform self-management support properly for people with dementia and their family caregivers. Supporting self-management of the family caregiver needs more attention as well.

**Keywords:** self-management support, nursing professionals, dementia, family caregiver

## **Samenvatting**

**Inleiding:** Zelfmanagementondersteuning kan een belangrijke rol spelen in de zorg voor ouderen met dementie. Het is onbekend hoe verpleegkundigen en verzorgenden denken over zelfmanagementondersteuning in de zorg voor ouderen met dementie.

**Doel:** Het doel is om informatie te verkrijgen over de meningen en ervaringen van verpleegkundigen en verzorgenden over zelfmanagementondersteuning in de dagelijkse zorg voor ouderen met dementie en hun mantelzorgers. **Onderzoeksvraag:** 'Wat zijn de meningen en ervaringen van verpleegkundigen en verzorgenden, werkend in thuiszorg en verpleeghuis, over zelfmanagementondersteuning in de zorg voor ouderen met dementie?'

**Methode:** Deze studie maakt gebruik van mixed methods benadering, waarbij secundaire analyses zijn gedaan op kwantitatieve gegevens van een voorheen uitgevoerd dwarsdoorsnede onderzoek onder een nationaal representatieve steekproef van 206 verpleegkundigen en verzorgenden. Twaalf semigestructureerde interviews zijn gebruikt om meer diepgang in deze meningen en ervaringen te krijgen.

**Resultaten:** De meeste deelnemers ervaren zelfmanagementondersteuning als onderdeel van hun werk en ervaren positieve effecten van de activiteiten die zij gebruiken. Zij omschrijven zelfmanagementondersteuning als het ondersteunen van ouderen met dementie door ze te betrekken bij beslissingen in hun dagelijkse verzorging om de controle over hun leven te behouden. De mantelzorger speelt een belangrijke rol in dit proces. Verpleegkundigen en verzorgenden voelden zich niet voldoende opgeleid om zelfmanagementondersteuning uit te voeren.

**Conclusie:** De meningen en ervaringen van verpleegkundigen en verzorgenden over zelfmanagementondersteuning in dementiezorg zijn positief. Het ondersteunen van het zelfmanagement van de mantelzorger is ook belangrijk en moet worden verbeterd. De meeste verpleegkundigen en verzorgenden hebben training nodig op het gebied van zelfmanagementondersteuning. Zij vinden het een aantrekkelijke taak in de toekomst.

**Aanbevelingen:** Meer publiciteit, tijd en scholing zijn nodig om zelfmanagementondersteuning goed uit te voeren bij mensen met dementie en hun mantelzorgers. Ook is meer aandacht voor de mantelzorger vereist.

**Trefwoorden:** zelfmanagementondersteuning, dementie, mantelzorgers, verpleegkundigen, verzorgenden

## Introduction

Dementia is one of the most common chronic diseases among elderly people(1). Self-management support (SMS) is a key concept in healthcare policy of the Netherlands in the care of chronically ill people. The growing number of elderly and chronically ill people increases the importance of promoting self-management by healthcare professionals(2-4). The UK Health Foundation (2012) defines SMS as 'Providing information and encouragement to help people maintain greater control by understanding their condition and being able to monitor and take appropriate action'(5). This Health Foundation review shows that several studies have examined the impact of supporting self-management for people with long term conditions. Although the findings of studies are mixed, the totality of evidence suggests that supporting self-management can have benefits for people's attitudes, behaviours, quality of life, clinical symptoms and use of healthcare resources. By using SMS, healthcare professionals can help people with dementia (PwD) and their family caregivers to get the information they need to manage their conditions and develop the confidence to make healthy choices(5).

Among nurses and certified nursing assistants (CNA's) the emphasis on SMS is growing. In the new professional profiles, developed by the Dutch professional association of nurses and CNA's (V&VN), SMS is an important task of nurses and CNA's(further referred to as nursing professionals)(6). This reorientation of healthcare requires nursing professionals capable of supporting self-management. SMS is not self-evident for PwD, mainly because of the progressive cognitive impairment. However, SMS could be used in early stage dementia(7).

