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Consulting concepts and structures for people with dementia in Germany – protocol for a "grey-shaded" scoping review

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Title Page

Title of the manuscript: Consulting concepts and structures for people with dementia in Germany – protocol for a "grey-shaded" scoping review

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Abstract

Introduction: Literature reviews represent an important type of study for the various professions in health care. The consideration and inclusion of grey literature is gaining importance in all types of reviews. However, searching for grey literature is challenging for different reasons and the search is often insufficiently transparently reported in reviews. The aim of this protocol is to describe our planned methodical approach for a scoping review with a specific focus on grey literature related to the topic of consulting according to §7a of the German Social Law, Book XI (SGB XI) for people with dementia and their relatives in Germany.

Methods and analysis: We will use the following search strategies: 1) search in the German electronic databases e.g., Livivo and GeroLit (via GBV) 2) google search engines 3) targeted websites e.g., Alzheimer's association and 4) contact experts e.g., stakeholders of private care insurance companies who provide consulting according to §7a SGB XI. Additionally, we will conduct a search in the academic electronic databases MEDLINE (via PubMed) and CINAHL (via EBSCO). For included grey literature we will conduct a backward citation tracking via reference lists. For included scientific articles, we will conduct a backward (via reference lists) and forward (via Google scholar) citation tracking. Each strategy will be conducted by one reviewer. Screening of the identified potentially relevant records will be conducted in Covidence by two reviewers independently. Results will be charted in a table and illustrated descriptively.

Ethics and dissemination: There are no ethical concerns with conducting a scoping review. We will discuss our results regarding consulting according to §7a SGB XI for people with dementia and their relatives with a variety of stakeholders in Germany. We will disseminate the thematic results and the methodological reflection of our search approach in the form of articles in peer-reviewed and non-peer-reviewed journals.

Strengths and limitations of this study

- This "grey-shaded" scoping review will transparently identify literature with the focus on grey literature, such as reports, practice articles and theses of consulting according to §7a SGB XI for people with dementia and their relatives living in Germany.

- To achieve this transparency, this protocol describes a specific methodical approach for identifying grey literature.

- The study will also be used to reflect on the methodological approach to identify grey literature on a given topic in Germany, including a wide range of different data sources.

- The main limitation of our study is that we will conduct the different search strategies by one reviewer due to the deadline set by the funding agency.

Introduction

Literature reviews are important for health-related professions such as nursing and medicine, and health service research among others. This is because they can provide a quick overview of current (scientific) knowledge on broad or even specific research questions.[1] [2] In recent years, different types of methodological approaches have been established for conducting reviews depending on a wide variety of research questions. Examples include systematic reviews and rapid reviews for the (rapid) evaluation of the effectiveness of interventions[1] [3-5], scoping reviews and evidence maps for mapping of the current research landscape related to a broad question[2] [6-13], realist reviews for the analysis of the underlying theory of programs or interventions in terms of how these theories are relevant and can explain why a program or intervention works, is effective or not[14], and integrative reviews with a focus on the analysis and synthesis of qualitative as well as quantitative studies[15-17]. More review types are described in the publications by Grant and Booth [18]. All the above-mentioned review types require a transparent, systematic and a reproducible search. These requirements are linked to and must be fulfilled by a specific procedure based on considering (methodological) frameworks[2] [5] [19] [20], reporting guidelines (guidance and reporting)[21-23] and can be supported by the optional use of computer software such as Covidence (screening, extraction, and critical appraisal process with, for example, the Risk of Bias Tool[1] [24] [25]).[26]

The consideration of grey literature is becoming increasingly important in almost all types of reviews.[1] [27] This is the result of the fact that grey literature is more often relevant for practitioners and decision-makers, as it often contains research and policy-relevant information.[28] According to Adams, et al. [29], grey literature can be classified in different shades. The classification depends on expertise (the degree to which the authority of the producer of literature can be determined) and outlet control (the degree to which literature is published in relation to explicit and transparent criteria). These dimensions (expertise/outlet control) move between the known and unknown. The greater the degree of unknowing, the more shaded the literature appears. The first grey level, which has high outlet control and high credibility, is e. g., books, magazines, government reports. The second level with moderate outlet control and moderate credibility includes e. g., annual

reports, news articles. The last level with low outlet control and low credibility includes blogs, emails, and tweets.[29]

However, the systematic consideration of grey literature, mostly accessible through the world wide web, currently appears to be a challenge. This is mostly due to a lack of standardised indexing, no controlled vocabulary, no archiving, and large volumes of information on the internet. In terms of searching in academic electronic databases, grey literature hardly appears listed in these and there is a variety of different national databases listing grey literature.[28 30] Unfortunately, reporting on grey literature searches in published reviews is often insufficient and not reproducible. This includes the methodological procedure, the search strategy as well as the search terms used and the identified records.[31]

