

BMJ Open

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email editorial.bmjopen@bmj.com

BMJ Open

Decision-making on the location of care of the elderly: Protocol for a systematic review of qualitative studies

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2018-022411
Article Type:	Protocol
Date Submitted by the Author:	16-Feb-2018
Complete List of Authors:	Serrano-Gemes, Gema; Universidad de Cordoba, Departamento de Enfermería; Instituto Maimonides de Investigacion Biomedica de Cordoba SERRANO-DEL-ROSAL, RAFAEL; Spanish National Research Council , Institute for advanced Social Studies Rich-Ruiz, Manuel; Universidad de Cordoba, Nursing Department; Instituto Maimonides de Investigacion Biomedica de Cordoba,
Keywords:	QUALITATIVE RESEARCH, Decision making, Aged, Location of care, Independent living, Institutionalization

SCHOLARONE™
Manuscripts

Peer Review Only

1
2
3 **TITLE PAGE**

4
5 **Decision-making on the location of care of the elderly: Protocol for a systematic**
6 **review of qualitative studies**

7
8 Gema Serrano-Gemes (GSG), Rafael Serrano-del-Rosal (RSR), Manuel Rich-Ruiz
9 (MRR)

10
11
12
13 Universidad de Córdoba (UCO), Instituto Maimónides de Investigación Biomédica de
14 Córdoba (IMIBIC), Hospital Universitario Reina Sofía (HURS), Córdoba, Spain Gema
15 Serrano-Gemes

16
17
18 Instituto de Estudios Sociales Avanzados-Consejo Superior de Investigaciones
19 Científicas (IESA-CSIC), Córdoba, Spain Rafael Serrano del Rosal

20
21 Universidad de Córdoba (UCO), Instituto Maimónides de Investigación Biomédica de
22 Córdoba (IMIBIC), Hospital Universitario Reina Sofía (HURS), CIBERFES (CIBER de
23 Fragilidad y Envejecimiento Saludable), Córdoba, Spain Manuel Rich Ruiz

24
25
26
27 Correspondence to: Gema Serrano-Gemes gemaserranogemes@hotmail.com (+34
28 671103404)

29
30
31
32
33 Word count: 4005

ABSTRACT

Introduction: The elderly must take part in the management of their own health. One of the aspects they should be able to decide on the place where they want to live. The aim of this review is to synthesize qualitative evidence in order to understand how decisions are made on the location of care of the elderly.

Methods and Analysis: Systematic review of qualitative studies. 6 databases have been consulted: Web of Science, Pubmed, SCOPUS, CINAHL Complete, PsycINFO and SciELO Citation Index (from the beginning until 29th November 2017). All the qualitative and mixed-method studies in English and Spanish dealing with experiences, motives/reasons, and participants in the process of deciding on the location of care of the elderly which do not comply with the exclusion criteria will be included. The obtained results will be exported to the Zotero bibliography manager. The references will be reviewed by title and abstract and, later, the complete texts will be reviewed for their inclusion. A tool created for this study will be used to extract the data. The quality will be assessed with CASPe. The data synthesis will be carried out using the Constant Comparative Method. All this process will be performed independently by two reviewers. ENTREQ has been used to draw up this protocol. This review has been registered in PROSPERO (registration number: CRD42018084826)

Ethics and Dissemination: This protocol did not require ethical approval, since it is a protocol for a systematic review. The plans to disseminate our results include publishing a research paper in a high impact journal in our study area. Also, if possible, our results will be presented in scientific conferences. Besides, the obtained results will complement and discuss the doctoral thesis of one of the authors of the review.

Keywords: Aged, Decision making, Location of care, Independent living, Institutionalization.

Strengths and limitations of this study

- The results of this study will widen the knowledge on the decision-making process on the location of care of the elderly.
- The findings achieved in this study will help both researchers and those people involved in this decision-making process.
- This study will help to improve the field of study of systematic reviews of qualitative studies, as the final report will inform about all the steps taken to carry out this systematic review.
- The information obtained in this research will have the limitations typical of qualitative studies, as well as the limitations of the included studies.

INTRODUCTION

Aging has turned into an essential political question, due to the fact that both the proportion and the number of elderly people are increasing significantly worldwide.[1] The aging of populations all around the world will considerably increase the quantity of elderly people who are care-dependent.[1]

However, it is striking that the current healthcare systems and services do not properly suit the elderly's individual preferences and diverse health needs,[1,2] which is the case across the world.[1]

In order to respond to the specific needs of this population, it will be necessary to adapt the healthcare services, placing the elderly in the center of healthcare,[1-3] thus being necessary to include them as active participants in the planning of healthcare[1,3] and in managing their own health.[1]

To this lack of adaptation of healthcare systems and services, also it is necessary to add the scarce existing literature about decision-making and aging.[4] This literature usually focuses on the different aspects that somehow hinder the participation of the elderly in their own healthcare.

These aspects are usually problems linked to the aging process: cognitive[5,6] and physical impairment[6,7]. The elderly's unwillingness to participate is also mentioned,[5,6,8] with this responsibility thus falling to the family[5,8] or to the doctor.[6-8] Finally, another aspect presented as problematic for the elderly is the discrimination on grounds of age in healthcare services.[1]

One of the aspects where the elderly should have control and the right to decide is the place where they want to live.[1,3] Moreover, the ability of making their own decisions regarding the place to live has been considered by the elderly in a recent study as being very important for them,[9] although, at the same time, this decision is also considered as involving high emotional stress.[4]

In order to contextualize the framework where this systematic review of qualitative studies will be carried out, it is essential to describe how some concepts of interest are going to be dealt with and understood throughout this review:

The elderly

In this research, the concept of elderly person will include all the people who are 65 or older, both having cognitive/physical impairment or problems or not. This decision was taken because in the literature review done by Smith and Crome[10] about the relocation, it is said that not all studies dealing with it exclude people with more physical and cognitive impairment. In fact, the results of Dickinson's study[11] pointed out that, except for the elderly suffering from more severe impairment, the elderly with different degrees of memory impairment were able to preserve knowledge about their relocation.

Decision-making process

People tackle the decision-making process from a historical, social, interpersonal, and cultural context.[12] That is why, for this review, it has been decided to focus on three aspects that the authors consider crucial for this process: who takes part in the decision, how they go through this decision-making process, and the motives and/or reasons to make the decision.

Due to this, no type of specific informer has been specified, in order to be able to respond in a wider manner to the aim of our review, focusing on discovering who the people who take part in the decision are. In this way, it will be possible to analyze not only what type of people/group takes part, but also to study if there is more than one participant, as well as the interrelations which are created throughout this decision-making process.

In addition, this systematic review focuses on the complete decision-making process, not only on the final decision. This is why, throughout the study, the different options chosen for the location of care will not be specified, and the election of articles will not be filtered on the basis of that, but it will focus on the experiences of the participants throughout the process, thus being essential to understand the motives and/or reasons behind the decisions. In this way, it will be easier to understand in a more complete manner how this decision on the location of care of the elderly is made.

Relocation process

Generally speaking, the authors of this systematic review understand that the final decision after this decision-making process on the location of care may be simplified into two options: staying in the usual location of care or moving to a different place. In this review, both decision-making processes will be taken into account. More precisely, as regards the decision of relocating, it is interesting to highlight a couple of aspects:

Firstly, the literature describes different types of relocation, as the following examples mentioned by Smith and Crome[10]: home to institution, intra- and inter-institutional, or institution to home, and these may be voluntary or involuntary, patients may be healthy or ill and the relocation may be well-planned or ill-planned. Yawney and Slover[13] propose four types: from one community setting to another, from the community to an institution, from one institution to another, and from an institution to the community.

Throughout this review, an institutional setting will be understood as those centers or institutions where the elderly are admitted to in order to receive care or supervision from healthcare professionals (for example, a nursing home for the elderly). On the other hand, the community setting, seen as the opposite of the institutional setting, includes homes, different types of housing, or locations of care that are within the community context, which promote or support the elderly's independent living (either if they have some help or supervision or not).

1
2
3 According to this, in this review we will deal with all relocations starting from the
4 community setting, regardless of the chosen location of care, as long as they are
5 permanent.
6

7 Secondly, different authors have described different phases in the relocation process, or,
8 more precisely, in the institutionalization process,[14,15] the decision-making thus
9 being an event taking place before the institutionalization itself. This is why this review
10 will only analyze and extract information linked to the phases of the process considering
11 the moment where the decision of relocating is taken. Therefore, the phase where the
12 participants are at, or whether the study deals with the complete institutionalization
13 process or only some phases, is irrelevant when it comes to including the studies in this
14 review, since, in all these cases, only the information about the decision-making process
15 will be taken into account.
16
17
18

19 **Location of care**

20
21 Lastly, as the different locations of care have been poorly and inconsistently described
22 in the literature,[16] it is important to point out that, throughout this review, the
23 “decision on the location of care” will be understood as any one that involves deciding
24 on a permanent or long-term location of care for the elderly, regardless of the
25 environment/place where they are relocated, either a home, community or institutional
26 setting.
27
28

29 Therefore, all the decisions focusing on temporary locations of care, such as stays in
30 hospitals, rehabilitation facilities or other healthcare centers, with the aim of tackling an
31 acute or temporary healthcare problem, will not be taken into account, since
32 hospitalizations due to severe illnesses/problems are described as inevitable,[17]
33 hospital care thus seen as necessary when patients are seriously ill.[17,18]
34
35

36 Therefore, the decisions on relocating to try to solve specific health problems (for
37 instance, psychiatric inpatient care), decisions on where to take care of people with
38 substance abuse problems, or the decision of relocating people with intellectual
39 disabilities, will not be taken into account in this review, since the authors consider that
40 the mentioned health problems are specific and extensive enough to constitute their own
41 research questions.
42
43
44

45 On the other hand, this review will not include the studies linked to deciding the place
46 where one wants to die either, since, as stated by Agar et al.[19] the place of care must
47 not be understood as the same thing as a place of death. Due to this, the studies dealing
48 with decisions linked to the end of life, the care for the terminally ill, choosing the place
49 where one wants to die, palliative care, advance care planning or advance directives will
50 not be taken into account.
51
52