Advanced dementia could lead to a greater reliance on support of family caregivers and nursing professionals and cause stress, anxiety or depression for family caregivers(1,8). Therefore it is important that family caregivers are supported in their care for PwD and in their own self-management. There is little evidence about how nursing professionals perform SMS in their daily work with PwD(2,9). Therefore it is important to gain insight in the current opinions and experiences of nursing professionals regarding SMS for PwD and their family caregivers. These opinions on SMS were part of the survey presented to the Nursing Staff Panel of the Netherlands Institute for Health Services Research(10). This Panel represents a national sample of nursing professionals en is surveyed about work related topics(11). Nursing professionals were questioned about their knowledge, skills and attitude towards SMS, allowing more insight into how they perceive their work. The initial analysis of the survey was focused on nursing professionals who work with chronically ill people in general, but not especially on nursing professionals who work with PwD(10).

## **Problem statement, aim and research questions**

Nursing professionals' thoughts about using SMS in the care of PwD are unknown. The aim of this study was gaining information about the current opinions and experiences of nursing professionals about SMS in their daily care of PwD and their family caregivers. Therefore we conducted secondary analyses on a sample of nursing professionals working with PwD. Additionally, semi-structured interviews were conducted to gain better insight in their experiences and opinions. This may help develop and implement SMS interventions which can improve the care by nursing professionals for PwD. In the care of PwD, the family caregiver is included.

The research question was: What are the current opinions and experiences of nurses and certified nursing assistants, working in home, residential and nursing home care, about self-management support in the care of people with dementia?

### **Sub questions**

- Do nurses and certified nursing assistants, working with people with dementia, experience self-management support as part of their job? How do they describe self-management support? And which self-management activities do they perform?
- Do nurses and certified nursing assistants, working with people with dementia, feel they are sufficiently trained and skilled for self-management support?
- Do nurses and certified nursing assistants, working with people with dementia, think that self-management support is an appealing task in the future?

## **Methods**

### **Study design**

The design for this descriptive study was based on a mixed methods approach in which the research questions were answered by using both quantitative and qualitative data, providing better understanding of the problem than by using only the dataset(12). The study started with secondary analysis of a quantitative dataset from 2012 with survey questions about knowledge, skills and attitude of nursing professionals towards SMS. This dataset was part of a cross-sectional survey, conducted among the 'Nursing Staff Panel', a national representative sample of nursing professionals (further referred to as panel) who complete survey questionnaires about work-related topics on a regular base(10).

During the qualitative part of this study semi- structured interviews were used to study the opinions and experiences of nursing professionals about the role of SMS in their work with PwD. For this part the 'Generic Qualitative Method' was used. It has some characteristics of other approaches ,e.g. grounded theory, but does not have a strict guiding set of assumptions in the form of one qualitative methodology. The focus of this method is the identification of patterns and categories with the aim of describing and explaining phenomena(13).

This study was conducted according to the Declaration of Helsinki (59th WMA General Assembly, Seoul, Korea, Oktober 2008)(14). Approval by the Medical Research Ethics Committee was not required because nursing professionals were not subjected to actions and no rules of conduct were imposed(15). Participation was voluntary.

## **Participants**

### Quantitative part

The quantitative data were collected among the panel. A total of 206 participants, 46 nurses and 160 CNA's, who met with the following inclusion criteria: 1. registered nurse or CNA, 2. working in home, residential home or nursing home care, 3. working with PwD. Although there was a statistically significant difference in age, the panel was largely representative for all Dutch nursing professionals(16). Professionals for the panel were recruited from a random sample of nursing staff registered with the National Employee Insurance Agency(17). The survey of the panel was spread among 1148 members of the panel, of which 753 responded(10). The characteristics of the 206 nursing professionals are presented in table 1.

### Qualitative part

Participants for the interviews were approached through purposive sampling in the professional network of the researcher(18). The professionals were selected on difference in educational level, age and setting. Participants worked in different healthcare institutions, in a city or rural area, to ensure a wide range of perspectives and experiences(19). The participants' background characteristics were largely comparable with the nursing professionals involved in the quantitative part of the study. A difference was that no professionals working in residential homes were involved, because in the Netherlands these homes will be closed in the near future(20). In total twelve participants were recruited and interviewed. This sample was enough to reach data saturation, which is consistent with a review of Guest et al.(21). The characteristics of the interviewed nursing professionals are presented in table 2.