In our planned review, we focus on the topic of consulting according to §7a SGB XI (Code of Social Law,Book XI) related to the care of people with dementia, which people with dementia and their relatives can seek out in Germany. Consulting according to § 7a SGB XI offers an individual and comprehensive way provided by a trained professional who usually works for a health care insurance company. The consulting consists of five steps: (1) identifying the individual's need for help and support, (2) providing consulting (3) developing a care plan, (4) implementing the care plan, (5) adjusting the care plan if needed, and (6) providing information about services to ease the burden on caregivers [32]

In context of this specific national topic, grey literature seems to be of particular interest, as it can be assumed that information on this topic has been published mostly in grey literature. Consequently, these items of literature such as (evaluation) reports[33] or practice articles[34] are not listed in the common academic electronic databases such as MEDLINE (via PubMed) but for example on national websites of insurance companies, federal ministries, consulting agencies, university or research institutes[33] or national electronic databases listing grey literature such as Livivo, GeroLit (via GBV) or SSOAR (via GESIS).[30] Searching for grey literature requires a different approach regarding the use of data sources for the identification of literature of interest. This also appears to be different internationally[28], therefore in this protocol we describe our planned methodological approach for our "grey-shaded" scoping review.

Methods and analysis

For our planned scoping review, starting in November 2021 and scheduled to end in February 2022, we have defined the following research questions:

1. Which consulting concepts and structures for people with dementia and their relatives have been developed and/or provided since the implementation of §7a SGB XI in Germany?

    a. Which concepts and structures are currently being discussed as supportive for those who seek consulting?

2. How does digitalisation support consulting in the context of §7a SGB XI for people with dementia and their relatives?

    a. What implications does this have on providing consulting?

3. How do people with dementia and their relatives experience consulting according to §7a SGB XI?

    a. What care needs do they articulate during consulting?

For our planned scoping review we consider the Framework of Arksey and O'Malley [19] which was further developed by Levac, et al. [20] and Peters, et al. [2] The Joanna Briggs Institute [27]. As a result we consider the following steps: 1) Defining and aligning the objective/s and question/s, 2) Developing and aligning the inclusion criteria with the objective/s and question/s, 3) Describing the planned approach to evidence searching, selection, data extraction, and presentation of the evidence, 4) Searching for the evidence, 5) Selecting the evidence, 6) Extracting the evidence, 7) Analysing the evidence, 8) Presenting the results and 9) Summarizing the evidence in relation to the purpose of the review, drawing conclusions and noting any implications of the findings.[19]

Whenever applicable, we follow the PRISMA-P (Preferred Reporting Items for Systematic Review and Meta-analysis Protocols) guidelines[22] (supplementary table 1) to report this protocol.

Inclusion criteria

For the reporting of our inclusion and exclusion criteria of our scoping review, we consider the "PCC" (*Population*, *Concept of Interest* and *Context*) mnemonic described by The Joanna Briggs Institute [27] and supplement it with the aspects *Types of evidence sources* and *Others* (table 1).

Table 1: Inclusion and exclusion criteria

Criteria	Definition
Population	▪ People with symptoms of dementia (with or without a dementia diagnosis)
	▪ Relatives of people with symptoms of dementia (with or without a dementia diagnosis)
Concept of Interest	▪ Consulting according to §7a SGB XI related to the care of people with dementia (with or without a dementia diagnosis)
	▪ Consulting about care is not integrated in the nursing process
Context	▪ Germany
Types of evidence sources	▪ Focus on grey literature in the form of (evaluation) reports, practice articles and theses
	▪ Literature published in peer-reviewed journals
Others	▪ Languages: German or English
	▪ Year: Publications from the year 2009

Search strategies

Owing to the questions of our scoping review, the focus is on published studies, analyses and evaluations of a national health care service (§7a SGB XI) implemented in Germany. As a result, we focus on grey literature and consider the described approach by Godin, et al. [28] and have developed a grey literature search plan with an additional strategy for the search in academic electronic databases to minimize the publication bias. This search plan includes the following search strategies: 1) grey literature databases, 2) Google search engines, 3) targeted websites, 4) contacting experts and 5) additional searching in academic electronic databases.

Strategy 1: grey literature databases

To identify relevant German electronic databases listing grey literature, we used the descriptions of Nordhausen and Hirt [30]. As a result, we will consider the following specific German electronic databases: Livivo, GeroLit (via GBV) and SSOAR (via GESIS). As search strings, we will use a simplified form (e.g., focusing on fewer combinations and reducing the search terms) of the search string we created for searching in the academic electronic databases (see search in academic electronic databases). The search strings for the three

different databases can be found in supplementary table 2. One researcher will conduct these searches (MR-M).

