Open access **Protocol** 

# BMJ Open Exploring the role of regulation and the care of older people with depression living in long-term care? A systematic scoping review protocol

Michelle Crick. Douglas E Angus. Chantal Backman

To cite: Crick M, Angus DE, Backman C. Exploring the role of regulation and the care of older people with depression living in long-term care? A systematic scoping review protocol. BMJ Open 2018;8:e021985. doi:10.1136/ bmjopen-2018-021985

Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (http://dx.doi. org/10.1136/bmjopen-2018-021985).

Received 1 February 2018 Revised 30 May 2018 Accepted 21 June 2018

#### **ABSTRACT**

**Introduction** This systematic scoping review will explore the role of regulation on the care of older people living with depression in long-term care. Depression presents a significant burden to older people living in long-term care. Regulation in the long-term care sector has increased, but there are still concerns about quality of care in the sector. Methods and analysis Using Arksey and O'Malley's scoping review methodology as a guide, our scoping review will search several databases; Embase; MEDLINE (using the OVID platform); Psych info; Ageline; and CINAHL, alongside the grey literature. An expert librarian has assisted the research team, using the Peer Review of Electronic Search Strategies, to assess the search strategy. The research team has formulated search strategies and two reviewers will independently screen studies for final study selection. We will summarise extracted data in tabular format; use a narrative format to describe their relevance; and finally, identify knowledge gaps and topics for future research.

Ethics and dissemination This scoping review will outline the scope of the existing literature related to the influence of regulation on the care of older people living with depression in long-term care. The scoping review findings will be disseminated through publication in a peer-reviewed journal. The findings will be useful to policymakers, managers and clinicians working in the long-term care sector.

# Check for updates

@ Author(s) (or their employer(s)) 2018. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by

<sup>1</sup>Faculty of Health Sciences, School of Nursing, University of Ottawa, Ottawa, Ontario, Canada <sup>2</sup>Telfer School of Management, University of Ottawa, Ottawa, Ontario, Canada

# **Correspondence to**

Ms Michelle Crick; mcric028@uottawa.ca

#### INTRODUCTION

The global population of older people (≥65 years of age) is set to triple to 1.5 billion by 2050. Canada saw a 14.1% increase in the number of older people between 2006 and 2011, with over 7% of them living in specialist care facilities, such as nursing homes, chronic care, long-term care (LTC) hospitals and residences for seniors.2

The prevalence of depression among older people living in LTC settings is higher than in the general population,<sup>3–6</sup> with some studies suggesting that it could be as high as 44%.<sup>6 7</sup> Recognising depression in older people is problematic. Older people are less likely to report depression,8 with many professionals seeing it as a normal part of the ageing process. 910

This scoping review will focus on depression in LTC as it presents a serious risk to physical and psychosocial well-being to older people. For example, depression presents a significant cost to health services 11 and impacts on the well-being of older people residing in LTC. 12 Depression in older people in LTC is associated with loneliness, 13 14 health-related problems, <sup>15–17</sup> failure to thrive <sup>18</sup> <sup>19</sup> as well as suicidality. <sup>20</sup> <sup>21</sup>

Regulation and accreditation can be linked to quality, especially in LTC settings, where there is an expectation that compliance with standards will achieve higher quality.<sup>22</sup> <sup>23</sup> Prior to 2007, the quality of long-term residential care in Ontario was inconsistent between profit and non-profit providers as both compliance with standards and funding was applied differently across both types of providers.<sup>24</sup> The Long-Term Care Homes Act<sup>23</sup> led to parity in funding and parity in the application of quality standards for all LTC facilities, including the current approaches for inspection of LTC facilities.<sup>23</sup> Although LTC regulation has increased<sup>24</sup> and regulation has been linked with quality, <sup>22</sup> <sup>23</sup> there is a paucity of literature examining the relationships that exist between regulation and the care of older people with depression who are living in LTC.