## **Data collection**

### Quantitative part

Secondary analyses were done in January and February 2014 on the data of the panel. The questions were part of a questionnaire which was tested on comprehensibility and clarity among the study population(10). The multiple-choice questions referred to background characteristics, SMS activities used by nursing professionals in daily practice, SMS as part of the job, skills and knowledge of SMS and SMS as an appealing task in the future(10).

### Qualitative part

The interviews were conducted from March to May 2014 and lasted approximately one hour. Each participant was invited by email with an information letter. After the participants agreed they were invited for the interview. Before the first interview started, four test interviews took place with two CNA's and two nurses. The interviews took place at the respondent's home or work address and consisted of two separate parts of half an hour each. The first part was used by a research member to study care-related prevention in dementia care and the second part contained questions for the current study. A topic list was used as a guideline for the interviews to ensure all topics came up for discussion(19). The questions and topics in the topic list were inspired by the analysed data of the quantitative part of the study. The topics included: 1. Definition, activities and experiences with SMS 2. SMS and the family caregiver 3. Skills and knowledge of SMS 4. SMS as an appealing task in the future.

## **Data analysis**

### Quantitative part

Descriptive analyses were used to compare the background characteristics of the professionals. The differences between healthcare sectors and professions were analyzed using chi-square tests. Percentages of the participants' SMS activities were counted in relation to the total group of participants who answered the question. If  $p < 0.1$  difference was considered to be significant(16). Analyses were performed with Statistical Product and Service Solutions (SPSS 19).

### Qualitative part

Interviews were tape recorded and transcribed verbatim and anonymously. A research team of three, including the interviewer[PJH], were involved in the entire process of data analysis. They individually read the transcripts. After every three transcripts the new main subjects

were discussed by means of constant comparison. Then the topic list was critically checked and questions were added if necessary. The principles of the guiding tool of Qualitative Analysis Guide of Leuven and software MAXQDA, version 11.0.8, were used to analyze the qualitative data(22). The coding process started with open- and axial coding to categorizing data and then proceeded to selective coding to search connections between the categories according to the Grounded Theory approach(19). Peer review was performed by supervision of the research team. By using constant comparison, discussion and triangulation of the research findings the reliability and validity of this study was ensured(18,19).

## **Results (for illustrations see Table 3)**

### **Definition, activities and experiences with SMS**

83.2% of the participants in the panel experienced SMS as part of their job. Particularly participants who worked in residential care (88.1%) and homecare (93.2%) had this experience. Of the participants who work in nursing homes 62% experienced SMS less as part of their job ( $p < .10$ ). No differences were found between professions.

Some SMS activities mentioned in the questionnaire were deploying activities in personal care, using tools for SMS and helping PwD learning to deal with an uncertain future. A majority of the participants performed self-management activities that were mentioned in the questionnaire, with the exception of making contact with care- and welfare services (44.2%), strengthening the social network of the client (46.6%), making decisions about treatment (48.1%), stimulating exercises at home (49.5%) and learning to use new technologies to support self-management (19.4%). The activities differed per healthcare sector ( $p < .10$ ). In nursing homes there was less diversity in activities than in residential or homecare (Appendix A).

#### *Definition of SMS*

Most of the interviewed nursing professionals described SMS as helping a PwD to maintain the control of his/her life by involving the person in decisions in their daily care. They also mentioned that SMS is different for every individual situation. Some nursing professionals indicated the definition of SMS was not clear. Some of them described a difference between self-efficacy and SMS (Quote1).

The extent to which a person with dementia could make decisions, depends on the phase of dementia. Nursing professionals find it difficult to support self-management for people with advanced dementia. Most examples of SMS were activities in personal care like bathing,

nutrition and selecting clothes. Examples of SMS activities in welfare services are day care, listening to music and going outside. The nursing professionals supported self-management activities by giving clients a stimulus to perform the activity themselves. Participants described their position as a guiding role in this process.

#### *Position of the family caregiver*

All nursing professionals showed that the family caregiver plays an important role in SMS. Participants tried to involve family caregivers in the process of SMS (Quote2). They did this by using planned and unplanned conversations and by involving them in SMS activities. They also supported the family caregiver in dealing with the disease by informing them and by referring to other healthcare disciplines, like the Alzheimer Café or a case manager dementia. Some nursing home professionals indicated that family caregivers are not yet sufficiently supported in their self-management or involved in the process of SMS for PwD.

