

INPLASY

The impact of COVID-19 on older adult experiences with healthcare: A systematic review protocol

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - There is no conflict of interest. Note: This systematic review is being completed as a thesis study toward completion of a Master of Science in Nursing (MSN) at Trinity Western University (TWU).

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 22 March 2024 and was last updated on 22 March 2024.

INTRODUCTION

Review question / Objective The aim of this systematic review is to explore older adult experiences with healthcare during the COVID-19 pandemic, synthesizing primary evidence from qualitative, quantitative, and mixed method studies. To this end, the proposed systematic review will address the following question: For older adults (P), how are their experiences with healthcare (I) impacted by the COVID-19 pandemic (Co)?

Rationale A preliminary review of the literature reveals potentially significant impacts of the COVID-19 pandemic on older adult experiences with healthcare (see Brooke et al., 2022; Federman et al., 2021; Jøranson et al., 2022; Kilgour et al., 2021; Levitan et al., 2021; Nielsen et al., 2021; Portacolone et al., 2021; Sørbye et al., 2022). Broadly, these impacts include (1) unpredictability and uncertainty in access to and provision of

healthcare, (2) patient isolation from family/caregivers due to visitor restrictions, and (3) rapid shifts to virtual care. These impacts were noted across different healthcare settings of acute care, clinics, and/or home contexts. Older adults represent an important demographic from which to understand healthcare experiences. Not only are older adults extremely vulnerable to COVID-19 but being some of the highest users of healthcare in Canada, they represent a population that experienced first-hand the impacts of COVID-19 on healthcare systems. Understanding older adults' experiences with healthcare underlies person-centered care, an inherent value of Canadian nursing (see Canadian Nurses Association, 2017). At the time of the preliminary literature review, no one systematic review addressed the research question stated in Item 8 above. (Databases were searched on May 30-31, 2023, and included Cochrane Database of Systematic Reviews, Joanna Briggs Institute Evidence Based Practice, PROSPERO, COVID-

END, CINAHL, MedLINE, and PsycINFO.) Lack of syntheses and potentially significant impacts seen in the preliminary research require further exploration and understanding. A synthesis of evidence will consolidate primary evidence, magnifying the collective patient experience. This in turn will provide insight for healthcare providers on how best to provide person-centered care for older adults during healthcare crises, such as occurred during the COVID-19 pandemic.

Condition being studied The "patient experience" can be defined as "the sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care" (Wolf et al., 2021, p. 22), that is, it is the interactions a patient has within health systems. Of note, understanding patient satisfaction will not be the focus of this review as satisfaction relates to a patient's evaluation of the care they received with respect to their expectations (Agency for Healthcare Research and Quality, 2022, para. 4; see also Wolf et al., 2021).

METHODS

Search strategy Keyword and subject heading (SH) searches were completed on November 20, 2023, using EBSCO host for CINAHL, MedLINE, and PsycINFO databases. Limiters of "peer-reviewed" and published from "2019-current" were applied to all three databases. The keywords used across all three databases for "older adult" were: "older person*" OR "older people*" OR adult* OR senior* OR elder* OR aged OR geriatric* OR gerontolog*. The keywords used across all three databases for "patient healthcare experience" were: ((patient* OR client*) N4 (experience* OR preference* OR satisfaction* OR interaction* OR engagement* OR perception* OR perspective*)) OR ((healthcare OR "health care" OR care OR health) N4 (experience* OR preference* OR satisfaction* OR interaction* OR engagement* OR perception* OR perspective*)). For the concept of "COVID-19", preconstructed search strings unique to each database were utilized that included both keywords and SH. These search strings were adapted by E. Kreiter (Research Librarian at TWU) from CADTH COVID-19 search strings (see references below). SH unique to each database were utilized to capture the concepts of "older adult" and "patient healthcare experience", with the SH for "COVID-19" being in the preconstructed search string.

References for search strings:

Kreiter, E. (2023). COVID-19 Search String: CINAHL (EBSCO). Norma Marion Alloway Library. Adapted from CADTH COVID-19 Search Strings.

<https://covid.cadth.ca/literature-searching-tools/cadth-covid-19-search-strings/>
Kreiter, E. (2023). COVID-19 Search String: MEDLINE (EBSCO). Norma Marion Alloway Library. Adapted from CADTH COVID-19 Search Strings. <https://covid.cadth.ca/literature-searching-tools/cadth-covid-19-search-strings/>
Kreiter, E. (2023). COVID-19 Search String: PsycINFO (EBSCO). Norma Marion Alloway Library. Adapted from CADTH COVID-19 Search Strings. <https://covid.cadth.ca/literature-searching-tools/cadth-covid-19-search-strings/>.

Participant or population The population of interest in this study is "older adults" and will be defined as those who are 65 years and older. For the purposes of this study, older adults must be community residents who access healthcare services (whether that be in hospitals, clinics, their homes etc.). Older adults who reside in or move to facility care (e.g., residential care/long-term care/hospice care), who are homeless/street-dwelling/live in a shelter, or who live in prison will be excluded.

Intervention Not applicable.

Comparator Not applicable.

Study designs to be included Primary research of qualitative, quantitative, or mixed method designs across differing methodologies will be considered for inclusion. Studies must be published in a peer-reviewed, academic journal and published from 2019 onward.