Strategy 2: google search engines

Despite the description of Godin, et al. [28] no customizing of the search engines will be carried out in the second strategy. Owing to country-specific factors and the associated technical requirements we will search in Google and Google scholar. We defined search strings (google n = 10; google scholar n = 10) with multiple combinations of search terms based on our research questions (supplementary table 3). The first 10 pages of Google and the first 15 pages of Google scholar representing approximately 100/150 hits will be searched by one reviewer (CM). Findings that at first sight appear to be related to the research questions and meet the inclusion criteria in terms of publication type will be included in the further screening process (see source of evidence selection).

Strategy 3: targeted websites

In accordance with the descriptions of Stansfield, et al. [35] we will consider German websites from (non)-government organisations/institutions, research active non-government organisations or centres, National Association of Statutory Health Insurance, providers of consulting services (such as insurance companies, case manager, care support centres), and community organisations. To identify relevant websites, first we will conduct a Google search to identify relevant organisations for this topic.[28] A list of websites will be created and supplemented if further websites relevant to the topic can be identified during the process (e. g., after strategy 4). Second, one reviewer (DP) will hand search each of the relevant websites for potentially relevant records. Findings that at first view appear to be related to the research questions and meet the inclusion criteria in terms of publication type, will be included for the further screening process (see source of evidence selection).

Strategy 4: contacting experts

One reviewer (MR) will contact experts regarding reach-out to consulting providers regarding care according to §7a SGB XI in Germany. Experts will be contacted via email with brief project information and with the request to send any potential literature or websites of interest related to the topic.

Strategy 5: search in academic electronic databases

For the additional search in academic electronic databases, we will search in the electronic databases MEDLINE (via PubMed) and CINAHL (via EBSCO). Our search terms have been derived from our research questions and supplemented with additional free search terms and indexing words from an initial explorative search. These search terms were clustered according to the "PCC" mnemonic and resulted in a search string. The search string was developed by the first reviewers of the review (MRM/CM) and were checked by the two other reviewers (DP/MR) using Peer Review of Electronic Search Strategies (PRESS).[36] The search string was developed first for MEDLINE (via PubMed) (supplementary table 4) by the same researcher mentioned in strategy 1 and then adopted for CINAHL (via EBSCO) according to RefHunter Vers. 5.0.[30]

Additional citation tracking

For the identified grey literature, we will provide a backward citation tracking via reference lists. For the identified literature through our academic electronic database searches, we will provide a backward and forward citation tracking via reference lists and Google scholar.

Source of evidence selection

Identified records through our electronic database searches (strategy 1 & 5) will be imported in Covidence[26] and automatically checked for duplicates. Titles and abstracts of records will be screened by two reviewers independently against the inclusion criteria. Full texts will also be independently screened for inclusion by two reviewers and exclusion reasons for full texts will be also recorded. During the screening process, disagreements between the votes of the two reviewers will be resolved through a discussion between them or if no consensus can be reached with all co-authors.

For the search strategies 2-3, we will create an Excel spreadsheet to record the executing search strategy, including information for *name of resource*, *searcher*, *date*, *used search string*, *number of potentially relevant records*.[35] For the strategies 2-4, potentially relevant records will be collected in a common EndNote Vers. 20[37] file stored in a shared NextCloud[38] folder and automatically checked for duplicates at the end of the search process. The full text of the potential relevant records will be imported in Covidence[26] and screened independently by two reviewers against the inclusion and exclusion criteria. Exclusion

reasons for full texts will be recorded. Voting conflicts will be discussed between the two reviewers and if no agreement can be reached, they will be discussed with all co-authors.

Our inclusion criteria will be pilot-tested in the first 25 records and will be adjusted if necessary. Adjustment will be required if discrepancies between the two reviewers are greater than 25 %.[39] If adjustments for inclusion criteria will be made during the screening process, we will report them in our following publications. We will use the PRISMA Flowchart[21] to report the process of the selection.

Data extraction

For the data extraction process we will use the template from The Joanna Briggs Institute [27] (table 2). Data extraction will be provided by one researcher and randomly checked by another. The data extraction will be performed in an iterative process according to the description of the Joanna Briggs Institute[39], which means that after two extracted studies the template will be checked to see if all relevant data are represented or if adjustments are needed.

Table 2: Data charting framework

Domains	Description (Content)
General Information	▪ Author ▪ Year ▪ Publication type (e. g., report) ▪ Aim of the publication (e. g., evaluation) ▪ Study design (e. g. process evaluation)
Participants	▪ Characteristics of the participants (e. g., population, age)
Intervention	▪ Consulting according to §7a SGB XI (e. g., concept, content, target population, structures, and delivery)
Results	▪ Effectiveness (e. g. outcomes of the consulting) ▪ Experiences (e. g. of people with dementia and relatives)

Analysis and presentation of the results

The extracted data are presented and described in the form of a table and descriptively based on the questions.[27]

Patient and public involvement

We will involve stakeholders to discuss our thematic results of our review with the aim to develop a strategy for further the development[40] of consulting regarding care according to §7a SGB XI for people with dementia and their relatives in Germany.