#### *Experiences*

The majority of participants experienced the use of SMS as positive. Some experienced that work became more fun. PwD responded positively and showed less resistance to performing activities (Quote3). Barriers of SMS by PwD were lack of time, too few staff, phase of the dementia and lack of time for family caregivers. Some participants said it was difficult to give PwD an active role in the care, because they are used to do this for them. Some PwD do not want to participate in SMS, because they believe it is the nursing professionals' task. Most participants described continuity in care, good contact with the family caregivers and co-operation of the client as facilitators. They also described that continuity in care could be reached in small teams of nursing professionals, so that the PwD gets all attention and team members know everything about the PwD. Most participants experienced SMS as part of their job and as a task for all team members.

#### *Work vision*

For participants the vision of the institute they work for also plays a role in the process of SMS. They indicated that SMS is defined in the vision of the institute and they work in accordance with this vision. Some indicated that managers have a controlling role in this process.

### **Knowledge and skills of SMS**

66.5% of the participants in the panel thought their knowledge and skills were sufficient to perform SMS, regardless in which healthcare sector they worked or which profession they performed ( $p < .10$ ) (Appendix A).

Most of the interviewed participants described education and experience as important sources of knowledge. The majority of participants needed training in this area, because they thought it is difficult to support self-management for PwD, especially people with advanced dementia. They preferred training in a team meeting by using case discussion, so they will be able to learn from each other and talk about recognizable cases. In case of insufficient knowledge or skills, some nursing staff members ask support from other disciplines, like a case manager dementia, a physician, an occupational therapist or a social worker.

### **SMS in the future**

61.6% of participants in the panel thought that SMS will be an appealing task in the future. 75.7% of the homecare workers thought it was an appealing task. 38.8 % of the nursing homes professionals thought it was an appealing task ( $p < .10$ ). No differences were found between the professions (Appendix A).

Most nursing professionals thought SMS will become more important in the future, because PwD will stay at home longer as a result of political decisions. In that new situation SMS will particularly be needed in homecare, according to some participants (Quote4). Most participants expected the family caregivers' role in the care of PwD will increase. Some of the participants doubted if this was possible, because family caregivers often have a busy life and should not be overcharged. They described it as their role to support family caregivers. Participants also indicated they needed more time for SMS in their future work. Nursing home professionals described the future less positive and thought that due to a lack of time there will be no time for SMS (Quote5). Some participants felt that the elder generation is changing towards taking more responsibility. This will help them to get familiar with SMS (Quote6).

### **Discussion**

This study shows the current opinions and experiences of nursing professionals about SMS in dementia care. Most of them experienced SMS as part of their job. They define SMS as helping PwD to maintain control of their lives by involving them in decisions in daily care. Most examples of SMS were activities in personal care and welfare services. Most nursing professionals indicated that family caregivers play an important role in SMS. Nursing professionals also thought their knowledge and skills were insufficient to perform SMS. Finally, nursing professionals, particularly those who work in homecare, consider SMS as an appealing task in the future.

By combining survey research and semi-structured interviews the opinions and experiences were comprehensively studied, which is a strong point of this study(18). Another strength is the diversity of respondents in educational level and sort of healthcare institutes.

Consequently, the results gave a realistic view of the opinions and experiences. By using data and research triangulation, the validity of the study was increased(18). A weak point could be that the sample of the nursing panel forms a mixed group. Some of them are also active in the care of people with other diseases. Maybe they considered these other diseases when answering questions about SMS for PwD. A limitation could be that the definition of SMS used in the survey and interviews was sometimes unclear for the respondents. Respondents might have thought about SMS in a less accurate way. This might have influenced their answers. Therefore every interview started with an explanation of the definition of SMS. Another limitation of the study was that the interviews consisted of two separate parts with different topics. The respondents might have been confused by this when answering the questions.

This is the first study of the opinions and experiences of nursing professionals about SMS in the care of PwD. They define SMS as helping PwD to maintain control of their lives by involving them in decisions in their daily care. They described SMS to be different in every individual situation. This corresponds with the study of Trappenburg et al. 2014, which states that it is clear that not all chronically ill patients benefit from the 'one size fits all' approach and that there is a need for tailored care in SMS, which is based on the individual patient(23).