53 All of this justifies and leads to our main objective: to synthesize the existing evidence
54 with qualitative methodology in order to achieve a deep understanding of how decisions
55 are made on the location of care of the elderly. In order to reach this objective, this
56
57
58
59
60

1
2
3 review has based its research question and subsequent search strategy on a structure of
4 key elements that is specific for qualitative reviews: PICO (Population, Phenomena of
5 Interest and Context)[20]: the elderly, decision-making process on the location of care,
6 and decisions not linked to death, intellectual disabilities, substance abuse, acute care or
7 temporary locations of care, respectively.
8

9
10 Therefore, our research question would be: how is the location of care of the elderly
11 decided upon? In turn, this question will be specified into the following aspects: (1)
12 Who takes part in the decision about the location of care of the elderly? (2) How do the
13 participants experience the decision-making process on the location of care? (3) What
14 are the participants' motives/reasons to decide upon the location of care? (4) Has the
15 way of making this decision changed in time?
16

17
18 After searching in the Cochrane Library, Joanna Briggs Institute (JBI) Systematic
19 Review Databases, and the International prospective register of systematic reviews
20 (PROSPERO), no systematic reviews or systematic review protocols were found
21 tackling this matter; therefore, it was decided to carry out a systematic review on the
22 decision-making process on the location of care of the elderly. This protocol has been
23 registered in PROSPERO (registration number: CRD42018084826, available at:
24 http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018084826).
25
26

27 **METHODS**

28 **Design**

29
30 Systematic review of qualitative studies.
31

32
33 It was decided to only study qualitative studies, due to the nature of the main objective
34 of this research: to achieve a deep understanding of how the decisions on the location of
35 care of the elderly are taken, since qualitative research is the type of research which may
36 more efficiently and appropriately provide the necessary information to be able to
37 answer our research question.
38
39

40
41 It is important to point out that in order to draw up this protocol, the work by Butler et
42 al.[21], a guide to draw up protocols of systematic qualitative reviews, as well as the
43 Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ)
44 statement,[22] have been used as informative support.
45

46 **Information sources**

47
48 The consulted databases have been Web of Science (core collection of Web of Science),
49 MEDLINE (through Pubmed), SCOPUS, CINAHL Complete (through EBSCOhost),
50 PsycINFO (through ProQUEST) and SciELO Citation Index (through Web of Science)
51 (from the beginning until 29th November 2017).
52
53

54
55 In addition, the references in the papers which will be finally included will also be
56 reviewed.
57
58
59
60

We expect to finish the review by July 2018.

Search strategy

The search strategy has focused on five key concepts, which are made up of different terms. The terms used to refer to each concept were linked using the connective “OR”, and then the four main concepts were linked using the connective “AND”; lastly, the connective “NOT” was used to link these four concepts to the fifth one. The subject headings were used when necessary, and the terms were adjusted to the different databases used. The different search strategies used in each database are shown in Table 1.

Table 1. Databases and search terms used to identify literature for review.

Database	Search Terms	No. Articles
Pubmed	(Aging [MeSH] OR Aged [MeSH] OR “Ageing” OR “Older people” OR “Older adults” OR “Elderly” OR “Elders”)	120
AND	(“Decision Making”[Mesh:NoExp] OR Consensus [MeSH Terms] OR Uncertainty [MeSH Terms] OR “Choice Behavior”[Mesh:NoExp] OR Dissent and Disputes [MeSH Terms] OR “Negotiating”[Mesh:NoExp] OR Patient Participation [MeSH Terms] OR “Decision Making” OR “Patient Participation” OR “Patient Involvement” OR “Patient Engagement”)	
AND	(“Placement” OR “Location of care” OR “Relocation” OR “Relocating” OR “Transition”)	
AND	(Independent living [MeSH] OR Housing for the elderly [MeSH] OR “Residential Facilities”[Mesh:NoExp] OR Assisted Living Facilities [MeSH Terms] OR Homes for the Aged [MeSH Terms] OR Nursing Homes [MeSH Terms] OR “Institutionalization”[Mesh:NoExp] OR “Independent living” OR “Aging in Place” OR “Institutionalization”)	
NOT	(Intellectual Disability [MeSH] OR Substance-Related Disorders [MeSH] OR “Mental Retardation” OR “Mental Deficiency” OR “Drug Dependence” OR “Drug Addiction” OR “Substance Abuse” OR “Drug Abuse” OR Palliative care [MeSH] OR Terminal care [MeSH] OR Life support care [MeSH] OR Advance care planning [MeSH] OR “Palliative care” OR “Terminal care” OR “End of life care” OR “Hospice care” OR “Life support care” OR “Advance care planning” OR “Advance directives” OR “Place of death”)	
Limiters:	Spanish, English	
CINAHL Complete	((MH "Aged") OR (MH "Aged, 80 and Over") OR (MH "Frail Elderly") OR (MH "Aging+") OR “Older people” OR “Older adults” OR “Elderly” OR “Ageing” OR “Elders”)	79
AND	((MH "Decision Making") OR (MH "Consensus") OR (MH "Decision Making, Clinical") OR (MH "Decision Making, Ethical") OR (MH "Decision Making, Family") OR (MH "Decision Making, Patient") OR (MH "Dissent and Disputes+") OR (MH "Consumer Participation") OR “Patient participation” OR “Patient involvement” OR “Patient engagement” OR “Decision Making”)	
AND	((MH "Relocation") OR “Relocating” OR “Location of care” OR “Placement” OR “Transition” OR “Relocation”)	
AND	((MH "Community Living") OR (MH "Assisted Living") OR (MH "Institutionalization") OR (MH "Housing for the Elderly") OR (MH "Residential Facilities") OR “Independent living” OR “Aging in Place” OR “Institutionalization”)	
NOT	((MH "Intellectual Disability+") OR (MH "Substance Use Disorders+") OR “Mental Retardation” OR “Mental Deficiency” OR “Drug Dependence” OR “Drug Addiction” OR “Drug Abuse” OR “Substance Abuse” OR (MH "Terminal Care+") OR (MH "Life Support Care+") OR (MH "Advance Care Planning") OR (MH "Advance Directives+") OR “Terminal Care” OR “Palliative Care” OR “Hospice Care” OR “Life support care” OR “Advance care planning” OR “Advance directives” OR “End of life care” OR “Place of death”)	
Limiters:	Spanish, English, Academic Journals	
PsycINFO	(SU.EXACT("Aging") OR "Ageing" OR "Elderly" OR "Elders" OR "Older people" OR "Older adults")	54*
AND	(SU.EXACT("Decision Making") OR SU.EXACT.EXPLODE("Choice Behavior") OR SU.EXACT("Client Participation") OR "Patient participation" OR "Patient involvement" OR "Patient engagement" OR “Decision making”)	
AND	(“Relocation” OR “Relocating” OR “Location of care” OR “Placement” OR “Transition”)	
AND	(SU.EXACT("Assisted Living") OR SU.EXACT("Retirement Communities") OR SU.EXACT("Aging in Place") OR SU.EXACT("Institutionalization") OR SU.EXACT("Residential Care Institutions") OR SU.EXACT("Nursing Homes") OR “Independent living” OR “Aging in place” OR “Institutionalization”)	

NOT	("Palliative Care" OR "Terminal care" OR "Hospice care" OR "Life support care" OR "End of life care" OR "Advance care planning" OR "Advance Directives" OR "Place of death" OR SU.EXACT("Palliative Care") OR SU.EXACT("Hospice") OR SU.EXACT.EXPLODE("Life Sustaining Treatment") OR SU.EXACT("Advance Directives") OR SU.EXACT.EXPLODE("Intellectual Development Disorder") OR SU.EXACT.EXPLODE("Drug Abuse") OR SU.EXACT("Substance Use Disorder") OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse")	
Limiters:	Spanish, English, Scientific Journals	
SCOPUS	(TITLE-ABS-KEY("Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders")) OR (INDEXTERMS("Aged" OR "Aging"))	195
AND	(TITLE-ABS-KEY("Decision making" OR "Patient participation" OR "Patient Involvement" OR "Patient Engagement")) OR (INDEXTERMS("Decision making" OR "Consensus" OR "Uncertainty" OR "Dissent and Disputes" OR "Choice Behavior" OR "Negotiating" OR "Patient participation"))	
AND	TITLE-ABS-KEY("Relocation" OR "Placement" OR "Location of care" OR "Relocating" OR "Transition")	
AND	(TITLE-ABS-KEY("Aging in Place" OR "Institutionalization" OR "Independent living")) OR (INDEXTERMS("Institutionalization" OR "Independent living" OR "Housing for the elderly" OR "Residential facilities" OR "Assisted Living Facilities" OR "Homes for the Aged" OR "Nursing Homes"))	
NOT	(TITLE-ABS-KEY("Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death" OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse")) OR (INDEXTERMS("Palliative care" OR "Terminal care" OR "Life support care" OR "Advance care planning" OR "Intellectual Disability" OR "Substance-Related Disorders"))	
Limiters:	Spanish, English, NOT Conference Paper	
SciELO Citation Index	TS=("Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders" OR "Aged" OR "Aging")	0
AND	TS=("Decision making" OR "Patient participation" OR "Patient Involvement" OR "Patient Engagement" OR "Consensus" OR "Uncertainty" OR "Dissent and Disputes" OR "Choice Behavior" OR "Negotiating")	
AND	TS=("Relocation" OR "Placement" OR "Location of care" OR "Relocating" OR "Transition")	
AND	TS=("Aging in Place" OR "Institutionalization" OR "Independent living" OR "Housing for the elderly" OR "Residential facilities" OR "Assisted Living Facilities" OR "Homes for the Aged" OR "Nursing Homes")	
NOT	TS=("Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death" OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse" OR "Intellectual Disability" OR "Substance-Related Disorders")	
Limiters:	Spanish, English	
Web of Science	TS=("Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders" OR "Aged" OR "Aging")	50
AND	TS=("Decision making" OR "Patient participation" OR "Patient Involvement" OR "Patient Engagement" OR "Consensus" OR "Uncertainty" OR "Dissent and Disputes" OR "Choice Behavior" OR "Negotiating")	
AND	TS=("Relocation" OR "Placement" OR "Location of care" OR "Relocating" OR "Transition")	
AND	TS=("Aging in Place" OR "Institutionalization" OR "Independent living" OR "Housing for the elderly" OR "Residential facilities" OR "Assisted Living Facilities" OR "Homes for the Aged" OR "Nursing Homes")	
NOT	TS=("Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death" OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse" OR "Intellectual Disability" OR "Substance-Related Disorders")	
Limiters:	Spanish, English	
Total records identified		498
Total records after duplicates removed (n=198)		300

*PsycINFO: The search strategy provides 75 results, but only 74 are shown on the list. When the limit “Scientific journals” is included: It provides 58 results, but only 57 are shown; when “English” is introduced: It provides 55 results, but only 54 are shown. Therefore, the total amount of papers found on this database is 54, since they are the ones we have access to, shown to us by the database.