Ethics and dissemination

There are no ethical concerns for our review. We will present our thematic results to a variety of stakeholders in Germany. Additionally, our thematic results and our methodological reflection of the search process will be presented at (inter)national conferences and published in journals for practitioners and peer-reviewed journals. Finally, we will address any possible gaps in the current research landscape and incorporate them into possible future projects.

Contributors

CM and MR-M wrote the initial draft of the protocol. DP and MR revised the manuscript. All authors read and approved the final manuscript.

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Competing interests

None

Patient consent for publication

None required

Ethics approval

None required

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Supplementary table 1: PRISMA-P Checklist

Section and topic	Item No	Checklist item	Reported on page no.
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	1
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	na
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	na
Authors:			
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	1
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	11
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	na
Support:			
Sources	5a	Indicate sources of financial or other support for the review	11
Sponsor	5b	Provide name for the review funder and/or sponsor	na
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	na
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	4-5
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	5-6
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	6-7
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	7-9

Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated		Supplementary
Study records:				
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review		7-9
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)		9-10
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators		9-10
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications		10
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale		na
Risk of bias in individual studies	14	Describe anticipated methods for assessing the risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis		na
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised		na
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)		na
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)		na
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned		10
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)		na
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)		na

From: Shamseer, et al. [21]

1
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3
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Supplementary table 2: Grey literature databases
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Livivo	#1 OpenSearch/ 7a Beratung
	#2 OpenSearch/ 7a Beratung AND OpenSearch/ Demenz
GeroLit	#1 7a Beratung
	#2 7a Beratung AND Demenz
	#3 Beratung AND Demenz
SSOAR	#1 7a Beratung
	#2 7a Beratung AND Demenz
	#3 Beratung AND Demenz

12
13
14 **Supplementary table 3:** Google search strategy
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Google	#1 7a Beratung AND Demenz AND PDF
	#2 7a Beratung AND Demenz AND Bericht AND PDF
	#3 7a Beratung AND PDF
	#4 7a Beratung AND Bericht AND PDF
	#5 Beratung AND Versorgung AND Demenz AND PDF
	#6 Beratung AND Versorgung AND Demenz AND Bericht AND PDF
	#7 Beratung AND Pflege AND Demenz AND PDF
	#8 Beratung AND Pflege AND Demenz AND Bericht AND PDF
	#9 Beratung AND Demenz AND PDF
	#10 Beratung AND Demenz AND Bericht AND PDF
Google scholar	#1 7a Beratung AND Demenz
	#2 7a Beratung AND Demenz AND Evaluation
	#3 7a Beratung
	#4 7a Beratung AND Evaluation
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	#6 Beratung AND Versorgung AND Demenz AND Evaluation
	#7 Beratung AND Pflege AND Demenz
	#8 Beratung AND Pflege AND Demenz AND Evaluation
	#9 Beratung AND Demenz
	#10 Beratung AND Demenz AND Evaluation

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34 **Supplementary table 4:** Search strategy example in MEDLINE (via PubMed)
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Population	#1 Dementia[MeSH]
	#2 Dement*[T/A]
	#3 Alzheimer*[T/A]
	#4 Cognitive impairment* [T/A]
	#5 OR/ #1-4
Concept	#6 Nursing[MeSH]
	#7 Nurses[MeSH]
	#8 Nurs*[T/A]
	#9 Care[T/A]
	#10 OR/ #6-9
	#11 Counseling[MeSH]
	#12 Counsel*[T/A]
	#13 Consult*[T/A]
	#14 Inform*[T/A]
	#15 Nursing counsel*[T/A]
	#16 Directive counseling[MeSH]
	#17 Patient education as Topic[MeSH]
	#18 Support*[T/A]
	#19 Advice*[T/A]
	#20 Health education[MeSH]
	#21 OR/ #11-#20
	#22 #10 AND #21
	#23 #22 AND #5
Context	#24 German*[T/A]
	#25 #23 AND #24

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Consulting concepts and structures for people with dementia in Germany – protocol for a "grey-shaded" scoping review

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Manuscripts

1 **Title Page**

2 *Title of the manuscript:* Consulting concepts and structures for people with dementia in

3 Germany – protocol for a "grey-shaded" scoping review

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13

Abstract

15 *Introduction:* Literature reviews represent an important type of study for the various

16 professions in health care. The consideration and inclusion of grey literature is gaining

17 importance in all types of reviews. However, searching for grey literature is challenging for

18 different reasons and the search is often insufficiently transparently reported in reviews.

19 The aim of this protocol is to describe our planned methodical approach for a scoping

20 review with a specific focus on grey literature related to the topic of consulting according to

21 §7a of the German Social Law, Book XI (SGB XI) for people with dementia and their relatives

22 in Germany.

