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Recovery experiences of adults with moderate and major trauma after discharge from the acute care setting: a qualitative systematic review protocol. [Protocol]

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2022

Recovery experiences of adults with moderate and major trauma after discharge from the acute care setting: A qualitative systematic review protocol

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Citation

Laura Kromrey, Lyndsay Alexander, Angela Gall, Lesley Stables, Jackie Burnett.
Recovery experiences of adults with moderate and major trauma after discharge from the acute care setting: A qualitative systematic review protocol. PROSPERO 2024 Available from <https://www.crd.york.ac.uk/PROSPERO/view/CRD42022338736>

REVIEW TITLE AND BASIC DETAILS

Review title

Recovery experiences of adults with moderate and major trauma after discharge from the acute care setting: A qualitative systematic review protocol

Review objectives

What are the recovery experiences of adults with moderate and major trauma after discharge from an acute care setting?

Keywords

Multiple Trauma, Physical and Rehabilitation Medicine, Qualitative Research, Rehabilitation

SEARCHING AND SCREENING

Searches

The databases to be searched include MEDLINE, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Web of Science, Embase, and SPORTDiscus.

Database searches will be conducted between the dates 01 January 2000 to 31 June 2022.

Studies published in English and other languages that can be translated using an available translation software (i.e. Google Translate) will be included.

Sources of unpublished studies and grey literature will include a modified search using Google (in incognito mode, first 15 pages of results), and dissertation databases including global search of Networked Digital Library of Theses and Dissertations, EBSCO Open Dissertations. Other clinically relevant sources will be hand-searched for relevant qualitative literature, such as the

websites for the Kings Fund, National Audit Office, British Trauma Society, Centre for Trauma Sciences, Trauma Care, and British Society of Rehabilitation Medicine (BSRM).

Citation checking of included studies will be completed in Google Scholar (in incognito mode) to identify any further studies.

Study design

Inclusion: Studies of qualitative and mixed method design (that have a clear qualitative component) will be considered for the inclusion in the systematic review.

Exclusion: Literature in the form of literature reviews, research protocols, quantitative studies, conference abstracts, or clinical practice guidelines will be excluded. Relevant systematic reviews will not be included, but reference lists will be screened for relevant original qualitative literature.

ELIGIBILITY CRITERIA

Condition or domain being studied

Adults with moderate or major traumatic injuries.

Population

Inclusion: Studies with adult participants aged 16 years or older who have sustained moderate or major traumatic injuries.

Exclusion: Studies with majority of participants with minor trauma (Injury Severity Score < 9). Studies including paediatric population (i.e. 15 years old or younger). Studies that focus on narrow trauma sub-populations such as single injuries, burn injuries, spinal cord injuries, or traumatic brain injuries.

Intervention(s) or exposure(s)

This review will consider studies that explore the experiences and perspectives of the recovery process in adults with moderate and major trauma. This includes, but is not limited to, topics such as rehabilitation, physical function, pain management, self-management, any unaddressed needs, ongoing limitations, experience of the health system, return to previous recreational activities, return to work/study, mental health and wellbeing, and social participation. These topics are based on the International Classification of Functioning, Disability and Health (ICF) framework, which aims to describe health and disability using a biopsychosocial lens (World Health Organization 2002).

Comparator(s) or control(s)

Not applicable as this is a qualitative review.

Context

Inclusion: This review will consider any studies on adults with moderate and major trauma after they have been discharged from an acute care setting (i.e. major trauma centre, hospital) to an unsupervised community setting, such as home or home-like location. Studies that include experiences of hospital discharge process will be considered if they include experiences from community setting as well.

This review will consider studies from countries with a 'very high human development' ranking on the Human Development Index (HDI), as these countries are most comparable to the United Kingdom (i.e. HDI over 0.800) (United Nations Development Programme 2020).

Exclusion: Studies where participants are in an acute care setting (hospital) or participants in non-civilian setting (i.e. military, veterans) will be excluded.

OUTCOMES TO BE ANALYSED

Main outcomes

This review will synthesise what is known about the patient experience of the recovery process after moderate or major trauma and identify gaps in the evidence base. This information will be used to make practice recommendations where relevant and to inform further research in the field.

Additional outcomes

None.

DATA COLLECTION PROCESS

Data extraction (selection and coding)

The studies retrieved during the searches will be screened for relevance in Covidence, and those meeting the eligibility criteria will be selected for use in the review.

Qualitative data will then be extracted from studies included in the review using the standardized data extraction tool from JBI SUMARI. One reviewer will conduct data extraction, with a second reviewer assessing at least 10% of extraction. Findings, and their illustrations, will be extracted and assigned a level of credibility.

Risk of bias (quality) assessment

Eligible studies will be critically appraised by one reviewer for methodological quality, with second reviewer assessing 10% for second appraisal. Qualitative studies will be appraised using the standard JBI Critical Appraisal Checklist for Qualitative Research (Lockwood, Munn and Porritt 2015) and mixed method studies will be appraised using the Mixed Methods Appraisal Tool (MMAT) (Hong et al. 2018).

PLANNED DATA SYNTHESIS

Strategy for data synthesis

Qualitative research findings will, where possible, be pooled using JBI SUMARI with the meta-aggregation approach (Aromataris and Munn 2020). This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings and categorising these findings on the basis of similarity in meaning.

Analysis of subgroups or subsets

None planned.

REVIEW AFFILIATION, FUNDING AND PEER REVIEW

Review team members

- Laura Kromrey, Robert Gordon University

- Dr Lyndsay Alexander, Robert Gordon University
- Dr Angela Gall, NHS Grampian
- Lesley Stables, NHS Grampian
- Jackie Burnett, NHS Grampian

Review affiliation

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Funding source

None

Named contact

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TIMELINE OF THE REVIEW

Review timeline

Start date: 01 June 2022. End date: 31 May 2023

Date of first submission to PROSPERO

10 June 2022

Date of registration in PROSPERO

14 June 2022

CURRENT REVIEW STAGE

Publication of review results

The intention is to publish the review once completed. The review will be published in English

Stage of the review at this submission

Review stage	Started	Completed
Pilot work	✓	
Formal searching/study identification	✓	
Screening search results against inclusion criteria		
Data extraction or receipt of IP		
Risk of bias/quality assessment		
Data synthesis		

Review status

The review is currently planned or ongoing.

ADDITIONAL INFORMATION

PROSPERO version history

- Version 1.0 published on 14 Jun 2022

Review conflict of interest

None known

Country

Scotland

Medical Subject Headings

Adult; Humans; Patient Discharge; Qualitative Research

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