Eligibility criteria

The papers eligible to be included in this review would be: (1) those dealing with who takes part in deciding the location of care, and/or how the participants experience the decision-making process on the location of care, and/or the participants’ motives/reasons to make the decision about the location of care; (2) these decisions about the location of care must involve the elderly, adults who are 65 or older (when studies refer to decisions about a wide age range, the studies will be included if the average age is 65 or older, or if these studies analyze subgroups of people whose average age is 65 or older); (3) original papers; (4) qualitative or mixed-method studies; (5) written in English or Spanish.

The papers will be excluded if they are: (1) studies not dealing with decision-making processes about locations of care already experienced by the participants; (2) studies about preferences or planning for the future about the decision-making process about the location of care; (3) studies where relocation has started in an institutional environment; (4) studies about deciding about the end of life, terminal patient care, palliative care, advance care planning, advance directives, and/or the place to die; (5) studies about decisions on the location of care connected to substance abuse or intellectual disabilities; (6) studies about decisions on temporary locations of care, acute care, and/or specific health problems, such as psychiatric inpatient care; (7) doctoral theses or conference proceedings (conference abstracts); (8) studies whose complete text is not accessible.

Qualitative research studies will not be limited by methodology (phenomenology, grounded theory, action research, ethnography, etc.), while in the mixed-method studies only the qualitative components of the research will be included and analyzed. However, those mixed-method studies where it is not possible to tell if the results were obtained with quantitative or qualitative methods will be excluded.

Data collection process

The search results have been exported to the Zotero bibliography manager, in order to store, manage, and organize the obtained bibliographical references. In addition, a register of the obtained results in the searches in each database has been kept.

The obtained citations have also been reviewed, deleting those which were repeated in the different databases.

Later, all these citations will be reviewed by title and abstract independently by two reviewers. These reviewers will meet to discuss the results and, in the case of disagreement, a third reviewer will mediate. All the doubtful citations will be included so that their complete text is read.

1
2
3 Finally, the complete text of all the included citations will be obtained, in order to assess
4 if they must be included in the review. All the texts will be read in full and will be
5 assessed by two reviewers independently, in order to decide if they must be included.
6 These reviewers will meet to discuss the results and, in the case of disagreement, a third
7 reviewer will mediate. If, after reading a complete paper or text, the information is not
8 enough, or clear enough, the paper will finally be excluded from the review on the basis
9 of the lack of information.
10
11

12 The abovementioned steps will be reported using a flowchart.
13

14 **Extraction of data**

15
16 In order to identify the information on the results of the studies, we will follow a
17 previous study on methods to thematically synthesize qualitative research in systematic
18 reviews, and we will consider all text marked as “results” or “findings” in the papers to
19 be the results of the studies,[23] also adding all the text included under the title
20 “conclusions”. Both the participants’ quotes and the authors’ interpretations will be
21 taken into account, since the extraction of this information (through both channels)
22 helps to guarantee that the results obtained in the review are fully based on the real
23 experiences of the participants in the studies, as proposed by Butler et al.[21]
24
25

26
27 To perform this task, a tool for data extraction specifically created for this review, based
28 on the needs of our study, will be used, as proposed by Butler et al.[21]
29

30
31 This tool will be piloted with a small number of papers (from two to four) in order to
32 check its usefulness, and it will be modified if required. The information to be extracted
33 from each paper will be: Title; Year of publication; Country; Language; Authors;
34 Objective of the study (main objective and, if applicable, secondary objectives); Design:
35 methodological basis; Sample: strategy, size, inclusion and exclusion criteria,
36 characteristics of the participants; Techniques/methods for information collection; Data
37 analysis methods/techniques; Ethical considerations; Results: the participants’ quotes
38 and the authors’ interpretations; Final conclusion; Strengths and limitations; and
39 Comments by the reviewers.
40
41

42 All the obtained information will be classified into tables.
43

44 The extraction of information will be carried out by two reviewers independently. These
45 reviewers will meet to discuss the results and, in the case of disagreement, a third
46 reviewer will mediate.
47

48 **Quality Appraisal**

49
50 The quality of the included studies will be assessed using *Critical Appraisal Skills*
51 *Programme Español (CASPe): Plantilla para ayudarte a entender un estudio*
52 *cualitativo*. [24] This tool includes 10 questions designed to help to assess qualitative
53 research studies, answering “Yes”, “No” or “Can’t tell” to each question: the first two
54 questions deal with the objectives of the research and the advisability of the qualitative
55
56
57
58
59
60

1
2
3 methodology; these two questions are screening questions – only if the answer to both
4 questions is “Yes” it is worth proceeding with the remaining questions.[24] The
5 remaining questions deal with: the research method, the strategy for selecting
6 participants, data gathering techniques, relationship between researcher and object of
7 study, ethical issues, data analysis, exposure, and applicability of the research
8 results.[24]
9

10
11 This tool, in its English version, has already been used in different review papers.[25-
12 27] The tool will be tested with a sample of the studies to confirm that both reviewers
13 are using it properly, as well as that the tool is clear and useful.
14

15
16 As regards the use of the studies’ quality as an exclusion criteria, some authors in the
17 bibliography choose to exclude papers from their studies according to their
18 quality,[25,28] while others include all the papers.[23,26] Since the objective of our
19 review is to provide an overview of how the location of care of the elderly is decided
20 upon, we will not exclude papers on the basis of their quality.[21]
21

22
23 However, the quality appraisal performed on each study included will be reflected,
24 organizing this information into a table. In addition, as the viability and importance of
25 attempting some kind of sensitivity analysis will be a fundamental focus in future
26 studies,[29] this systematic review will study the relative contributions of the different
27 studies to the results of this review according to their quality, a process already
28 performed by other authors before.[23]
29

30
31 The critical quality appraisal will be carried out by two reviewers independently. These
32 reviewers will meet to discuss the results and, in the case of disagreement, a third
33 reviewer will mediate.
34

35 **Data synthesis**

36
37 The review we propose will be carried out with the aim of increasing the scientific
38 production in the field of qualitative research and, more precisely, in the field of
39 systematic reviews, since the inclusion of qualitative research in systematic reviews is
40 still a big challenge.[29] At the same time, the literature states the methods to synthesize
41 and review evidence in order to tackle questions different from efficacy issues are much
42 less developed.[30]
43
44

45
46 Dixon-Woods et al.[31] state in their review about possible methods for qualitative and
47 quantitative synthesis of evidence that the choice of synthesis type (either interpretive or
48 integrative) is probably linked to the research question of the review. In addition, this
49 review also points out different methods to synthesize the qualitative and quantitative
50 evidence that might be used (narrative summary, grounded theory, meta-ethnography,
51 meta-synthesis, meta-study, realist synthesis and Miles and Huberman’s data analysis
52 techniques, content analysis, case survey, qualitative comparative analysis, and
53 Bayesian meta-analysis).[31]
54
55

1
2
3 According to Butler et al.[21], the chosen synthesis method will depend on the review's
4 type and goal. That same article also points out that, regardless of the chosen method, it
5 is important to clearly report each of the steps, and how they are going to be taken, as
6 this provides reproducibility, transparency and trust in the review's results.[21]
7

8
9 This is why, in order to synthesize the qualitative evidence included in this systematic
10 review, a widely used and known method in the field of qualitative research will be
11 used – the Constant Comparative Method[32] from Glaser and Strauss' Grounded
12 Theory.[33] This method is being used today to synthesize qualitative evidence,[34] and
13 many researchers use it outside of Grounded Theory.[31]
14

15
16 The synthesis of data will be performed by two authors independently, and these results
17 will be reviewed and discussed by all the authors in order to make sure that they suit the
18 original information.
19

20 The software to be used to analyze all the information is Weft QDA.
21

22 **Discussion and dissemination**

23

24 Thanks to this systematic review of the literature, we will achieve a deep understanding
25 of how the decision on the location of care of the elderly is taken.
26

27 In addition, dealing with qualitative methodology studies will allow us to widely
28 appraise the experiences that the main actors go through in this decision-making process
29 that is so important in the elderly's lives, which will help us to understand not only the
30 reasons and emotions underlying this decision, but also to create new knowledge on the
31 topic, useful both for researchers involved in this research field and all the people
32 involved in this decision-making process today.
33
34

35
36 This work will also help to improve the field of study of systematic reviews of
37 qualitative studies, since, in this research's final report, information will be provided on
38 each of the steps taken to develop this systematic review, which will help future
39 researchers who wish to continue working on the review of qualitative studies.
40

41 Also, as this is a review unrestricted in time, it will allow us to analyze how this
42 decision has been posed in time, in order to see if it has changed in the way of
43 proceeding and in the emotions provoked by this choice in different time periods.
44
45