23 *Methods and analysis:* We will use the following search strategies: 1) search in the German

24 electronic databases e.g., Livivo and GeroLit (via GBV) 2) google search engines 3) targeted

25 websites e.g., Alzheimer's association and 4) contact experts e.g., stakeholders of private

26 care insurance companies who provide consulting according to §7a SGB XI. Additionally, we

27 will conduct a search in the academic electronic databases MEDLINE (via PubMed) and

28 CINAHL (via EBSCO). For included grey literature we will conduct a backward citation

29 tracking via reference lists. For included scientific articles, we will conduct a backward (via

30 reference lists) and forward (via Google scholar) citation tracking. Each strategy will be

31 conducted by one reviewer. Screening of the identified potentially relevant records will be

32 conducted in Covidence by two reviewers independently. Results will be charted in a table

33 and illustrated descriptively.

34 *Ethics and dissemination:* There are no ethical concerns with conducting a scoping review.

35 We will discuss our results regarding consulting according to §7a SGB XI for people with

36 dementia and their relatives with a variety of stakeholders in Germany. We will disseminate

37 the thematic results and the methodological reflection of our search approach in the form

38 of articles in peer-reviewed and non-peer-reviewed journals.

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Strengths and limitations of this study

- This "grey-shaded" scoping review will transparently identify literature with the focus on grey literature, such as reports, practice articles and theses of consulting according to §7a SGB XI for people with dementia and their relatives living in Germany.

- To achieve this transparency, this protocol describes a specific methical approach for identifying grey literature.

- The study will also be used to reflect on the methodological approach to identify grey literature on a given topic in Germany, including a wide range of different data sources.

Introduction

Literature reviews are important for health-related professions such as nursing and medicine, and health service research among others. This is because they can provide a quick overview of current (scientific) knowledge on broad or even specific research questions.[1 2] In recent years, different types of methodological approaches have been established for conducting reviews depending on a wide variety of research questions. Examples include systematic reviews and rapid reviews for the (rapid) evaluation of the effectiveness of interventions[1 3-6], scoping reviews and evidence maps for mapping of the current research landscape related to a broad question[2 7-14], realist reviews for the analysis of the underlying theory of programs or interventions in terms of how these theories are relevant and can explain why a program or intervention works, is effective or not[15], and integrative reviews with a focus on the analysis and synthesis of qualitative as well as quantitative studies[16-18]. More review types are described in the publications by Grant and Booth [19]. All the above-mentioned review types require a transparent, systematic and a reproducible search. These requirements are linked to and must be fulfilled by a specific procedure based on considering (methodological) frameworks[2 5 20 21], reporting guidelines (guidance and reporting)[22-24] and can be supported by the optional use of computer software such as Covidence (screening, extraction, and critical appraisal process with, for example, the Risk of Bias Tool[1 25 26]).[27]

The consideration of grey literature is becoming increasingly important in almost all types of reviews.[1 28] According to Adams, et al. [29], grey literature can be classified in different shades. The classification depends on expertise (the degree to which the authority of the producer of literature can be determined) and outlet control (the degree to which literature is published in relation to explicit and transparent criteria). These dimensions (expertise/outlet control) move between the known and unknown. The greater the degree of unknowing, the more shaded the literature appears. The first grey level, which has high outlet control and high credibility, is e. g., books, magazines, government reports. The second level with moderate outlet control and moderate credibility includes e. g., annual reports, news articles. The last level with low outlet control and low credibility includes blogs, emails, and tweets.[29] To include grey literature in reviews contributes to minimise publication bias. In social and health service research in particular, a large body of evidence

83 exists additionally in practitioner journals, books and reports from public, private and non-
84 profit institutions.[30] Therefore, a broad range of evaluations of an intervention requires
85 additional consideration of grey literature.[31]

86 However, the systematic consideration of grey literature, mostly accessible through the
87 world wide web, currently appears to be a challenge. This is mostly due to a lack of
88 standardised indexing, no controlled vocabulary, no archiving, and large volumes of
89 information on the internet. In terms of searching in academic electronic databases, grey
90 literature hardly appears listed in these and there is a variety of different national databases
91 listing grey literature.[31 32] Unfortunately, reporting on grey literature searches in published
92 reviews is often insufficient and not reproducible. This includes the methodological
93 procedure, the search strategy as well as the search terms used and the identified records.[33]

94 In our planned review, we focus on the topic of consulting according to §7a SGB XI (Code of
95 Social Law,Book XI) related to the care of people with dementia, which people with
96 dementia and their relatives can seek out in Germany. Consulting according to § 7a SGB XI
97 offers an individual and comprehensive way provided by a trained professional who usually
98 works for a health care insurance company. The consulting consists of six steps: (1)
99 identifying the individual's need for help and support, (2) providing consulting (3)
100 developing a care plan, (4) implementing the care plan, (5) adjusting the care plan if needed,
101 and (6) providing information about services to ease the burden on caregivers [34]

