INTRODUCTION

Review question / Objective: This study undertook a meta-synthesis of qualitative data with the aim of collating, synthesizing, and evaluating the current evidence regarding the experiences of singing for people with advanced chronic respiratory disease.

Rationale: Although there remains insufficient evidence regarding singing programs as effective strategies for achieving clinically significant health outcomes, this non-pharmacological intervention appears to be subjectively low-risk and well-tolerated by people with advanced chronic respiratory disease.

Condition being studied: Advanced respiratory illnesses are disorders that impact the airways and other structures of the lung. People with lung cancer, chronic obstructive pulmonary disease (COPD) and interstitial lung disease (ILD) frequently experience progressive, frightening breathlessness, cough and fatigue, which affect their quality of life. Furthermore, people with advanced chronic respiratory disease (CRD) and their carers experience a high prevalence of loneliness and uncertainty, especially if breathlessness is felt to herald death and thus, require both psychological and practical supportive care to cope with their symptoms.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 04 August 2022 and was last updated on 04 August 2022 (registration number INPLASY202280017).
interstitial lung disease (ILD) frequently experience progressive, frightening breathlessness, cough and fatigue, which affect their quality of life. Furthermore, people with advanced chronic respiratory disease (CRD) and their carers experience a high prevalence of loneliness and uncertainty, especially if breathlessness is felt to herald death and thus, require both psychological and practical supportive care to cope with their symptoms.

**METHODS**

**Search strategy:** Electronic databases (Medline, CINAHL, PsycINFO, and EMBASE) were systematically searched using the terms listed in Appendix 1 in June 2021 to examine published evidence regarding the effects of singing for people with any advanced CRD and their carers.

**Participant or population:** People with any advanced chronic respiratory disease and their carers.

**Intervention:** Singing for lung health.

**Comparator:** N/A.

**Study designs to be included:** Qualitative meta-synthesis.

**Eligibility criteria:** Studies were included if they had been peer-reviewed and published in English from 1980 onwards. Articles were required to report the experiences of singing for people with advanced CRD using primary empirical qualitative data, which may be in the form of at least one direct quote or observations. Population Adults (>18 years old) with advanced CRD, or specifically people with COPD or ILD and their carers.

**Information sources:** Electronic databases (Medline, CINAHL, PsycINFO, and EMBASE) Qualitative data collection methods- Focus group discussions, interviews, observation etc. Qualitative approaches for data analysis- Grounded theory, thematic synthesis, framework synthesis, etc. Document type- Published studies.

**Main outcome(s):** Exploring the experiences of participating in singing for breathing programs by people with advanced CRD. The temporal nature of the changes in relation to the conduct of the singing program forms the map against which these changes became evident.

**Quality assessment / Risk of bias analysis:** Critical Appraisal Skills Program Checklist Appraisal.

**Strategy of data synthesis:** Data were analysed using a three-stage thematic synthesis in accordance with the methods for the thematic synthesis of qualitative research in systematic reviews guidance.

**Subgroup analysis:** N/A.

**Sensitivity analysis:** N/A.

**Language restriction:** English.

**Country(ies) involved:** Australia.

**Keywords:** Chronic respiratory disease; chronic obstructive pulmonary disease; interstitial lung diseases; Quality of Life; qualitative research; self-management; singing.

**Contributions of each author:**
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