Definitions of the concepts in this scoping review are outlined in the online supplementary additional file 1.

#### **PURPOSE AND OBJECTIVES**

This scoping review will explore the role of regulation on the care of older people with depression living in LTC. Understanding previous studies relating to the role of regulation on the care of older people with

1



Figure 1 Illustrated search strategy.

depression is an important stage in this work. It is a means to broadly identify gaps in this area, with findings being used to identify areas for future research development.

#### **METHODS**

This scoping review protocol will be based on the Arskey and O'Malley's Methodological Framework for Scoping Studies, <sup>25</sup> which includes the following five stages for conducting a scoping review: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) summarising and reporting the results. Unlike systematic reviews which answer specific research questions, scoping reviews tend to address broader questions to identify research gaps. <sup>25</sup> <sup>26</sup> We have not registered this study with PROSPERO, because only systematic reviews are registered with this database. The search strategy is illustrated in figure 1.

#### Stage 1: identifying the research question

As discussed earlier, this scoping review will explore the role of regulation on the care of older people with depression living in LTC. Understanding previous studies relating to the role of regulation on the care of older people with depression is a means to broadly identify gaps in this area. The research question in this scoping review has been developed by the research team, based on the factors outlined in the previous section.

### Stage 2: identifying relevant studies

The search strategy will be developed in consultation with the research team and a librarian. The specific eligibility criterion may evolve as the review progresses, which is commonly seen in a scoping review. To enhance quality, the search strategy will be peer-reviewed by a second librarian using the 'Peer Review of Electronic Search Strategies' (PRESS) evidence-based guidelines.<sup>27</sup> Search terms will be developed to capture a broad notion of the different concepts. A PRISMA diagram<sup>28</sup> will be completed to show the numbers of articles identified, screened, eligible and included for full-text review. Using the subject headings and keywords, our comprehensive and systematic search strategy will include the following electronic databases: Embase; MEDLINE (using the OVID platform); Psych info; Ageline and CINAHL, using search terms which are listed in the online supplementary additional file 2. A search of the grey literature will also be incorporated from various websites including health ministries; Health Canada; Manitoba Centre for Health Policy and Evaluation; and the Canadian Institute for Health Information. All retrieved titles and abstracts will be uploaded into Covidence (an on-line application service developed in partnership with Cochrane), which will be used to facilitate this process.

#### Stage 3: selection of relevant studies

Two researchers will independently review and screen all titles and abstracts of retrieved publications based on a predetermined inclusion and exclusion criteria which has been developed in consultation with the research team (see the online supplementary additional file 3).

Inclusion criteria: this scoping review will include primary research studies only, which will include qualitative, quantitative and mixed method studies at the intersection of regulation; LTC and depression in older people. In this scoping review, age will not be used as a concept in the title and abstract screening of articles, as it may be limiting, instead the concept of age will be applied during the screening of full-text articles. All articles will be written in French or English.

Exclusion criteria: although systematic reviews; scoping reviews; meta-analysis; editorials, commentaries which provide a description of policies or initiatives; and study protocols will be exclude from this scoping review, they have helped to inform the research strategy. Articles which are related to quality of life measurement; pain; palliative care and cancer services will be excluded, unless they are specifically related to depression in LTC settings. There will be no limitations placed on the dates of publications. This scoping review will be conducted to explore the landscape of research available in this area and will provide a basis for ongoing research. The authors are not aiming to make specific recommendations or decisions, based on the results, and as such, quality will not be an exclusion criterion used in this scoping review.

Following the title and abstract screening, two reviewers will independently review the publications as full text items, against all the same criteria, with the additional criteria of studies relating to people aged ≥65 years. Full-text items which meet the predetermined inclusion and exclusion criteria will be selected for charting the data (data extraction). Conflicts and disagreements will be resolved by consultation between the two reviewers and a third party, who in this case will the academic supervisor and coauthor (CB).

