INPLASY PROTOCOL

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None declared.

Dignity in Health Services: Study from Different Perspectives and Stakeholders

Marques, ICP[1]; Teixeira, MLM[2]; Nogueira, FX[3].

Review question / Objective: Research Question: What are the main concepts of dignity used in the literature related to health care and what are the gaps in theoretical and empirical studies that make it possible to propose effective strategies to promote the dignity of patients and users?

The scoping review aims to (1) provide a comprehensive, bibliometric overview of dignity in Health, (2) point out the thematic trends, research topics, theories, methods presented in the studies, countries, authors, (3) contribute to the development of emerging issues and opportunities within dignity in health to identify gaps in the literature and guide future research directions and recommendations to decision makers in Health.

Background: Positive results in health come from factors such as appreciation and respect, participation in decisions, positive self-esteem, and the ability to exercise control over one's own life, indicating that the patient's perception of their own dignity is a central element of care. It is a complex concept, difficult to define due to lack of clarity as to what it implies.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 05 April 2023 and was last updated on 05 April 2023 (registration number INPLASY202340011).

INTRODUCTION

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Rationale: A scoping review of how academia identifies relevant topics on dignity in healthcare becomes necessary as care is shifting towards a more person-centered model; however, different people, of different nationalities, may have difficulties accessing equitable healthcare. Given these difficulties, it is important to consider how the humanizing principle, Dignity, can be better incorporated into health and social care practices to ensure that they are receiving equitable treatment and support.The present project emerges due to the need for in-depth and integrated knowledge on the subject of Dignity and Health, both from the patients' perspective and from the perspective of Health management, in the public and private sectors.

METHODS

Strategy of data synthesis: Search March 29, 2023. We conducted an extensive literature retrieval. Three bibliographic databases, including ISI Web of Science (WoS), EBSCO, and SCOPUS were systematically searched to retrieve the potential literature. The search terms were developed based on three concepts: (1) Dignified Care, (2) Dignity, (3) Health. Within each concept, we used the Boolean operator AND.
The search performed in the SCOPUS Database is as follows: TITLE-ABS-KEY (Dignified AND Care, AND Dignity, AND Health). There were no limitations (subject area, language, source type, source title, publication stage, affiliation).
In the WoS Database we used the Core Collection (All fields), with the following search: ALL (Dignified AND Care, AND Dignity, AND Health), without any limitation. At EBSCO, we use: All Results, from 1998-2022, with the following keywords: (Dignified AND Care, AND Dignity, AND Health), (All fields).

Eligibility criteria: Studies will be included if they are:
(1) Primary studies relevant to our research topic (if review articles such as scoping review articles are potentially relevant, the mentioned and relevant primary articles should be selected and included).
(2) Conference paper and literature review.
(3) Direct and/or indirect public or private sector participation.
Studies will be removed if they are:
(1) Letters, meeting abstracts, media reports, content feeds.
(2) Articles that do not focus on the topics of dignity and health.

Source of evidence screening and selection: Following the removal of duplicate literature, a three-step screening phase will be completed by two members: (1) title screening based on exclusion criteria; (2) abstract screening; and (3) full-text screening based on eligibility criteria. The reviewers will discuss discrepancies and modify the eligibility criteria and the drafting document. Screening will be initiated when 75% agreement is obtained. Reasons for any exclusion after review of the full text will be recorded. The reviewers resolve disagreements through discussion throughout the screening process. A third reviewer makes the final decision if the two paired reviewers cannot resolve the disagreement. The process will be interactive to ensure that all relevant studies are included. A pilot test will be implemented to ensure consistency between reviewers. The search results and study selection process will be reported in the final scoping review and presented in the PRISMA Extended Scoping Review (PRISMA-ScR) flowchart. After the entire

process, all data are recorded and exported in Excel format.

Data management: They may be based on bibliographic data:
Co-authorship: lists the items according to the number of documents co-authored. The items can be authors, organizations or countries.
Co-occurrence: lists keywords according to the number of times they occur together in a document.
Citation: lists the items according to the number of times they cite each other. The items can be documents, sources, authors, organizations or countries.
Bibliographic Coupling: lists the items according to the number of references they share. The items can be documents, sources, authors, organizations or countries.
Co-citation:lists the items according to the number of times the citation occurs together. The items can be references cited, sources cited or authors cited.
b) Based on text data:
Co-occurrence based on text data: lists items according to the number of times they occur in a document together. The items can be titles, abstracts, titles and abstracts.
The analyses provide a graphical view of the interconnection of the key terms in the documents, according to the strength of the link between them. Use of the AMSTAR-2 grid, used by two investigators, will be employed to reduce the risk of bias.

Reporting results / Analysis of the evidence: A qualitative content analysis will be performed to obtain data and evidence from the literature included. Specifically, we will summarize the number of studies that address the public sectors, the main problems encountered, the main actors involved, the geographical location where each study is carried out, the purpose, the sources of information, the form of investigation, the ways of obtaining and processing data, and the predominant themes. As a complement, the VOSviewer software will be used for bibliometric analysis. Uso do PRISMA Extended Scoping Review (PRISMA-ScR)_2020.

Contributions of each author:
Author 1 - Isabel Marques - Co-first author of the protocol who drafted the protocol and led and provided feedback for the screenings and development of the research question, search and research strategy, eligibility criteria, protocol outline, data extraction and presentation plans, and formal screening of the research results against the eligibility criteria.
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Author 2 - Maria Luisa Teixeira - Co-first author of the protocol who led the refinement and modification of the search strategy, eligibility criteria, conducted and pilot test and formal screening of the search results against the eligibility criteria.
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