46 Our study can also have some limitations. The results obtained from this review will be
47 limited by the inherent nature of qualitative research, apart from the limitations of the
48 individual studies included. On the other hand, this protocol also has some limitations
49 linked to the search strategy. There is no precise terminology to refer to the main key
50 terms of the review; in addition, the used search terms had to be modified in order to
51 adapt the strategy to each of the consulted databases, so maybe not all terms that might
52 be linked to the topic of interest are found. Also, since it uses language limits, this
53 review will not deal with research carried out in languages different from English or
54 Spanish.
55
56
57
58
59
60

1
2
3 However, we have intended to assure the quality of this review protocol by leaning on
4 the work by Butler et al.[21] and the ENTREQ statement,[22] the latter being the one to
5 be used as a guide to develop the complete final systematic review. In addition, another
6 tool will be used to check and report about the quality of the included studies, thus
7 providing transparency and reliability to the review process. Also, it bears pointing out
8 that, if any change were to be made in the process or the performed procedures, these
9 would be clearly and precisely reported, providing due explanations and reasons.
10
11

12 The plans to disseminate the results of this systematic review include publishing a
13 research paper in a high impact journal in our study area. Also, if possible, the results of
14 this research will be presented in scientific conferences. In addition, the obtained results
15 will be suitable for informing, guiding, complementing, and discussing the doctoral
16 thesis of one of the authors of the review, which is underway.
17
18

19 **Contributors**

20
21 GSG conceived the study and the study design. GSG developed and executed the search
22 strategy. GSG, RSR and MRR helped draft the protocol, edited the draft protocol, read
23 and approved the final manuscript.
24
25

26 **Funding statement**

27
28 This research received no specific grant from any funding agency in the public,
29 commercial or not-for-profit sectors.
30

31 **Competing interests**

32
33 The authors declare no competing interests regarding the authorship, research, and/or
34 publication of this paper.
35

36 **Acknowledgments**

37
38 The authors would like to thank reviewers for their valuable and useful advices and
39 comments.
40

41 **REFERENCE LIST**

42
43 1 Organización Mundial de la Salud. *Informe mundial sobre el envejecimiento y la*
44 *salud*. Ginebra: OMS 2015.
45

46
47 2 Kogan AC, Wilber K, Mosqueda L. Person-Centered Care for Older Adults with
48 Chronic Conditions and Functional Impairment: A Systematic Literature Review. *J Am*
49 *Geriatr Soc* 2016;**64**:e1-7.
50

51
52 3 Segunda Asamblea Mundial sobre el Envejecimiento. *Declaración Política y Plan de*
53 *Acción Internacional de Madrid sobre el Envejecimiento*. Nueva York: Naciones
54 Unidas 2003 [accessed 18 Nov 2017].
55 <http://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-sp.pdf>
56
57
58
59
60

1
2
3 4 Carstensen LL, Hartel CR. *When I'm 64*. Washington, D.C.: National Academies
4 Press 2006.

5
6 5 Sharp T, Moran E, Kuhn I, *et al*. Do the elderly have a voice? Advance care planning
7 discussions with frail and older individuals: a systematic literature review and narrative
8 synthesis. *Br J Gen Pract* 2013;**63**:e657-668.

9
10
11 6 Wetzels R, Geest TA, Wensing M, *et al*. GPs' views on involvement of older patients:
12 an European qualitative study. *Patient Educ Couns* 2004;**53**:183-8.

13
14 7 Bastiaens H, Van Royen P, Pavlic DR, *et al*. Older people's preferences for
15 involvement in their own care: a qualitative study in primary health care in 11 European
16 countries. *Patient Educ Couns* 2007;**68**:33-42.

17
18 8 Löckenhoff CE, Carstensen LL. Socioemotional selectivity theory, aging, and health:
19 the increasingly delicate balance between regulating emotions and making tough
20 choices. *J Pers* 2004;**72**:1395-424.

21
22
23 9 Stephens C, Breheny M, Mansvelt J. Healthy ageing from the perspective of older
24 people: a capability approach to resilience. *Psychol Health* 2015;**30**:715-31.

25
26 10 Smith AE, Crome P. Relocation mosaic - a review of 40 years of resettlement
27 literature. *Rev Clin Gerontol* 2000;**10**:81-95.

28
29 11 Dickinson D. Can elderly residents with memory problems be prepared for
30 relocation? *J Clin Nurs* 1996;**5**:99-104.

31
32 12 Matteson P, Hawkins JW. Concept analysis of decision making. *Nurs Forum (Auckl)*
33 1990;**25**:4-10.

34
35 13 Yawney BA, Slover DL. Relocation of the elderly. *Soc Work* 1973;**18**:86-95.

36
37 14 Kasl SV. Physical and mental health effects of involuntary relocation and
38 institutionalization on the elderly--a review. *Am J Public Health* 1972;**62**:377-84.

39
40 15 Tobin SS, Lieberman MA. *Last home for the aged: Critical implications of*
41 *institutionalization*. Ann Arbor: University Microfilms International 1991.

42
43 16 Boland L, Légaré F, Perez MMB, *et al*. Impact of home care versus alternative
44 locations of care on elder health outcomes: an overview of systematic reviews. *BMC*
45 *Geriatr* 2017;**17**:20.

46
47 17 Hallgren J, Ernsth Bravell M, Dahl Aslan AK, *et al*. In Hospital We Trust:
48 Experiences of older peoples' decision to seek hospital care. *Geriatr Nurs* 2015;**36**:306-
49 11.

50
51 18 Fried TR, van Doorn C, O'Leary JR, *et al*. Older person's preferences for home vs
52 hospital care in the treatment of acute illness. *Arch Intern Med* 2000;**160**:1501-6.

1
2
3 19 Agar M, Currow DC, Shelby-James TM, *et al.* Preference for place of care and place
4 of death in palliative care: are these different questions? *Palliat Med* 2008;**22**:787–95.

5
6 20 The Joanna Briggs Institute. *Joanna Briggs Institute Reviewers' Manual: 2014*
7 *edition*. Australia: The Joanna Briggs Institute 2014.

8
9 21 Butler A, Hall H, Copnell B. A Guide to Writing a Qualitative Systematic Review
10 Protocol to Enhance Evidence-Based Practice in Nursing and Health Care. *Worldviews*
11 *Evid Based Nurs* 2016;**13**:241–9.

12
13 22 Tong A, Flemming K, McInnes E, *et al.* Enhancing transparency in reporting the
14 synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol* 2012;**12**:181.

15
16 23 Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in
17 systematic reviews. *BMC Med Res Methodol* 2008;**8**:45.

18
19 24 Cano Arana, A., González Gil, T., Cabello López, J.B. por CASPe. Plantilla para
20 ayudarte a entender un estudio cualitativo. In: CASPe. *Guías CASPe de Lectura Crítica*
21 *de la Literatura Médica*. Alicante: CASPe 2010. Cuaderno III. p.3-8.

22
23 25 Lang H, France E, Williams B, *et al.* The psychological experience of living with
24 head and neck cancer: a systematic review and meta-synthesis. *Psychooncology*
25 2013;**22**:2648–63.

26
27 26 Davies N, Maio L, Rait G, *et al.* Quality end-of-life care for dementia: What have
28 family carers told us so far? A narrative synthesis. *Palliat Med* 2014;**28**:919–30.

29
30 27 Zheng R, Lee SF, Bloomer MJ. How new graduate nurses experience patient death:
31 A systematic review and qualitative meta-synthesis. *Int J Nurs Stud* 2016;**53**:320–30.

32
33 28 Abad-Corpa E, Gonzalez-Gil T, Martínez-Hernández A, *et al.* Caring to achieve the
34 maximum independence possible: a synthesis of qualitative evidence on older adults'
35 adaptation to dependency. *J Clin Nurs* 2012;**21**:3153–69.

36
37 29 Dixon-Woods M, Bonas S, Booth A, *et al.* How can systematic reviews incorporate
38 qualitative research? A critical perspective. *Qual Res* 2006;**6**:27–44.

39
40 30 Popay J, Roberts H. Introduction: methodological issues in the synthesis of diverse
41 sources of evidence. In: Popay J, eds. *Moving beyond effectiveness in evidence*
42 *synthesis: Methodological issues in the synthesis of diverse sources of evidence*.
43 London: National Institute for Health and Clinical Excellence 2006:1-4.

44
45 31 Dixon-Woods M, Agarwal S, Jones D, *et al.* Synthesising qualitative and
46 quantitative evidence: a review of possible methods. *J Health Serv Res Policy*
47 2005;**10**:45–53. doi: 10.1258/1355819052801804

48
49 32 Glaser BG. The Constant Comparative Method of Qualitative Analysis. *Soc Probl*
50 1965;**12**:436–45.

1
2
3 33 Glaser BG, Strauss AL. *The Discovery of Grounded Theory: Strategies for*
4 *Qualitative Research*. New York: Aldine Publishing Company 1967.