#### Stage 4: charting the data

Charting the data consists of the data extraction process.<sup>25</sup> Once agreement is reached on eligibility, each article will be read in full by the lead reviewer (MC). A data charting form, adapted from Booth et al's templates for qualitative studies and quantitative studies<sup>29</sup> will be used (see the online supplementary additional file 4). The use of this form will be trialled on a randomly selected article by MC to determine feasibility and to determine whether any unforeseen issues exist. During the charting process approximately 10% of the final full-text articles will also reviewed independently by a second reviewer to ensure consistency and quality in the charting process. Conflicts and disagreements during charting will be resolved by consultation between the two reviewers and a third party, who in this case will the academic supervisor and coauthor (CB).

Narrative synthesis will be conducted to summarise the findings of the different studies; to explore the depth of information; and to determine the integrity of the literature. The analysis will be focused on extracting key themes from the scoping review studies as well as exploring the relationships between the themes.

#### Stage 5: collating, summarising and reporting the results

The findings from this scoping review will be presented in a tabular format which will capture the details of each study (author; intervention type; study population; aims of the study; methodology; outcomes; key results); as well as a descriptive narrative which will be used to organise the key issues thematically.

### Patient and public involvement

There was no specific patient and public involvement in the development of this scoping review.

#### **DISCUSSION**

This scoping review is a first step in contributing to advancing the theoretical and applied knowledge of care of older people living with depression in LTC facilities. This will enable nurses and other members of the health-care team, working in LTC, to be better equipped to improve the quality of services offered to this population. Understanding the influence of regulation in LTC on the care of older people with depression has the potential to contribute to future quality improvement efforts at local, provincial, federal and global levels by exploring evidence of depression as a priority in regulation, in a highly regulated context,<sup>24</sup> which adopts a deterrence-based approach to this process.<sup>30</sup>

The findings of this scoping review will be of interest to the management teams of LTC facilities, directors of care, managers, policy-makers, informal caregivers and older people living in LTC.

#### **Strengths and limitations**

This scoping review will explore the relationship between regulation and the care of older people with depression living in LTC. Using a scoping review will enable the authors to address broader areas to map concepts which underpin the research area and evidence available, arguably because this issue has not been extensively reviewed before<sup>25</sup> and given the issues involved are complex.<sup>29</sup> In terms of limitations, there is the possibility that the search terms which have been developed do not capture all aspects of each of the concepts. However, to mitigate against this, several strategies were adopted including developing the search strategy with a subject expert librarian; using the PRESS framework to assess the quality of the search strategy and by extensive reading of the literature around the individual concepts. As a result, this scoping review protocol describes a rigorous and transparent approach to understanding what literature exists around the concepts.

**Contributors** All authors have made substantive contributions to the development of this scoping review protocol; conceived the idea for the review; contributed to the development of the design of the research questions; and provided comments on earlier drafts and have approved this manuscript. MC and CB: conceptualised the review approach. MC: wrote the protocol.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

#### **REFERENCES**

- Suzman R, Beard J. Global health and aging [Internet]: US Department of Health and Human Services World Health Organisation, 2011.
- Statistics Canada. The Canadian population in 2011: age and sex. 2011. www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/ demo10a-eng.htm
- Ellard DR, Thorogood M, Underwood M, et al. Whole home exercise intervention for depression in older care home residents (the OPERA study): a process evaluation. BMC Med 2014;12:1.
- Knight T, Davison TE, McCabe MP, et al. Environmental mastery and depression in older adults in residential care. Ageing Soc 2011;31:870–84.
- Smalbrugge M, Jongenelis L, Pot AM, et al. Screening for depression and assessing change in severity of depression. Is the Geriatric Depression Scale (30-, 15- and 8-item versions) useful for both purposes in nursing home patients? Aging Ment Health 2008;12:244-8.
- Teresi J, Abrams R, Holmes D, et al. Prevalence of depression and depression recognition in nursing homes. Soc Psychiatry Psychiatr Epidemiol 2001;36:613–20.
- Zuidema SU, de Jonghe JF, Verhey FR, et al. Neuropsychiatric symptoms in nursing home patients: factor structure invariance of the Dutch nursing home version of the neuropsychiatric inventory in different stages of dementia. *Dement Geriatr Cogn Disord* 2007;24:169–76.
- Barg FK, Mavandadi S, Givens JL, et al. When late-life depression improves: what do older patients say about their treatment? Am J Geriatr Psychiatry 2010;18:596–605.
- Burroughs H, Lovell K, Morley M, et al. 'Justifiable depression': how primary care professionals and patients view late-life depression? A qualitative study. Fam Pract 2006;23:369–77.