102 In context of this specific national topic, grey literature seems to be of particular interest, as
103 it can be assumed that information on this topic has been published mostly in grey
104 literature. Consequently, these items of literature such as (evaluation) reports[35] or practice
105 articles[36] are not listed in the common academic electronic databases such as MEDLINE (via
106 PubMed) but for example on national websites of insurance companies, federal ministries,
107 consulting agencies, university or research institutes[35] or national electronic databases
108 listing grey literature such as Livivo, GeroLit (via GBV) or SSOAR (via GESIS).[32] Searching for
109 grey literature requires a different approach regarding the use of data sources for the
110 identification of literature of interest. This also appears to be different internationally[31],
111 therefore in this protocol we describe our planned methodological approach for our "grey-
112 shaded" scoping review.

Methods and analysis

114 For our planned scoping review, starting in November 2021 and scheduled to end in
115 February 2022, we have defined the following research questions:

1. Which consulting concepts and structures for people with dementia and their
117 relatives have been developed and/or provided since the implementation of §7a SGB
118 XI in Germany?

    a. Which concepts and structures are currently being discussed as supportive
120   for those who seek consulting?

2. How does digitalisation support consulting in the context of §7a SGB XI for people
122 with dementia and their relatives?

    a. What implications does this have on providing consulting?

3. How do people with dementia and their relatives experience consulting according to
125 §7a SGB XI?

    a. What care needs do they articulate during consulting?

127 For our planned scoping review we consider the Framework of Arksey and O'Malley [20] which
128 was further developed by Levac, et al. [21] and Peters, et al. [2] The Joanna Briggs Institute [28]. As
129 a result we consider the following steps: 1) Defining and aligning the objective/s and
130 question/s, 2) Developing and aligning the inclusion criteria with the objective/s and
131 question/s, 3) Describing the planned approach to evidence searching, selection, data
132 extraction, and presentation of the evidence, 4) Searching for the evidence, 5) Selecting the
133 evidence, 6) Extracting the evidence, 7) Analysing the evidence, 8) Presenting the results
134 and 9) Summarizing the evidence in relation to the purpose of the review, drawing
135 conclusions and noting any implications of the findings.[20]

136 Whenever applicable, we follow the PRISMA-P (Preferred Reporting Items for Systematic
137 Review and Meta-analysis Protocols) guidelines[23] (supplementary table 1) to report this
138 protocol.

139 Inclusion criteria

140 For the reporting of our inclusion and exclusion criteria of our scoping review, we consider
141 the "PCC" (*Population*, *Concept of Interest* and *Context*) mnemonic described by The Joanna
142 Briggs Institute [28] and supplement it with the aspects *Types of evidence sources* and *Others*
143 (table 1).

144 **Table 1:** Inclusion and exclusion criteria

Criteria	Definition
Population	▪ People with symptoms of dementia (with or without a dementia diagnosis) ▪ Relatives of people with symptoms of dementia (with or without a dementia diagnosis)
Concept of Interest	▪ Consulting according to §7a SGB XI related to the care of people with dementia (with or without a dementia diagnosis) ▪ Consulting about care is not integrated in the nursing process
Context	▪ Germany
Types of evidence sources	▪ Focus on grey literature in the form of (evaluation) reports, practice articles and theses ▪ Literature published in peer-reviewed journals
Others	▪ Languages: German or English ▪ Year: Publications from the year 2009

145 **Search strategies**

146 Owing to the questions of our scoping review, the focus is on published studies, analyses

147 and evaluations of a national health care service (§7a SGB XI) implemented in Germany. As a

148 result, we focus on grey literature and consider the described approach by Godin, et al. [31]

149 and have developed a grey literature search plan with an additional strategy for the search

150 in academic electronic databases to minimize the publication bias. This search plan includes

151 the following search strategies: 1) grey literature databases, 2) Google search engines, 3)

152 targeted websites, 4) contacting experts and 5) additional searching in academic electronic

153 databases.

154 **Strategy 1: grey literature databases**

155 To identify relevant German electronic databases listing grey literature, we used the

156 descriptions of Nordhausen and Hirt [32]. As a result, we will consider the following specific

157 German electronic databases: Livivo, GeroLit (via GBV) and SSOAR (via GESIS). As search

158 strings, we will use a simplified form (e.g., focusing on fewer combinations and reducing the

159 search terms) of the search string we created for searching in the academic electronic

160 databases (see search in academic electronic databases). The search strings for the three

161 different databases can be found in supplementary table 2. One researcher will conduct
162 these searches (MR-M).