5
6 34 de la Cuesta-Benjumea C, Henriques MA, Abad-Corpa E, *et al*. Falls prevention
7 among older people and care providers: protocol for an integrative review. *J Adv Nurs*
8 2017;**73**:1722–34.
9

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

BMJ Open

Decision-making on the location of care of the elderly: Protocol for a systematic review of qualitative studies

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2018-022411.R1
Article Type:	Protocol
Date Submitted by the Author:	23-May-2018
Complete List of Authors:	Serrano-Gemes, Gema; Universidad de Cordoba, Departamento de Enfermería; Instituto Maimonides de Investigacion Biomedica de Cordoba SERRANO-DEL-ROSAL, RAFAEL; Spanish National Research Council , Institute for advanced Social Studies Rich-Ruiz, Manuel; Universidad de Cordoba, Nursing Department; Instituto Maimonides de Investigacion Biomedica de Cordoba,
Primary Subject Heading:	Qualitative research
Secondary Subject Heading:	Geriatric medicine
Keywords:	QUALITATIVE RESEARCH, Decision making, Aged, Location of care, Independent living, Institutionalization

SCHOLARONE™
Manuscripts

1
2
3 **TITLE PAGE**

4 **Decision-making on the location of care of the elderly: Protocol for a systematic**
5 **review of qualitative studies**
6

7
8 Gema Serrano-Gemes (GSG), Rafael Serrano-del-Rosal (RSR), Manuel Rich-Ruiz
9 (MRR)
10

11
12
13 Universidad de Córdoba (UCO), Instituto Maimónides de Investigación Biomédica de
14 Córdoba (IMIBIC), Hospital Universitario Reina Sofía (HURS), Córdoba, Spain Gema
15 Serrano-Gemes
16

17
18 Instituto de Estudios Sociales Avanzados-Consejo Superior de Investigaciones
19 Científicas (IESA-CSIC), Córdoba, Spain Rafael Serrano del Rosal
20

21 Universidad de Córdoba (UCO), Instituto Maimónides de Investigación Biomédica de
22 Córdoba (IMIBIC), Hospital Universitario Reina Sofía (HURS), CIBERFES (CIBER de
23 Fragilidad y Envejecimiento Saludable), Córdoba, Spain Manuel Rich Ruiz
24

25
26
27 Correspondence to: Gema Serrano-Gemes gemaserranogemes@hotmail.com (+34
28 671103404)
29
30

31
32
33 Word count: 4021
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

ABSTRACT

Introduction: The elderly must take part in the management of their own health. One of the aspects they should be able to decide on the place where they want to live. The aim of this review is to synthesize qualitative evidence in order to understand how decisions are made on the location of care of the elderly.

Methods and Analysis: Systematic review of qualitative studies. 6 databases have been consulted: Web of Science, Pubmed, SCOPUS, CINAHL Complete, PsycINFO and SciELO Citation Index (from the beginning until 29th November 2017). The inclusion criteria will be: studies that deal the decision-making process on the location of care of the elderly already experienced by the participants, original studies, qualitative or mixed-method studies and studies written in English or Spanish. The obtained results will be exported to the Zotero bibliography manager. The references will be reviewed by title and abstract and, later, the complete texts will be reviewed for their inclusion. A tool created for this study will be used to extract the data. The quality will be assessed with CASPe. The data synthesis will be carried out using the Constant Comparative Method. All this process will be performed independently by two reviewers. ENTREQ has been used to draw up this protocol. This review has been registered in PROSPERO (registration number: CRD42018084826)

Ethics and Dissemination: This protocol did not require ethical approval, since it is a protocol for a systematic review. The plans to disseminate our results include publishing a research paper in a high impact journal in our study area. Also, if possible, our results will be presented in scientific conferences. Besides, the obtained results will complement and discuss the doctoral thesis of one of the authors of the review.

Keywords: Aged, Decision making, Location of care, Independent living, Institutionalization.

Strengths and limitations of this study

- The results of this study will widen the knowledge and inform future actions on the decision-making process in the the field of location of care of the elderly.
- The findings achieved in this study will help both researchers and those people involved in this decision-making process.
- This study will help to improve the field of study of systematic reviews of qualitative studies, as the final report will inform about all the steps taken to carry out this systematic review.

For peer review only

INTRODUCTION

Aging has turned into an essential political question, due to the fact that both the proportion and the number of elderly people are increasing significantly worldwide.[1] The aging of populations all around the world will considerably increase the quantity of elderly people who are care-dependent.[1]

However, it is striking that the current healthcare systems and services do not properly suit the elderly's individual preferences and diverse health needs,[1,2] which is the case across the world.[1]

In order to respond to the specific needs of this population, it will be necessary to adapt the healthcare services, placing the elderly in the center of healthcare,[1-3] thus being necessary to include them as active participants in the planning of healthcare[1,3] and in managing their own health.[1]

To this lack of adaptation of healthcare systems and services, also it is necessary to add the scarce existing literature about decision-making and aging.[4] This literature usually focuses on the different aspects that somehow hinder the participation of the elderly in their own healthcare.

These aspects are usually problems linked to the aging process: cognitive[5,6] and physical impairment[6,7]. The elderly's unwillingness to participate is also mentioned,[5,6,8] with this responsibility thus falling to the family[5,8] or to the doctor.[6-8] Finally, another aspect presented as problematic for the elderly is the discrimination on grounds of age in healthcare services.[1]

One of the aspects where the elderly should have control and the right to decide is the place where they want to live.[1,3] Moreover, the ability of making their own decisions regarding the place to live has been considered by the elderly in a recent study as being very important for them,[9] although, at the same time, this decision is also considered as involving high emotional stress.[4]

All of this justifies and leads to our main objective: to synthesize the existing evidence with qualitative methodology in order to achieve a deep understanding of how decisions are made on the location of care of the elderly. In order to reach this objective, this review has based its research question and subsequent search strategy on a structure of key elements that is specific for qualitative reviews: PICO (Population, Phenomena of Interest and Context)[10]: the elderly, decision-making process on the location of care, and decisions not linked to death, intellectual disabilities, substance abuse, acute care or temporary locations of care, respectively.

Therefore, our research question would be: how is the location of care of the elderly decided upon? In turn, this question will be specified into the following aspects: (1) Who takes part in the decision about the location of care of the elderly? (2) How do the participants experience the decision-making process on the location of care? (3) What are the participants' motives/reasons to decide upon the location of care?

1
2
3 After searching in the Cochrane Library, Joanna Briggs Institute (JBI) Systematic
4 Review Databases, and the International prospective register of systematic reviews
5 (PROSPERO), no systematic reviews or systematic review protocols were found
6 tackling this matter; therefore, it was decided to carry out a systematic review on the
7 decision-making process on the location of care of the elderly. This protocol has been
8 registered in PROSPERO (registration number: CRD42018084826, available at:
9 http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018084826).

12 **METHODS**

14 **Design**

15 Systematic review of qualitative studies.

16
17
18 It was decided to only study qualitative studies, due to the nature of the main objective
19 of this research: to achieve a deep understanding of how the decisions on the location of
20 care of the elderly are taken, since qualitative research is the type of research which may
21 more efficiently and appropriately provide the necessary information to be able to
22 answer our research question.

23
24
25 It is important to point out that in order to draw up this protocol, the work by Butler et
26 al.[11], a guide to draw up protocols of systematic qualitative reviews, as well as the
27 Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ)
28 statement,[12] have been used as informative support. At the same time, the Preferred
29 Reporting Items for Systematic reviews and Meta-Analysis Protocols (PRISMA-P)
30 statement[13] (see online supplementary additional file 1) have also been used and
31 completed to prepare this systematic review protocol.

34 **Information sources**

35
36
37 The consulted databases have been Web of Science (core collection of Web of Science),
38 MEDLINE (through Pubmed), SCOPUS, CINAHL Complete (through EBSCOhost),
39 PsycINFO (through ProQUEST) and SciELO Citation Index (through Web of Science)
40 (from the beginning until 29th November 2017).

41
42
43 In addition, the references in the papers which will be finally included will also be
44 reviewed.

45
46 We expect to finish the review by autumn of 2018.

48 **Search strategy**

49
50 The search strategy has focused on five key concepts, which are made up of different
51 terms. The terms used to refer to each concept were linked using the connective “OR”,
52 and then the four main concepts were linked using the connective “AND”; lastly, the
53 connective “NOT” was used to link these four concepts to the fifth one. The subject
54 headings were used when necessary, and the terms were adjusted to the different
55

databases used. The different search strategies used in each database are shown in Table 1.

Table 1. Databases and search terms used to identify literature for review.

Database	Search Terms	No. Articles
PubMed AND AND AND NOT Limiters:	(Aging [MeSH] OR Aged [MeSH] OR "Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders") ("Decision Making"[Mesh:NoExp] OR Consensus [MeSH Terms] OR Uncertainty [MeSH Terms] OR "Choice Behavior"[Mesh:NoExp] OR Dissent and Disputes [MeSH Terms] OR "Negotiating"[Mesh:NoExp] OR Patient Participation [MeSH Terms] OR "Decision Making" OR "Patient Participation" OR "Patient Involvement" OR "Patient Engagement") ("Placement" OR "Location of care" OR "Relocation" OR "Relocating" OR "Transition") (Independent living [MeSH] OR Housing for the elderly [MeSH] OR "Residential Facilities"[Mesh:NoExp] OR Assisted Living Facilities [MeSH Terms] OR Homes for the Aged [MeSH Terms] OR Nursing Homes [MeSH Terms] OR "Institutionalization"[Mesh:NoExp] OR "Independent living" OR "Aging in Place" OR "Institutionalization") (Intellectual Disability [MeSH] OR Substance-Related Disorders [MeSH] OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse" OR Palliative care [MeSH] OR Terminal care [MeSH] OR Life support care [MeSH] OR Advance care planning [MeSH] OR "Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death") Spanish, English	120
CINAHL Complete AND AND AND AND NOT Limiters:	((MH "Aged") OR (MH "Aged, 80 and Over") OR (MH "Frail Elderly") OR (MH "Aging+") OR "Older people" OR "Older adults" OR "Elderly" OR "Ageing" OR "Elders") ((MH "Decision Making") OR (MH "Consensus") OR (MH "Decision Making, Clinical") OR (MH "Decision Making, Ethical") OR (MH "Decision Making, Family") OR (MH "Decision Making, Patient") OR (MH "Dissent and Disputes+") OR (MH "Consumer Participation") OR "Patient participation" OR "Patient involvement" OR "Patient engagement" OR "Decision Making") ((MH "Relocation") OR "Relocating" OR "Location of care" OR "Placement" OR "Transition" OR "Relocation") ((MH "Community Living") OR (MH "Assisted Living") OR (MH "Institutionalization") OR (MH "Housing for the Elderly") OR (MH "Residential Facilities") OR "Independent living" OR "Aging in Place" OR "Institutionalization") ((MH "Intellectual Disability+") OR (MH "Substance Use Disorders+") OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Drug Abuse" OR "Substance Abuse" OR (MH "Terminal Care+") OR (MH "Life Support Care+") OR (MH "Advance Care Planning") OR (MH "Advance Directives+") OR "Terminal Care" OR "Palliative Care" OR "Hospice Care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "End of life care" OR "Place of death") Spanish, English, Academic Journals	79
PsycINFO AND AND AND AND NOT Limiters:	(SU.EXACT("Aging") OR "Ageing" OR "Elderly" OR "Elders" OR "Older people" OR "Older adults") (SU.EXACT("Decision Making") OR SU.EXACT.EXPLODE("Choice Behavior") OR SU.EXACT("Client Participation") OR "Patient participation" OR "Patient involvement" OR "Patient engagement" OR "Decision making") ("Relocation" OR "Relocating" OR "Location of care" OR "Placement" OR "Transition") (SU.EXACT("Assisted Living") OR SU.EXACT("Retirement Communities") OR SU.EXACT("Aging in Place") OR SU.EXACT("Institutionalization") OR SU.EXACT("Residential Care Institutions") OR SU.EXACT("Nursing Homes") OR "Independent living" OR "Aging in place" OR "Institutionalization") ("Palliative Care" OR "Terminal care" OR "Hospice care" OR "Life support care" OR "End of life care" OR "Advance care planning" OR "Advance Directives" OR "Place of death" OR SU.EXACT("Palliative Care") OR SU.EXACT("Hospice") OR SU.EXACT.EXPLODE("Life Sustaining Treatment") OR SU.EXACT("Advance Directives") OR SU.EXACT.EXPLODE("Intellectual Development Disorder") OR SU.EXACT.EXPLODE("Drug Abuse") OR SU.EXACT("Substance Use Disorder") OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse") Spanish, English, Scientific Journals	54*
SCOPUS AND	(TITLE-ABS-KEY("Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders")) OR (INDEXTERMS("Aged" OR "Aging")) (TITLE-ABS-KEY("Decision making" OR "Patient participation" OR "Patient Involvement" OR "Patient Engagement")) OR (INDEXTERMS("Decision making" OR "Consensus" OR "Uncertainty" OR "Dissent and Disputes" OR "Choice Behavior" OR "Negotiating" OR "Patient Participation" OR "Decision Making" OR "Patient Participation" OR "Patient Involvement" OR "Patient Engagement"))	195