Most interviews showed that the family caregiver plays an important role in SMS. This corresponds with a review of Parker et al. 2008 that shows that involving both family caregivers and PwD in the intervention, contributes to its effectiveness(24). Particularly homecare professionals mentioned this and tried to support the family caregiver in dealing with the process of the disease. Some nursing home professionals indicated that family caregivers are not yet sufficiently supported in their self-management or involved in the process of SMS for PwD. It is remarkable that this group indicated SMS of the family caregiver less as a part of their job, even though this is of importance for people with advanced dementia(10).

Most nursing professionals of the panel thought their knowledge and skills were sufficient to perform SMS. On the contrary, the majority of the interviewed participants needed training for SMS. Some also indicated that the definition of SMS was not clear. A possible explanation for this difference could be a misunderstanding of the definition. Participants did not link SMS activities they use to the definition of SMS. To improve knowledge about SMS among

nursing professionals, more publicity and training are needed, which is also recommended in the rapport of de Veer and Francke (2013)(10).

The majority of the panel who work in homecare thought that SMS is an appealing task in the future. Few of the participants that work in nursing homes thought it was an appealing task. These results show differences between healthcare sectors. This could be explained by the fact that people in a nursing home mostly suffer from more advanced dementia than people who live at home. Nursing professionals see fewer opportunities for SMS in cases of advanced dementia(10).

Finally, the results show it is important to emphasize SMS in the daily care of PwD and their family caregivers, more than is done right now. Therefore, more time, training and publicity for SMS is needed according to nursing professionals. It is essential to understand that SMS affects not only PwD, but also the family caregivers. The findings of this study are useful in daily care practice in home care or in nursing homes and should be kept in mind when developing new SMS interventions. The findings will help nursing professionals to use SMS in the care of PwD and their family caregivers.

## **Conclusion**

The opinions and experiences of nursing professionals towards SMS in dementia care are overall positive. It is important to keep in mind that SMS is different for every individual situation. Thereby the focus on SMS for the family caregiver by nursing professionals is important and has to be improved, particularly in nursing home care. Nursing professionals need more training to perform SMS. Most nursing professionals think that SMS is an appealing task in the future and stated that SMS and the role of the family caregiver will become more important in the future.

## **Recommendations**

More publicity, time en training is necessary to perform SMS properly for PwD and their family caregivers. More attention for SMS of the family caregiver by nursing professionals, particularly in nursing homes, is also required. Further research is needed into effective SMS activities and how to support the self-management of the family caregiver. Thereby, it is important to make a distinction in healthcare sectors to be able to compare them in a proper way.

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## Tables

**Table 1. Characteristics of the respondents in de panel(N=206)**

<b>Characteristics</b>	<b>%</b>
Gender	
Female	96,1
Male	3,9
Age	
<35	10,7
36-45	21,8
46- 55	37,4
56 – 65	30,1
Healthcare Sector	
Nursing home	26,7
Residential home	35,0
Home care	38,3
Educational level	
Registered nurse with	
bachelor of degree	8,3
associate level degree	14,1
Certified Nursing Assistants	77,7

**Table 2. Demographic characteristics of the interviewed respondents (N=12)**

Participant	Gender	Age	Level of education	Healthcare sector	Setting
1	female	<30	RN with a bachelor degree	Nursing home	City, western part of the Netherlands
2	female	40-50	CNA	Nursing home	City, southern part of the Netherlands
3	female	30-40	CNA	Home care	Rural area, central part of the Netherlands
4	male	<30	CNA	Home care	City, western part of the Netherlands
5	female	40-50	RN with associate level degree	Home care	Rural area, western part of the Netherlands
6	female	<30	RN with bachelor degree	Nursing home	City, southern part of the Netherlands
7	female	50-60	CNA	Nursing home	City, central part of the Netherlands
8	female	<30	RN with associate level degree	Nursing home	City, northern part of the Netherlands
9	female	<30	RN with bachelor degree	Home care	City, southern part of the Netherlands
10	female	<30	RN with associate level degree	Home care	Rural area, eastern part of the Netherlands
11	female	30-40	RN with associate level degree	Nursing home	Rural area, western part of the Netherlands
12	female	<30	RN with bachelor degree	Home care	Rural area, eastern part of the Netherlands

