

INPLASY PROTOCOL

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Elements of lung transplant recipients' recovery in residential long-term care: a scoping review

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None declared.

Review question / Objective: The proposed scoping review will address the following question: 1. To describe elements of recovery of lung transplant recipients in residential long-term care. 2. To identify factors (positive / negative) considered relevant to the success of the lung transplant recipients' recovery.

Background: Lung transplantation is an established treatment for patients with end-stage lung disease. The recovery process after lung transplantation is very demanding due to lifelong immunosuppressive medication involving increased risk of infections and numerous restrictions. Our scoping review seeks to identify key characteristics and factors related to lung transplant recipients' recovery in residential long-term care.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 August 2022 and was last updated on 17 August 2022 (registration number INPLASY202280067).

INTRODUCTION

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process after lung transplantation is very demanding due to lifelong immunosuppressive medication involving increased risk of infections and numerous restrictions. Our scoping review seeks to identify key characteristics and factors related to lung transplant recipients' recovery in residential long-term care.

Rationale: Nowadays, the specific details of home recovery of lung transplant recipients are not clear. Lundmark et al have conducted many studies in this area, but the conclusions are mostly based on qualitative research results, which might limit the generalization of the results. For this reason, the purpose of this scoping review is to identify key characteristics and factors related to lung transplant recipients' recovery in residential long-term care to organize support for and guide lung transplant recipients, which might ultimately improve patient self-management.

METHODS

Strategy of data synthesis: A scoping review conducted using the Arksey and O'Malley (2005) framework and reported in accordance with PRISMA-ScR. A comprehensive electronic literature search was performed by two authors in the PubMed, CINAHL, Embase, Cochrane library, Web of Science, and four Chinese databases (China National Knowledge Infrastructure, WanFang, WeiPu, and China Biology Medicine disc) to identify studies published from the establishment of the database to August 2022. For each database, the search strategy was personalized. The key search terms of lung transplantation (lung transplant*), recovery(recover*/ rehabilitation*/ activities of daily living) were a combination of medical subject heading terms (MeSH) and entry terms.

Eligibility criteria: (1) Participants: adult lung transplant recipients (age ≥ 18 years); received single-lung or double-lung transplantation. (2) Concept: We adopt the concept of post-transplant recovery in lung

transplant recipients proposed by Lundmark et al: "Post-transplant recovery is a dynamic, demanding process involving a transition from pre-transplant severe illness to a state of experienced health, achieved by adjusting to regained physical, psychological, social and habitual functions. Essential parts of the transitional recovery process consist of symptom management, achieving an optimum level of psychological well-being, social adaptation and reconstructing daily occupations." (3) Context: We will include lung transplant recipients recovering at home; detailing study on post-discharge recovery in lung transplant recipients, including symptom management, achieving an optimum level of psychological well-being, social adaptation and reconstructing daily occupations. We will not include research on recovery from lung transplant surgery such as recovery from anesthesia, etc. (4) Types of evidence sources: We will include quantitative and qualitative literature. Studies must be full texts and published in a peer-reviewed journal. We plan to include the following study designs: qualitative studies, quantitative evaluation studies (cross-sectional studies / randomized controlled trials / non-randomized controlled trials / cohort studies), mixed methods studies and reviews in which the search strategy and selection criteria is clearly reported. We will not include the following study designs: editorials or commentaries, literature reviews which do not clearly report the search strategy and selection criteria.

Source of evidence screening and selection: All of the searched records were imported into Endnote X9.1 to eliminate duplicate studies. Then, one review author will read the titles of the identified references and eliminate any obviously irrelevant studies. One reviewer will screen all of the abstracts ranking them as relevant, irrelevant or unsure. A second reviewer will double screen a random sample of 10% of the abstracts and any disagreements will be resolved through discussion involving a third reviewer if required. Studies ranked as irrelevant will

be excluded. The full text of the remaining studies will then be obtained. Full text screening will be conducted independently by two review authors with a third resolving any disputes.

Data management: A standardized data extraction form was developed. Data from each included study were extracted independently by two reviewers. Any disagreements between reviewers were resolved by discussion or— if no consensus could be reached— by involving a third reviewer. The data extraction form included the following specific details: source (author(s), year of publication, origin), aims, context, study design and methods, characteristics of the participants and sample size, inclusion and exclusion criteria, outcomes, and the description of the concept— the recovery of lung transplant recipients. Extraction items describing the lung transplant recipients' recovery were selected following TIDieR (Template for Intervention Description and Replication) .

Reporting results / Analysis of the evidence: We plan to use a deductive approach to identifying and coding elements using a predefined list of the four components based on the framework of post-transplant recovery after SOT(Solid organ transplantation) proposed by Lundmark. Any data (elements) identified that does not fit into any of the predefined codes will be coded as 'other' and we will use inductive coding approach to develop themes and subthemes from this additional data. In addition, we also describe factors (positive / negative) considered relevant to the success of the lung transplant recipients' recovery.

Presentation of the results: Tables and figures will present the extracted data for each extraction category, followed by detailed descriptive analyses.

Language restriction: There is no language limitation of the included articles, and the search terms applied English and Chinese.

Country(ies) involved: China.

Keywords: lung transplantation; nursing; long- term care; post-transplant recovery

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