AND	Behavior" OR "Negotiating" OR "Patient participation"))	
AND	TITLE-ABS-KEY("Relocation" OR "Placement" OR "Location of care" OR "Relocating" OR "Transition")	
AND	(TITLE-ABS-KEY("Aging in Place" OR "Institutionalization" OR "Independent living")) OR (INDEXTERMS("Institutionalization" OR "Independent living" OR "Housing for the elderly" OR "Residential facilities" OR "Assisted Living Facilities" OR "Homes for the Aged" OR "Nursing Homes"))	
NOT	(TITLE-ABS-KEY("Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death" OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse")) OR (INDEXTERMS("Palliative care" OR "Terminal care" OR "Life support care" OR "Advance care planning" OR "Intellectual Disability" OR "Substance-Related Disorders"))	
Limiters:	Spanish, English, NOT Conference Paper	
SciELO Citation Index		0
AND	TS=("Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders" OR "Aged" OR "Aging")	
AND	TS=("Decision making" OR "Patient participation" OR "Patient Involvement" OR "Patient Engagement" OR "Consensus" OR "Uncertainty" OR "Dissent and Disputes" OR "Choice Behavior" OR "Negotiating")	
AND	TS=("Relocation" OR "Placement" OR "Location of care" OR "Relocating" OR "Transition")	
AND	TS=("Aging in Place" OR "Institutionalization" OR "Independent living" OR "Housing for the elderly" OR "Residential facilities" OR "Assisted Living Facilities" OR "Homes for the Aged" OR "Nursing Homes")	
NOT	TS=("Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death" OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse" OR "Intellectual Disability" OR "Substance-Related Disorders")	
Limiters:	Spanish, English	
Web of Science		50
AND	TS=("Ageing" OR "Older people" OR "Older adults" OR "Elderly" OR "Elders" OR "Aged" OR "Aging")	
AND	TS=("Decision making" OR "Patient participation" OR "Patient Involvement" OR "Patient Engagement" OR "Consensus" OR "Uncertainty" OR "Dissent and Disputes" OR "Choice Behavior" OR "Negotiating")	
AND	TS=("Relocation" OR "Placement" OR "Location of care" OR "Relocating" OR "Transition")	
AND	TS=("Aging in Place" OR "Institutionalization" OR "Independent living" OR "Housing for the elderly" OR "Residential facilities" OR "Assisted Living Facilities" OR "Homes for the Aged" OR "Nursing Homes")	
NOT	TS=("Palliative care" OR "Terminal care" OR "End of life care" OR "Hospice care" OR "Life support care" OR "Advance care planning" OR "Advance directives" OR "Place of death" OR "Mental Retardation" OR "Mental Deficiency" OR "Drug Dependence" OR "Drug Addiction" OR "Substance Abuse" OR "Drug Abuse" OR "Intellectual Disability" OR "Substance-Related Disorders")	
Limiters:	Spanish, English	
Total records identified		498
Total records after duplicates removed (n=198)		300

*PsycINFO: The search strategy provides 75 results, but only 74 are shown on the list. When the limit "Scientific journals" is included: It provides 58 results, but only 57 are shown; when "English" is introduced: It provides 55 results, but only 54 are shown. Therefore, the total amount of papers found on this database is 54, since they are the ones we have access to, shown to us by the database.

Eligibility criteria

In order to contextualize the framework where this systematic review of qualitative studies will be carried out, it is essential to describe how some concepts of interest are going to be dealt with and understood throughout this review:

1
2
3 - The elderly:

4
5 In this research, the concept of elderly person will include all the people who are 65 or
6 older, both having cognitive/physical impairment or problems or not. This decision was
7 taken because in the literature review done by Smith and Crome[14] about the
8 relocation, it is said that not all studies dealing with it exclude people with more
9 physical and cognitive impairment. In fact, the results of Dickinson's study[15] pointed
10 out that, except for the elderly suffering from more severe impairment, the elderly with
11 different degrees of memory impairment were able to preserve knowledge about their
12 relocation.
13

14
15
16 - Decision-making process:

17
18 People tackle the decision-making process from a historical, social, interpersonal, and
19 cultural context.[16] That is why, for this review, it has been decided to focus on three
20 aspects that the authors consider crucial for this process: who takes part in the decision,
21 how they go through this decision-making process, and the motives and/or reasons to
22 make the decision.
23

24
25 Due to this, no type of specific informer has been specified, in order to be able to
26 respond in a wider manner to the aim of our review, focusing on discovering who the
27 people who take part in the decision are. In this way, it will be possible to analyze not
28 only what type of people/group takes part, but also to study if there is more than one
29 participant, as well as the interrelations which are created throughout this decision-
30 making process.
31

32
33 In addition, this systematic review focuses on the complete decision-making process,
34 not only on the final decision. This is why, throughout the study, the different options
35 chosen for the location of care will not be specified, and the election of articles will not
36 be filtered on the basis of that, but it will focus on the experiences of the participants
37 throughout the process, thus being essential to understand the motives and/or reasons
38 behind the decisions. In this way, it will be easier to understand in a more complete
39 manner how this decision on the location of care of the elderly is made.
40

41
42 - Relocation process:

43
44 Generally speaking, the authors of this systematic review understand that the final
45 decision after this decision-making process on the location of care may be simplified
46 into two options: staying in the usual location of care or moving to a different place. In
47 this review, both decision-making processes will be taken into account. More precisely,
48 as regards the decision of relocating, it is interesting to highlight a couple of aspects:
49

50
51 Firstly, the literature describes different types of relocation, as the following examples
52 mentioned by Smith and Crome[14]: home to institution, intra- and inter-institutional, or
53 institution to home, and these may be voluntary or involuntary, patients may be healthy
54 or ill and the relocation may be well-planned or ill-planned. Yawney and Slover[17]
55
56
57

1
2
3 propose four types: from one community setting to another, from the community to an
4 institution, from one institution to another, and from an institution to the community.
5

6 Throughout this review, an institutional setting will be understood as those centers or
7 institutions where the elderly are admitted to in order to receive care or supervision
8 from healthcare professionals (for example, a nursing home for the elderly). On the
9 other hand, the community setting, seen as the opposite of the institutional setting,
10 includes homes, different types of housing, or locations of care that are within the
11 community context, which promote or support the elderly's independent living (either if
12 they have some help or supervision or not).
13

14
15 According to this, in this review we will deal with all relocations starting from the
16 community setting, regardless of the chosen location of care, as long as they are
17 permanent.
18

19
20 Secondly, different authors have described different phases in the relocation process, or,
21 more precisely, in the institutionalization process,[18,19] the decision-making thus
22 being an event taking place before the institutionalization itself. This is why this review
23 will only analyze and extract information linked to the phases of the process considering
24 the moment where the decision of relocating is taken. Therefore, the phase where the
25 participants are at, or whether the study deals with the complete institutionalization
26 process or only some phases, is irrelevant when it comes to including the studies in this
27 review, since, in all these cases, only the information about the decision-making process
28 will be taken into account.
29

30
31 - Location of care:
32

33
34 Lastly, as the different locations of care have been poorly and inconsistently described
35 in the literature,[20] it is important to point out that, throughout this review, the
36 "decision on the location of care" will be understood as any one that involves deciding
37 on a permanent or long-term location of care for the elderly, regardless of the
38 environment/place where they are relocated, either a home, community or institutional
39 setting.
40

41
42 Therefore, all the decisions focusing on temporary locations of care, such as stays in
43 hospitals, rehabilitation facilities or other healthcare centers, with the aim of tackling an
44 acute or temporary healthcare problem, will not be taken into account, since
45 hospitalizations due to severe illnesses/problems are described as inevitable,[21]
46 hospital care thus seen as necessary when patients are seriously ill.[21,22]
47

48
49 Therefore, the decisions on relocating to try to solve specific health problems (for
50 instance, psychiatric inpatient care), decisions on where to take care of people with
51 substance abuse problems, or the decision of relocating people with intellectual
52 disabilities, will not be taken into account in this review, since the authors consider that
53 the mentioned health problems are specific and extensive enough to constitute their own
54 research questions.
55
56
57