- Pachana NA, Helmes E, Byrne GJ, et al. Screening for mental disorders in residential aged care facilities. Int Psychogeriatr 2010;22:1107–20.
- Boyle G. The role of autonomy in explaining mental ill-health and depression among older people in long-term care settings. *Ageing* Soc 2005:25:731–48.
- Khader F. Quality of life in the nursing homes in Jordan: perspectives of residents. Care Manag J 2011;12:149–62.
- Alpass FM, Neville S. Loneliness, health and depression in older males. Aging Ment Health 2003;7:212–6.
- van Beek AP, Frijters DH, Wagner C, et al. Social engagement and depressive symptoms of elderly residents with dementia: a cross-sectional study of 37 long-term care units. Int Psychogeriatr 2011;23:625–33.
- Bruce ML, McAvay GJ, Raue PJ, et al. Major depression in elderly home health care patients. Am J Psychiatry 2002;159:1367–74.
- Cummings SM. Predictors of psychological well-being among assisted-living residents. *Health Soc Work* 2002;27:293–302.
- Dennis M, Wakefield P, Molloy C, et al. Self-harm in older people with depression. British Journal of Psychiatry 2005;186:538–9.
- Kumeliauskas L, Fruetel K, Holroyd-Leduc JM. Evaluation of older adults hospitalized with a diagnosis of failure to thrive. Can Geriatr J 2013;16:49–53.
- Sarkisian CA, Lachs MS. "Failure to thrive" in older adults. Ann Intern Med 1996;124:1072–8.
- Kjølseth I, Ekeberg Ø. When elderly people give warning of suicide. Int Psychogeriatr 2012;24:1393–401.
- 21. McDougall FA, Matthews FE, Kvaal K, et al. Prevalence and symptomatology of depression in older people living in institutions in England and Wales. Age Ageing 2007;36:562–8.

- 22. Lai P. How new governance shapes changes in the long-term care sector in Ontario, Canada. *Innov J* 2015;20:1–26.
- Ministry of Health and Long-Term Care. A Guide to Long-term Care Homes Act, 2007 and regulation 79/10 [Internet]. A Guide to Long-term Care Homes Act, 2007 and Regulation 79/10, 2007:137.
- Daly T. Dancing the two-step in ontario's long-term care sector: more deterrence-oriented regulation = ownership and management consolidation. Stud Polit Econ 2015;95:29–58.
- Arskey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 2015:8:19–32.
- Daudt HM, van Mossel C, Scott SJ. Enhancing the scoping study methodology: a large, inter-professional team's experience with Arksey and O'Malley's framework. BMC Med Res Methodol 2013:13:48
- McGowan J, Sampson M, Salzwedel DM, et al. PRESS peer review of electronic search strategies: 2015 guideline statement. J Clin Epidemiol 2016;75:40–6.
- Moher D, Shamseer L, Clarke M, et al. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Syst Rev 2015;4:1.
- Booth A, Sutton A, Papaioannou D. Systematic approaches to a successful literature review. Los Angeles, USA: Sage Publications, 2016.
- Ferrino A. Improving the quality of age-related residential care through the regulatory process. New Zealand: Ministry of Health, 2013.