CNA: Certified Nursing Assistant, RN: Registered Nurse

**Table 3. Illustrative quotes**

<b>Opinions and experiences about SMS</b>	<b>Illustrative quotes<sup>a</sup></b>
<i>Definition of SMS</i>	1) Participant #10, who works in homecare, described SMS as: <i>“That the client experiences that he is still in control of his life and that he can make his own decisions[..]. That they still have the feeling that they can make their own choices in their lives. I think that is very important”.</i>
<i>Position of the family caregiver</i>	2) One participant #6 mentioned the position of the family caregiver as the following: <i>“It is good to have conversations with the family caregivers and to explain and check if they know what the process of dementia means. It is also important to explain the goals of your nursing interventions”.</i>
<i>Experiences</i>	3) Participant #8, who works in a nursing home, revealed experiences with SMS as: <i>“I experience less trouble with behaviour problems. If you allowed the clients to be in control of their own lives and [..] if you respect them, there will be less reason for aggression”.</i>
<i>Appealing task in the future</i>	<p>4) Participant #7 thought that SMS is an appealing task in the future: <i>“I think that SMS will be very important in the future. The number of nursing homes will decreased and people with dementia will have to live longer at home, so it is important that SMS is going to function very well”.</i></p> <p>5) Participant #11 described SMS as a less appealing task in the future: <i>“People will stay at home longer. That is why I believe that we [..] will take care of people with an advanced form of dementia. These people can’t do very much anymore, so you take over more tasks and there is less SMS”.</i></p> <p>6) Participant #5, who works in homecare, mentioned the following about the next generation of elderly people: <i>“The generation of people in the age of around 70 are getting more emancipated and are willing to look up things by themselves, for example by visiting a discussion group or searching on the internet for information about the development of a disease in an early stage. I think that our current clients don’t do that, because they haven’t grown up with it”.</i></p>
<sup>a</sup> Quotes have been slightly edited to increase readability	

**Appendix A. Secondary analysis (quantitative part) based on the questionnaire of the Nursing Staff Panel**

**Table A. SMS for people who are ill is a task for my profession, divided by healthcare sector and by profession**

<b>It belongs to the tasks of the group healthcare professionals I belong to, to do SMS activities to support the self-management of people who are already (chronically) ill.</b>				
	<b>Nursing home</b>	<b>Residential home</b>	<b>Home care</b>	<b>Total</b>
<b>(Totally) agree</b>	62.0	88.1	93.2	83.2
<b>Neither agree nor disagree</b>	26.0	11.9	2.7	12.0
<b>(Totally) disagree</b>	12.0	0.0	4.1	4.7
<b>Total</b>	100.0	100.0	100.0	100.0
Pearson chi2 (4) = 26.097, p = 0.000				
<b>It belongs to the tasks of the group healthcare professionals I belong to, to do SMS activities to support the self-management of people who are already (chronically) ill.</b>				
	<b>Nurse bachelor degree</b>	<b>Nurse associate degree</b>	<b>CNA</b>	<b>Total</b>
<b>(Totally) agree</b>	100.0	100.0	78.2	83.2
<b>Neither agree nor disagree</b>	0.0	0.0	15.6	12.0
<b>(Totally) disagree</b>	0.0	0.0	6.1	4.7
<b>Total</b>	100.0	100.0	100.0	100.0
Pearson chi2 (4) = 11.506, p = 0.021				

**Table B. Perceived knowledge and skills related to SMS, divided by healthcare sector and by profession**

<b>Do you think you have enough knowledge and skills to perform SMS activities for people who are already (chronically) ill?</b>				
	<b>Nursing home</b>	<b>Residential home</b>	<b>Home care</b>	<b>Total</b>
<b>Yes</b>	61.2	71.2	65.8	66.5
<b>Enough knowledge, but not enough skills yet</b>	16.3	7.6	5.5	9.0
<b>Not enough knowledge, but sufficient skills</b>	12.2	6.1	12.3	10.1
<b>No, both my knowledge and</b>	10.2	15.2	16.4	14.4