1
2
3 On the other hand, this review will not include the studies linked to deciding the place
4 where one wants to die either, since, as stated by Agar et al.[23] the place of care must
5 not be understood as the same thing as a place of death. Due to this, the studies dealing
6 with decisions linked to the end of life, the care for the terminally ill, choosing the place
7 where one wants to die, palliative care, advance care planning or advance directives will
8 not be taken into account.
9

10
11 The eligibility criteria that will be used in the development of this systematic review are
12 detailed below.
13

14 The studies eligible to be included in this review would be: (1) those dealing decisions
15 on the location of care of the elderly, adults who are 65 or older (when studies refer to
16 decisions about a wide age range, the studies will be included if the average age is 65 or
17 older, or if these studies analyze subgroups of people whose average age is 65 or older);
18 (2) these studies must deal the decision-making process on the location of care already
19 experienced by the participants; (3) original studies; (4) qualitative or mixed-method
20 studies; (5) written in English or Spanish (languages spoken by team members).
21
22

23 The studies will be excluded if they are: (1) studies where relocation has started in an
24 institutional environment; (2) studies about deciding about the end of life, terminal
25 patient care, palliative care, advance care planning, advance directives, and/or the place
26 to die; (3) studies about decisions on the location of care connected to substance abuse
27 or intellectual disabilities; (4) studies about decisions on temporary locations of care,
28 acute care, and/or specific health problems, such as psychiatric inpatient care; (5)
29 doctoral theses or conference proceedings (conference abstracts); (6) studies whose
30 complete text is not accessible.
31
32

33 Qualitative research studies will not be limited by methodology (phenomenology,
34 grounded theory, action research, ethnography, etc.), while in the mixed-method studies
35 only the qualitative components of the research will be included and analyzed.
36 However, those mixed-method studies where it is not possible to tell if the results were
37 obtained with quantitative or qualitative methods will be excluded.
38
39

40 **Data collection process**

41 The search results have been exported to the Zotero bibliography manager, in order to
42 store, manage, and organize the obtained bibliographical references. In addition, a
43 register of the obtained results in the searches in each database has been kept.
44
45

46 The obtained citations have also been reviewed, deleting those which were repeated in
47 the different databases.
48
49

50 Later, all these citations will be reviewed by title and abstract independently by two
51 reviewers. These reviewers will meet to discuss the results and, in the case of
52 disagreement, a third reviewer will mediate. All the doubtful citations will be included
53 so that their complete text is read.
54
55
56
57
58
59
60

1
2
3 Finally, the complete text of all the included citations will be obtained, in order to assess
4 if they must be included in the review. All the texts will be read in full and will be
5 assessed by two reviewers independently, in order to decide if they must be included.
6 These reviewers will meet to discuss the results and, in the case of disagreement, a third
7 reviewer will mediate. If, after reading a complete paper or text, the information is not
8 enough, or clear enough, the paper will finally be excluded from the review on the basis
9 of the lack of information.
10
11

12 The abovementioned steps will be reported using a flowchart.
13

14 **Extraction of data**

15
16 In order to identify the information on the results of the studies, we will follow a
17 previous study on methods to thematically synthesize qualitative research in systematic
18 reviews, and we will consider all text marked as “results” or “findings” in the papers to
19 be the results of the studies,[24] also adding all the text included under the title
20 “conclusions”. Both the participants’ quotes and the authors’ interpretations will be
21 taken into account, since the extraction of this information (through both channels)
22 helps to guarantee that the results obtained in the review are fully based on the real
23 experiences of the participants in the studies, as proposed by Butler et al.[11]
24
25

26
27 To perform this task, a tool for data extraction specifically created for this review, based
28 on the needs of our study, will be used, as proposed by Butler et al.[11]
29

30
31 This tool will be piloted with a small number of papers (from two to four) in order to
32 check its usefulness, and it will be modified if required. The information to be extracted
33 from each paper will be: Title; Year of publication; Country; Language; Authors;
34 Objective of the study (main objective and, if applicable, secondary objectives); Design:
35 methodological basis; Sample: strategy, size, inclusion and exclusion criteria,
36 characteristics of the participants; Techniques/methods for information collection; Data
37 analysis methods/techniques; Ethical considerations; Results: the participants’ quotes
38 and the authors’ interpretations; Final conclusion; Strengths and limitations; and
39 Comments by the reviewers.
40
41

42 All the obtained information will be classified into tables.
43

44 The extraction of information will be carried out by two reviewers independently. These
45 reviewers will meet to discuss the results and, in the case of disagreement, a third
46 reviewer will mediate.
47
48

49 **Quality Appraisal**

50
51 The quality of the included studies will be assessed using *Critical Appraisal Skills*
52 *Programme Español (CASPe): Plantilla para ayudarte a entender un estudio*
53 *cualitativo*. [25] This tool includes 10 questions designed to help to assess qualitative
54 research studies, answering “Yes”, “No” or “Can’t tell” to each question: the first two
55 questions deal with the objectives of the research and the advisability of the qualitative
56
57

1
2
3 methodology; these two questions are screening questions – only if the answer to both
4 questions is “Yes” it is worth proceeding with the remaining questions.[25] The
5 remaining questions deal with: the research method, the strategy for selecting
6 participants, data gathering techniques, relationship between researcher and object of
7 study, ethical issues, data analysis, exposure, and applicability of the research
8 results.[25]
9

10
11 This tool, in its English version, has already been used in different review papers.[26-
12 28] The tool will be tested with a sample of the studies to confirm that both reviewers
13 are using it properly, as well as that the tool is clear and useful.
14

15
16 As regards the use of the studies’ quality as an exclusion criteria, some authors in the
17 bibliography choose to exclude papers from their studies according to their
18 quality,[26,29] while others include all the papers.[24,27] Since the objective of our
19 review is to provide an overview of how the location of care of the elderly is decided
20 upon, we will not exclude papers on the basis of their quality.[11]
21

22
23 However, the quality appraisal performed on each study included will be reflected,
24 organizing this information into a table. In addition, as the viability and importance of
25 attempting some kind of sensitivity analysis will be a fundamental focus in future
26 studies,[30] this systematic review will study the relative contributions of the different
27 studies to the results of this review according to their quality, a process already
28 performed by other authors before.[24]
29

30
31 The critical quality appraisal will be carried out by two reviewers independently. These
32 reviewers will meet to discuss the results and, in the case of disagreement, a third
33 reviewer will mediate.
34

35 **Data synthesis**

36
37 The review we propose will be carried out with the aim of increasing the scientific
38 production in the field of qualitative research and, more precisely, in the field of
39 systematic reviews, since the inclusion of qualitative research in systematic reviews is
40 still a big challenge.[30] At the same time, the literature states the methods to synthesize
41 and review evidence in order to tackle questions different from efficacy issues are much
42 less developed.[31]
43
44

45
46 Dixon-Woods et al.[32] state in their review about possible methods for qualitative and
47 quantitative synthesis of evidence that the choice of synthesis type (either interpretive or
48 integrative) is probably linked to the research question of the review. In addition, this
49 review also points out different methods to synthesize the qualitative and quantitative
50 evidence that might be used (narrative summary, grounded theory, meta-ethnography,
51 meta-synthesis, meta-study, realist synthesis and Miles and Huberman’s data analysis
52 techniques, content analysis, case survey, qualitative comparative analysis, and
53 Bayesian meta-analysis).[32]
54
55
56
57

1
2
3 According to Butler et al.[11], the chosen synthesis method will depend on the review's
4 type and goal. That same article also points out that, regardless of the chosen method, it
5 is important to clearly report each of the steps, and how they are going to be taken, as
6 this provides reproducibility, transparency and trust in the review's results.[11]
7

8
9 This is why, in order to synthesize the qualitative evidence included in this systematic
10 review, a widely used and known method in the field of qualitative research will be
11 used – the Constant Comparative Method[33] from Glaser and Strauss' Grounded
12 Theory.[34] This method is being used today to synthesize qualitative evidence,[35] and
13 many researchers use it outside of Grounded Theory,[32] which is the approach chosen
14 for this review.
15

16
17 The synthesis of data will be performed by two authors independently, and these results
18 will be reviewed and discussed by all the authors in order to make sure that they suit the
19 original information.
20

21 The software to be used to analyze all the information is Weft QDA.
22

23 **Patient and public involvement**

24 Patients and/or public are not involved in this study.
25

26 **Ethics and dissemination**

27
28 Thanks to this systematic review of the literature, we will achieve a deep understanding
29 of how the decision on the location of care of the elderly is taken.
30

31
32 In addition, dealing with qualitative methodology studies will allow us to widely
33 appraise the experiences that the main actors go through in this decision-making process
34 that is so important in the elderly's lives, which will help us to understand not only the
35 reasons and emotions underlying this decision, but also to create new knowledge on the
36 topic, useful both for researchers involved in this research field and all the people
37 involved in this decision-making process today.
38

39
40 This work will also help to improve the field of study of systematic reviews of
41 qualitative studies, since, in this research's final report, information will be provided on
42 each of the steps taken to develop this systematic review, which will help future
43 researchers who wish to continue working on the review of qualitative studies.
44

45
46 Also, as this is a review unrestricted in time, it will allow us to analyze how this
47 decision has been posed in time, in order to see if it has changed in the way of
48 proceeding and in the emotions provoked by this choice in different time periods.
49

50
51 Our study can also have some limitations. The results obtained from this review will be
52 limited by the inherent nature of qualitative research, apart from the limitations of the
53 individual studies included. On the other hand, this protocol also has some limitations
54 linked to the search strategy. There is no precise terminology to refer to the main key
55 terms of the review; in addition, the used search terms had to be modified in order to
56
57

1
2
3 adapt the strategy to each of the consulted databases, so maybe not all terms that might
4 be linked to the topic of interest are found. Also, since it uses language limits, this
5 review will not deal with research carried out in languages different from English or
6 Spanish.
7

