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Meta synthesis of qualitative research on coping and needs of intestinal symptoms in postoperative patients with colorectal cancer

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ADMINISTRATIVE INFORMATION

Support - There was no financial support for this study.

Review Stage at time of this submission - Data extraction.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 8 November 2024 and was last updated on 8 November 2024.

INTRODUCTION

Review question / Objective This study systematically combs the coping strategies and needs of patients with intestinal symptoms after rectal cancer surgery through meta-synthesis method, aiming to deeply understand how patients manage symptoms, the challenges they face and the support they need, so as to formulate more targeted interventions to improve patients' self-management ability and improve the quality of life of patients with rectal cancer after surgery.

Rationale Bowel symptoms often develop after hospital discharge, so symptom management needs to be managed by patients themselves. However, due to the lack of information on intestinal symptoms and supportive care, patients need to spend a lot of energy and repeatedly try to cope with intestinal symptoms, resulting in poor self-management effects. In addition, some studies have found that health care providers do not have enough understanding of patients' symptoms of

bowel disorders and their impacts to provide appropriate supportive care recommendations. Qualitative research reveals the aspects neglected by quantitative research through in-depth discussion of patients' personal experience, needs and coping strategies, which is helpful to provide more personalized programs.

Condition being studied (a) Patients with intestinal symptoms after colorectal cancer surgery; (b) The phenomenon of interest was the coping and needs of colorectal cancer patients with bowel symptoms; (c) the research setting is in a hospital, community or patient's home; (d) The type of research was qualitative research, including grounded theory, phenomenological research, ethnographic research, ethnography and mixed research.

METHODS

Search strategy "Rectal Neoplasms/ Rectal Neoplasm*/Rectum Neoplasm/Rectal Tumor*/ Cancer of Rectum/Rectal Cancer*/Rectum

Cancer*/colorectal cancer/colon cancer/ intestinal tumor”“Defecations/Low Anterior Resection Syndrome//Defecation/Bowel Movement/Bowel Movements/Bowel Function/Intestinal symptoms” “Adaptation,Psychological/adaptation/Psychologic Adaptation/Behavior, Adaptive/Adaptive Behavior* /Adjustment Adaptation, Healthy/Healthy Adaptation*/Positive Adaptation*/Psychological Recovery*/coping strategies/healthcare needs/ needs/support need”“Qualitative research/ qualitative study/Research,Qualitative/interviews”.

Participant or population The study subjects were patients who had undergone surgery for colorectal cancer and experienced digestive symptoms.

Intervention Not applicable.

Comparator Not applicable.

Study designs to be included The type of research included was qualitative research, including grounded theory, phenomenological research, ethnographic research, ethnography and mixed research.

Eligibility criteria (a) Patients with intestinal symptoms after colorectal cancer surgery; (b) The phenomenon of interest was the coping and needs of colorectal cancer patients with bowel symptoms; (c) the research setting is in a hospital, community or patient's home; (d) The type of research was qualitative research, including grounded theory, phenomenological research, ethnographic research, ethnography and mixed research.

Information sources Relevant literature published before October 2024 was systematically searched using the following electronic databases: CBM, CNKI, VIP, Wanfang, PubMed, EMbase, Wiley, Web of Science, PsycINFO, and CINAHL.

Main outcome(s) Not applicable.

Additional outcome(s) Not applicable.

Data management We use Note Express to screen, Excel to conduct data extraction.

Quality assessment / Risk of bias analysis According to the 2016 version of the Australian JBI Evidence-based Health Care Center qualitative research quality evaluation tool, two researchers independently evaluated the quality of the included literature. If the evaluation results of two researchers were different, the decision was made

through a third party discussion. A total of 10 items were evaluated, and each evaluation criterion was evaluated by "yes", "no", "unclear", and "not applicable". All criteria were met as level A, some criteria were met as level B, and none was met as level C. Grade A and B studies were included in this study, and grade C studies were excluded.

Strategy of data synthesis The pooled Meta-synthesis method of JBI Evidence-Based Health Care Center in Australia was used to integrate the research results of the original literature. By repeatedly reading and analyzing the included literature, researchers summarized and sorted out similar results to form new categories, and then formed the new categories into pooled results to make the results more targeted and comprehensive.

Subgroup analysis Not applicable.

Sensitivity analysis Not applicable.

Language restriction Chinese and English.

Country(ies) involved China.

Keywords Colorectal cancer; Intestinal symptoms; Low anterior resection syndrome; Cope with; Demand; Qualitative research; Meta synthesis.

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