Strategy 2: google search engines

164 Despite the description of Godin, et al. [31] no customizing of the search engines will be
165 carried out in the second strategy. Owing to country-specific factors and the associated
166 technical requirements we will search in Google and Google scholar using the anonymous
167 function in our web-browser (safari) to ensure that our search is not overly influenced by
168 the individual search history of the reviewer (CM). We defined search strings (google n = 10;
169 google scholar n = 10) with multiple combinations of search terms based on our research
170 questions (supplementary table 3). The first 10 pages of Google and the first 15 pages of
171 Google scholar representing approximately 100/150 hits will be searched by one reviewer
172 (CM). Findings that at first sight appear to be related to the research questions and meet
173 the inclusion criteria in terms of publication type will be included in the further screening
174 process (see source of evidence selection).

Strategy 3: targeted websites

176 In accordance with the descriptions of Stansfield, et al. [37] we will consider German websites
177 from (non)-government organisations/institutions, research active non-government
178 organisations or centres, National Association of Statutory Health Insurance, providers of
179 consulting services (such as insurance companies, case manager, care support centres), and
180 community organisations. To identify relevant websites, first we will conduct a Google
181 search to identify relevant organisations for this topic.[31] A list of websites will be created
182 and supplemented if further websites relevant to the topic can be identified during the
183 process (e. g., after strategy 4). Second, one reviewer (DP) will hand search each of the
184 relevant websites for potentially relevant records. Findings that at first view appear to be
185 related to the research questions and meet the inclusion criteria in terms of publication
186 type, will be included for the further screening process (see source of evidence selection).

Strategy 4: contacting experts

188 One reviewer (MR) will contact experts regarding reach-out to consulting providers
189 regarding care according to §7a SGB XI in Germany. The experts will be identified through
190 the included publications of the other search strategies (1- 3, 5). In addition, experts who

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191 could be identified through the website search will be contacted. Experts will be contacted

192 via email with brief project information and with the request to send any potential literature

193 or websites of interest related to the topic.

Strategy 5: search in academic electronic databases

195 For the additional search in academic electronic databases, we will search in the electronic

196 databases MEDLINE (via PubMed) and CINAHL (via EBSCO). Our search terms have been

197 derived from our research questions and supplemented with additional free search terms

198 and indexing words from an initial explorative search. These search terms were clustered

199 according to the "PCC" mnemonic and resulted in a search string. The search string was

200 developed by the first reviewers of the review (MRM/CM) and were checked by the two

201 other reviewers (DP/MR) using Peer Review of Electronic Search Strategies (PRESS).[38] The

202 search string was developed first for MEDLINE (via PubMed) (supplementary table 4) by the

203 same researcher mentioned in strategy 1 and then adopted for CINAHL (via EBSCO)

204 according to RefHunter Vers. 5.0.[32]

Additional citation tracking

206 For the identified grey literature, we will provide a backward citation tracking via reference

207 lists. For the identified literature through our academic electronic database searches, we

208 will provide a backward and forward citation tracking via reference lists and Google scholar.

Source of evidence selection

210 Identified records through our electronic database searches (strategy 1 & 5) will be

211 imported in Covidence[27] and automatically checked for duplicates. Titles and abstracts of

212 records will be screened by two reviewers independently against the inclusion criteria. Full

213 texts will also be independently screened for inclusion by two reviewers and exclusion

214 reasons for full texts will be also recorded. During the screening process, disagreements

215 between the votes of the two reviewers will be resolved through a discussion between

216 them or if no consensus can be reached with all co-authors.

217 For the search strategies 2-3, we will create an Excel spreadsheet to record the executing

218 search strategy, including information for *name of resource*, *searcher*, *date*, *used search*

219 *string*, *number of potentially relevant records*.[37] For the strategies 2-4, potentially relevant

220 records will be collected in a common EndNote Vers. 20[39] file stored in a shared NextCloud[40]

221 folder and automatically checked for duplicates at the end of the search process. The full

222 text of the potential relevant records will be imported in Covidence[27] and screened

223 independently by two reviewers against the inclusion and exclusion criteria. Exclusion

224 reasons for full texts will be recorded. Voting conflicts will be discussed between the two

225 reviewers and if no agreement can be reached, they will be discussed with all co-authors.

226 Our inclusion criteria will be pilot-tested in the first 25 records and will be adjusted if

227 necessary. Adjustment will be required if discrepancies between the two reviewers are

228 greater than 25 %.[41] If adjustments for inclusion criteria will be made during the screening

229 process, we will report them in our following publications. We will use the PRISMA

230 Flowchart[22] to report the process of the selection.

231 **Data extraction**

232 For the data extraction process we will use the template from The Joanna Briggs Institute [28]

233 (table 2). Data extraction will be provided by one researcher and randomly checked by

234 another. The data extraction will be performed in an iterative process according to the

235 description of the Joanna Briggs Institute[41], which means that after two extracted studies

236 the template will be checked to see if all relevant data are represented or if adjustments are

237 needed.