8
9 However, we have intended to assure the quality of this review protocol by leaning on
10 the work by Butler et al.[11], the PRISMA-P statement[13] and the ENTREQ
11 statement,[12] the latter being the one to be used as a guide to develop the complete
12 final systematic review. In addition, another tool will be used to check and report about
13 the quality of the included studies, thus providing transparency and reliability to the
14 review process. Also, it bears pointing out that, if any change were to be made in the
15 process or the performed procedures, these would be clearly and precisely reported,
16 providing due explanations and reasons.
17
18

19 The plans to disseminate the results of this systematic review include publishing a
20 research paper in a high impact journal in our study area. Also, if possible, the results of
21 this research will be presented in scientific conferences. In addition, the obtained results
22 will be suitable for informing, guiding, complementing, and discussing the doctoral
23 thesis of one of the authors of the review, which is underway.
24
25

26 Finally, this protocol did not require ethical approval, since it is a protocol for a
27 systematic review.
28

29 **Contributors**

30
31 GSG conceived the study and the study design. GSG developed and executed the search
32 strategy. GSG, RSR and MRR helped draft the protocol, edited the draft protocol, read
33 and approved the final manuscript.
34
35

36 **Funding statement**

37
38 This research received no specific grant from any funding agency in the public,
39 commercial or not-for-profit sectors.
40

41 **Competing interests**

42
43 The authors declare no competing interests regarding the authorship, research, and/or
44 publication of this paper.
45
46

47 **Acknowledgments**

48
49 The authors would like to thank reviewers for their valuable and useful advices and
50 comments.
51

52 **REFERENCE LIST**

53
54 1 Organización Mundial de la Salud. *Informe mundial sobre el envejecimiento y la*
55 *salud*. Ginebra: OMS 2015.
56
57

- 1
2
3 2 Kogan AC, Wilber K, Mosqueda L. Person-Centered Care for Older Adults with
4 Chronic Conditions and Functional Impairment: A Systematic Literature Review. *J Am*
5 *Geriatr Soc* 2016;**64**:e1-7.
6
7 3 Segunda Asamblea Mundial sobre el Envejecimiento. *Declaración Política y Plan de*
8 *Acción Internacional de Madrid sobre el Envejecimiento*. Nueva York: Naciones
9 Unidas 2003 [accessed 18 Nov 2017].
10 <http://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-sp.pdf>
11
12
13 4 Carstensen LL, Hartel CR. *When I'm 64*. Washington, D.C.: National Academies
14 Press 2006.
15
16 5 Sharp T, Moran E, Kuhn I, *et al*. Do the elderly have a voice? Advance care planning
17 discussions with frail and older individuals: a systematic literature review and narrative
18 synthesis. *Br J Gen Pract* 2013;**63**:e657-668.
19
20 6 Wetzels R, Geest TA, Wensing M, *et al*. GPs' views on involvement of older patients:
21 an European qualitative study. *Patient Educ Couns* 2004;**53**:183-8.
22
23 7 Bastiaens H, Van Royen P, Pavlic DR, *et al*. Older people's preferences for
24 involvement in their own care: a qualitative study in primary health care in 11 European
25 countries. *Patient Educ Couns* 2007;**68**:33-42.
26
27 8 Löckenhoff CE, Carstensen LL. Socioemotional selectivity theory, aging, and health:
28 the increasingly delicate balance between regulating emotions and making tough
29 choices. *J Pers* 2004;**72**:1395-424.
30
31 9 Stephens C, Breheny M, Mansvelt J. Healthy ageing from the perspective of older
32 people: a capability approach to resilience. *Psychol Health* 2015;**30**:715-31.
33
34 10 The Joanna Briggs Institute. *Joanna Briggs Institute Reviewers' Manual: 2014*
35 *edition*. Australia: The Joanna Briggs Institute 2014.
36
37 11 Butler A, Hall H, Copnell B. A Guide to Writing a Qualitative Systematic Review
38 Protocol to Enhance Evidence-Based Practice in Nursing and Health Care. *Worldviews*
39 *Evid Based Nurs* 2016;**13**:241-9.
40
41 12 Tong A, Flemming K, McInnes E, *et al*. Enhancing transparency in reporting the
42 synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol* 2012;**12**:181.
43
44 13 Shamseer L, Moher D, Clarke M, *et al*. Preferred Reporting Items for Systematic
45 Review and Meta-Analysis Protocols (PRISMA-P) 2015: elaboration and explanation.
46 *BMJ* 2015;**349**:g7647.
47
48 14 Smith AE, Crome P. Relocation mosaic - a review of 40 years of resettlement
49 literature. *Rev Clin Gerontol* 2000;**10**:81-95.
50
51 15 Dickinson D. Can elderly residents with memory problems be prepared for
52 relocation? *J Clin Nurs* 1996;**5**:99-104.
53
54
55
56
57
58
59
60

- 1
2
3 16 Matteson P, Hawkins JW. Concept analysis of decision making. *Nurs Forum (Auckl)*
4 1990;**25**:4–10.
5
6 17 Yawney BA, Slover DL. Relocation of the elderly. *Soc Work* 1973;**18**:86–95.
7
8 18 Kasl SV. Physical and mental health effects of involuntary relocation and
9 institutionalization on the elderly--a review. *Am J Public Health* 1972;**62**:377–84.
10
11 19 Tobin SS, Lieberman MA. *Last home for the aged: Critical implications of*
12 *institutionalization*. Ann Arbor: University Microfilms International 1991.
13
14 20 Boland L, Légaré F, Perez MMB, *et al*. Impact of home care versus alternative
15 locations of care on elder health outcomes: an overview of systematic reviews. *BMC*
16 *Geriatr* 2017;**17**:20.
17
18 21 Hallgren J, Ernsth Bravell M, Dahl Aslan AK, *et al*. In Hospital We Trust:
19 Experiences of older peoples' decision to seek hospital care. *Geriatr Nurs* 2015;**36**:306–
20 11.
21
22 22 Fried TR, van Doorn C, O'Leary JR, *et al*. Older person's preferences for home vs
23 hospital care in the treatment of acute illness. *Arch Intern Med* 2000;**160**:1501–6.
24
25 23 Agar M, Currow DC, Shelby-James TM, *et al*. Preference for place of care and place
26 of death in palliative care: are these different questions? *Palliat Med* 2008;**22**:787–95.
27
28 24 Thomas J, Harden A. Methods for the thematic synthesis of qualitative research in
29 systematic reviews. *BMC Med Res Methodol* 2008;**8**:45.
30
31 25 Cano Arana, A., González Gil, T., Cabello López, J.B. por CASPe. Plantilla para
32 ayudarte a entender un estudio cualitativo. In: CASPe. *Guías CASPe de Lectura Crítica*
33 *de la Literatura Médica*. Alicante: CASPe 2010. Cuaderno III. p.3-8.
34
35 26 Lang H, France E, Williams B, *et al*. The psychological experience of living with
36 head and neck cancer: a systematic review and meta-synthesis. *Psychooncology*
37 2013;**22**:2648–63.
38
39 27 Davies N, Maio L, Rait G, *et al*. Quality end-of-life care for dementia: What have
40 family carers told us so far? A narrative synthesis. *Palliat Med* 2014;**28**:919–30.
41
42 28 Zheng R, Lee SF, Bloomer MJ. How new graduate nurses experience patient death:
43 A systematic review and qualitative meta-synthesis. *Int J Nurs Stud* 2016;**53**:320–30.
44
45 29 Abad-Corpa E, Gonzalez-Gil T, Martínez-Hernández A, *et al*. Caring to achieve the
46 maximum independence possible: a synthesis of qualitative evidence on older adults'
47 adaptation to dependency. *J Clin Nurs* 2012;**21**:3153–69.
48
49 30 Dixon-Woods M, Bonas S, Booth A, *et al*. How can systematic reviews incorporate
50 qualitative research? A critical perspective. *Qual Res* 2006;**6**:27–44.
51
52
53
54
55
56
57
58
59
60

1
2
3 31 Popay J, Roberts H. Introduction: methodological issues in the synthesis of diverse
4 sources of evidence. In: Popay J, eds. *Moving beyond effectiveness in evidence*
5 *synthesis: Methodological issues in the synthesis of diverse sources of evidence*.
6 London: National Institute for Health and Clinical Excellence 2006:1-4.
7

8
9 32 Dixon-Woods M, Agarwal S, Jones D, *et al*. Synthesising qualitative and
10 quantitative evidence: a review of possible methods. *J Health Serv Res Policy*
11 2005;**10**:45–53. doi: 10.1258/1355819052801804
12

13 33 Glaser BG. The Constant Comparative Method of Qualitative Analysis. *Soc Probl*
14 1965;**12**:436–45.
15

16 34 Glaser BG, Strauss AL. *The Discovery of Grounded Theory: Strategies for*
17 *Qualitative Research*. New York: Aldine Publishing Company 1967.
18

19 35 de la Cuesta-Benjumea C, Henriques MA, Abad-Corpa E, *et al*. Falls prevention
20 among older people and care providers: protocol for an integrative review. *J Adv Nurs*
21 2017;**73**:1722–34.
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Supplementary files 1: PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist:
recommended items to address in a systematic review protocol

Section and topic	Item No	Checklist item	Page on text
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	Not applicable
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	2, 5
Authors:			
Contact	3a	Provide name, institutional affiliation, 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	14
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	Not applicable
Support:			
Sources	5a	Indicate sources of financial or other support for the review	14
Sponsor	5b	Provide name for the review funder and/or sponsor	14
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	14
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)	4
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	5-10
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	5
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	6,7
Study records:			

Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	10
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)	10-13
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	11
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	7-10
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	7-11
Risk of bias in individual studies	14	Describe anticipated methods for assessing 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	11-13
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	Not applicable
	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)	Not applicable
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	Not applicable
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	12,13
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	11,12
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	11,12

From: Shamseer L, Moher D, Clarke M, et al. Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) 2015: elaboration and explanation. *BMJ* 2015;349:g7647.