Eligibility criteria INCLUSION CRITERIA: 1) GENERAL: Studies must be published in a peer-reviewed, academic journal, published from 2019 onward, and written in the English language. Study contexts of the COVID-19 pandemic must be within the countries of Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom (i.e., England, Scotland, Wales, Northern Ireland), the United States of America, or Denmark. 2) POPULATION: Older adults are identified as being the primary population of focus in the study and are defined as those 65 years and older. In studies with mixed age samples, the Mean or median age of the sample will be ≥ 65 years, or, if the Mean/median are not stated, older adults will constitute $\geq 70\%$ of the sample. Older adults must be community residents (e.g., dwell in private residences, independent or assisted living homes) while accessing healthcare services. 3) PHENOMENON of INTEREST: "Patient experience" is identified as being a primary or significant aim of

the study as identified in the title, abstract, objectives, purpose statement, or research question. If there are several aims, then "patient experience" must be identified as at least one component of a study. Patient experience can include healthcare experiences while being infected with COVID-19, but the aim of the study is to understand the overall patient experience with healthcare. Patient experiences are such that occur in any type of service provided by the health system, which could include both community (e.g., homecare), visits with primary care physicians, out-patient clinics, and in-patient/hospital services as well as those in-person and virtual. This could include primary, secondary, tertiary, or quaternary care. 4) CONTEXT: The study identifies the COVID-19 pandemic as being a primary or significant context to the patient experience. EXCLUSION CRITERIA: 1) GENERAL: Studies are not written in the English language, are published prior to 2019, or cannot be ascertained to be peer-reviewed, are grey literature, or are not a primary study. Study contexts outside of the above listed countries will be excluded. 2) POPULATION: Older adults are not defined as being 65 years or older, or the Mean/median age of the study's sample is less than 65 years of age, or those 65 years and older make up less than 70% of the sample size. Studies with a mixed category sample will be excluded (e.g., older adults with their caregivers or older adults with their healthcare providers). Studies where the population of focus is the caregiver/family member of older adults or of those who work with older adults will be excluded. Additional samples of non-older adults will be excluded (e.g., pediatric, maternity, reproductive health, students, young adults, middle-aged adults). Older adult who reside in facility care (e.g., residential care/long-term care/aged-care facility/nursing home, or facility hospice care) or who move from a community-dwelling residence to a type of facility, or who are homeless/street dwelling/considered unstably housed/live in a shelter, or who live in prison will be excluded. 3) PHENOMENON of INTEREST: There is no concept of "patient experience" in the study. The primary aim of the study is to determine "patient satisfaction", or to evaluate/understand a modality of care, or to analyse a diagnostic/assessment tool, or to assess clinical or pharmaceutical outcomes/prognoses. The primary aim is to understand the patient experience of being infected with the SARS-CoV-2 virus or to determine outcomes/impacts/repercussions of having had the SARS-CoV-2 virus. Patient experiences are identified as occurring within what are private pay systems in Canada (examples include but are not limited to dental, optometry,

acupuncture, and private counselling services). 4) CONTEXT: The COVID-19 pandemic is not identified as being a primary or significant context to the patient experiences.

Information sources Information sources include those listed previously (CINAHL, MedLINE, PsycINFO). Forward and backward citation of included studies will be completed. Discussion with thesis supervisors will occur to determine if other relevant studies need to be considered for inclusion.

Main outcome(s) Not applicable.

Additional outcome(s) Not applicable.

Data management Results from keyword and subject heading search in CINAHL, MedLINE and PsycINFO (described in Item 11) were imported into EPPI Reviewer software (Thomas et al., 2023) for review (n = 9616). Duplicates were removed (n = 1881) and initial screening of Title and Abstract (n = 7738) was completed by JG against listed inclusion/exclusion criteria. Studies that were unclear for inclusion were reviewed by a second reviewer (DJ, thesis supervisor) and a third reviewer (AW, methodological committee member). Where required, consensus was sought through discussion. Reasons for study exclusion on Title and Abstract were recorded in EPPI Reviewer. Initial full text review was completed by JG (n = 216). Studies that were unclear for inclusion at full text review followed the same process as listed above. Similarly, reasons for exclusion on Full Text are recorded in EPPI Reviewer. A PRISMA flowsheet will be presented to show identification, screening, and inclusion of all records. Data extraction will be completed using EPPI Reviewer.

Quality assessment / Risk of bias analysis

Appraisal of included studies will be completed by JG using Joanna Briggs Institute critical appraisal tools as indicated by study methodology. A second and third reviewer (DJ, AW) are available for consultation. All studies regardless of their methodological quality will be included. Details of each study's critical appraisal will be reported in narrative and table format in the final thesis paper.

Strategy of data synthesis

A Review Matrix (Microsoft Excel) and EPPI reviewer will be used to extract data from included studies. Once data from all studies is extracted, quantitative data (from either a quantitative or mixed method study) will be transformed into textual descriptions to respond directly to the research question (Lizarondo et al., 2022). A narrative approach to the integration and

synthesis of the data will occur, specifically thematic synthesis (Pope et al., 2007; Thomas and Harden, 2008). To practically carry out thematic synthesis, Thomas and Harden's (2008) method will be followed, which involves three steps: 1) inductively explore and code the findings of each included study, line-by-line, 2) group similar codes and create new codes, 3) draw inferences and develop analytical themes. While these steps are laid out sequentially, they will in fact be more iterative in nature (Pope et al., 2007; Thomas & Harden, 2008). Regular consultations with thesis committee will occur at each point in decision-making to discuss differing perspectives and achieve consensus.

Subgroup analysis Not applicable.

Sensitivity analysis Not applicable.

Language restriction No language limits were imposed in the search for evidence, however, studies not in English language were excluded during screening.

Country(ies) involved Canada.

Keywords COVID-19; older adults; patient experience; healthcare experience.

Dissemination plans The findings from this review will be presented as a written thesis and oral defense. Other options for dissemination of findings will be considered including presentations at workplace events, publication, and/or conference presentations.

Contributions of each author

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