238 **Table 2:** Data charting framework

Domains	Description (Content)
General Information	▪ Author ▪ Year ▪ Publication type (e. g., report) ▪ Aim of the publication (e. g., evaluation) ▪ Study design (e. g. process evaluation)
Participants	▪ Characteristics of the participants (e. g., population, age)
Intervention	▪ Consulting according to §7a SGB XI (e. g., concept, content, target population, structures, and delivery)
Results	▪ Effectiveness (e. g. outcomes of the consulting) ▪ Experiences (e. g. of people with dementia and relatives)

239

240 **Analysis and presentation of the results**

241 The extracted data are presented and described in the form of a table and descriptively

242 based on the questions.[28]

243 **Patient and public involvement**

244 We will involve stakeholders to discuss our thematic results of our review with the aim to

245 develop a strategy for further the development[42] of consulting regarding care according to

246 §7a SGB XI for people with dementia and their relatives in Germany.

247 **Ethics and dissemination**

248 There are no ethical concerns for our review. We will present our thematic results to a

249 variety of stakeholders in Germany. Additionally, our thematic results and our

250 methodological reflection of the search process will be presented at (inter)national

251 conferences and published in journals for practitioners and peer-reviewed journals. Finally,

252 we will address any possible gaps in the current research landscape and incorporate them

253 into possible future projects.

254 **Contributors**

255 CM and MR-M wrote the initial draft of the protocol. DP and MR revised the manuscript. All

256 authors read and approved the final manuscript.

257 **Funding statement**

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259 Women and Youth (Grant No. ZM I 8-2521BAP376).

260 **Competing interests**

261 None

262 **Patient consent for publication**

263 None required

264 **Ethics approval**

265 None required

266

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Supplementary table 1: PRISMA-P Checklist

Section and topic	Item No	Checklist item	Reported on page no.
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	1
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	na
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	na
Authors:			
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	1
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	11
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	na
Support:			
Sources	5a	Indicate sources of financial or other support for the review	11
Sponsor	5b	Provide name for the review funder and/or sponsor	na
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	na
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	4-5
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	5-6
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	6-7
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	7-9

Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	Supplementary
Study records:			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	7-9
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	9-10
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	9-10
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	10
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	na
Risk of bias in individual studies	14	Describe anticipated methods for assessing the risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	na
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	na
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)	na
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	na
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	10
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	na
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	na

From: Shamseer, et al. [21]

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Supplementary table 2: Grey literature databases

Livivo	#1 OpenSearch/ 7a Beratung
	#2 OpenSearch/ 7a Beratung AND OpenSearch/ Demenz
GeroLit	#1 7a Beratung
	#2 7a Beratung AND Demenz
	#3 Beratung AND Demenz
SSOAR	#1 7a Beratung
	#2 7a Beratung AND Demenz
	#3 Beratung AND Demenz

Supplementary table 3: Google search strategy

Google	#1 7a Beratung AND Demenz AND PDF
	#2 7a Beratung AND Demenz AND Bericht AND PDF
	#3 7a Beratung AND PDF
	#4 7a Beratung AND Bericht AND PDF
	#5 Beratung AND Versorgung AND Demenz AND PDF
	#6 Beratung AND Versorgung AND Demenz AND Bericht AND PDF
	#7 Beratung AND Pflege AND Demenz AND PDF
	#8 Beratung AND Pflege AND Demenz AND Bericht AND PDF
	#9 Beratung AND Demenz AND PDF
	#10 Beratung AND Demenz AND Bericht AND PDF
Google scholar	#1 7a Beratung AND Demenz
	#2 7a Beratung AND Demenz AND Evaluation
	#3 7a Beratung
	#4 7a Beratung AND Evaluation
	#5 Beratung AND Versorgung AND Demenz
	#6 Beratung AND Versorgung AND Demenz AND Evaluation
	#7 Beratung AND Pflege AND Demenz
	#8 Beratung AND Pflege AND Demenz AND Evaluation
	#9 Beratung AND Demenz
	#10 Beratung AND Demenz AND Evaluation

Supplementary table 4: Search strategy example in MEDLINE (via PubMed)

Population	#1 Dementia[MeSH]
	#2 Dement*[T/A]
	#3 Alzheimer*[T/A]
	#4 Cognitive impairment* [T/A]
	#5 OR/ #1-4
Concept	#6 Nursing[MeSH]
	#7 Nurses[MeSH]
	#8 Nurs*[T/A]
	#9 Care[T/A]
	#10 OR/ #6-9
	#11 Counseling[MeSH]
	#12 Counsel*[T/A]
	#13 Consult*[T/A]
	#14 Inform*[T/A]
	#15 Nursing counsel*[T/A]
	#16 Directive counseling[MeSH]
	#17 Patient education as Topic[MeSH]
	#18 Support*[T/A]
	#19 Advice*[T/A]
	#20 Health education[MeSH]
	#21 OR/ #11-#20
	#22 #10 AND #21
	#23 #22 AND #5
Context	#24 German*[T/A]
	#25 #23 AND #24