<b>skills should be further trained</b>				
<b>Total</b>	100.0	100.0	100.0	100.0
Pearsons chi2 (6) = 6.974, p = 0.323				
<b>Do you think you have enough knowledge and skills to perform SMS activities for people who are already (chronically) ill?</b>				
	<b>Nurse bachelor degree</b>	<b>Nurse associate degree</b>	<b>CNA</b>	<b>Total</b>
<b>Yes</b>	62.5	71.4	66.0	66.5
<b>Enough knowledge, but not enough skills yet</b>	12.5	0.0	10.4	9.0
<b>Not enough knowledge, but sufficient skills</b>	12.5	14.3	9.0	10.1
<b>No, both my knowledge and skills should be further trained</b>	12.5	14.3	14.6	14.4
<b>Total</b>	100.0	100.0	100.0	100.0
Pearsons chi2 (6) = 3.975, p = 0.680				

Table C. Attractiveness of increase in time for the use of SMS activities, divided by healthcare sector and by profession

<b>How attractive do you find it if you have to spend more time in the future for SMS activities for people who already (chronically) ill?</b>				
	<b>Nursing home</b>	<b>Residential home</b>	<b>Home care</b>	<b>Total</b>
<b>I find this no pleasant prospect</b>	12.2	3.0	5.4	6.3
<b>I do not care</b>	49.0	34.3	18.9	32.1
<b>I would like this</b>	38.8	62.7	75.7	61.6
<b>Total</b>	100.0	100.0	100.0	100.0
Pearsons chi2 (4) = 18.997, p = 0.001				
<b>How attractive do you find it if you have to spend more time in the future for SMS activities for people who already (chronically) ill?</b>				

	Nurse bachelor degree	Nurse associate degree	CNA	Total
I find this no pleasant prospect	0.0	7.1	6.8	6.3
I do not care	0.0	35.7	34.9	32.1
I would like this	100.0	57.1	58.2	61.6
Total	100.0	100.0	100.0	100.0
Pearsons chi2 (4) = 10.913, p = 0.028				

**Table D. Percentage of nursing professionals that performs the following SMS activities**

I support self-management of my clients by using the following activities:	Yes	No, because it is not my professional task	No, because it has never occurred to me, although it is one of my professional tasks	No, because clients do not need these tasks to be done for them
Deploying activities in personal care	87.9	0.5	0.0	4.4
Using tools for SMS	85.0	1.0	0.5	6.3
Calling help if needed (1)	83.0	1.9	0.5	7.8
Dealing with limited energy levels (1)	79.6	1.5	2.4	9.7
Learning to deal with emotions and stress (1)	79.1	2.4	2.4	8.7
Understanding the information of physicians or other healthcare professionals (1)	78.2	3.4	1.5	9.7
Stimulating medication adherence (1)	78.2	1.5	0.5	13.1
Learning to deal with pain or limitations(1)	77.7	2.9	1.0	11.2

<b>Monitoring the clients' symptoms(1)</b>	74.8	1.5	2.9	12.6
<b>Stimulating the clients' autonomy (1)</b>	74.8	1.9	1.9	13.6
<b>Consulting healthcare professionals when needed (1)</b>	71.8	6.3	2.4	11.2
<b>Letting clients maintain control of their lives (1)</b>	70.9	5.8	2.4	12.6
<b>Using family care givers and volunteers when needed (1)</b>	67.5	8.3	3.9	12.6
<b>Visiting physicians or other healthcare professionals(1,2)</b>	60.2	12.6	1.5	18.0
<b>Learning to deal with an uncertain future (1)</b>	60.2	6.8	5.3	19.4
<b>Letting clients monitor their own health (1)</b>	56.8	7.3	4.9	23.8
<b>Stimulating clients to use the (limited) possibilities to go out on activities (1,2)</b>	50.5	12.1	4.9	24.3
<b>Stimulating exercises at home(1)</b>	49.5	11.7	5.3	25.7
<b>Making decisions about treatment (1)</b>	48.1	18.4	4.9	18.9
<b>Strengthening the social network of the client (1)</b>	46.6	18.0	7.3	20.4
<b>Making contacts with care- and welfare services(1,2)</b>	44.2	14.6	8.7	25.7
<b>Using new technology (for example: internet or e-health programs) to promoting the self-management (2)</b>	19.4	17.0	12.1	43.2

(1) a statistically significant difference among healthcare sectors (Chi2 p<.01); (2) a statistically significant difference among healthcare professions (Chi2 p<.01)