

Review title

Middle aged and older adults' perspectives of their own home environment: A qualitative systematic review protocol

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Review question

What are middle aged and older adults' perspective of their own home environment?

Introduction

The number of middle and older aged Australians is projected to grow steadily over the coming decades (Australian Institute of Health and Welfare, 2018). The ageing of the population places immense pressure on public spending associated with the rising health costs and the ability of the health system to serve more numbers needing care (Australian Institute of Health and Welfare, 2014). Based on the original qualifying age for the Aged Pension, people aged 65 and over are commonly classified as 'old' (Australian Institute of Health and Welfare, 2014). Due to health, economic and social circumstances faced by all Australians, the diversity of the older Australian population results in a complex range of circumstances across the ageing spectrum. In 2020, 55 per cent of middle-aged adults over the age of 55 years old were retired (Australian Bureau of Statistics, 2020). This age is the beginning of downsizing from the family home and consideration of appropriate accommodation for the years ahead (Australian Bureau of Statistics, 2020). Whereas, for those aged 70 and over there are new or greater challenges associated with mobility, health and independence (Office for the ageing & Government of South Australia, 2021).

The demand for health services and change in health profiles will have a far-reaching implication for society (Hatcher, Chang, Schmied, & Garrido, 2019). Most Australians consider themselves to be in good health and are living in their homes independently with or without community-based supports until their final days (Australian Government & Department of Health, 2021). Consequently, the Australian Government has taken steps to support people to remain in their own home, such as providing more home care packages (Nygard, Grahn, Rudenhammar, & Hydling, 2004). In fact, the expenditure of supporting someone to age at home is still much lower for governments compared to the substantial cost to fund residential care facilities (Royal Commission into Aged Care Quality and Safety, 2020).

The importance of open discussions with older people about how to remain in their own home is an increasingly important area of practice (Atwal, Spiliotopoulou, Plastow, McIntyre, & McKay, 2012; Kramer & Pfaffenbach, 2015). Middle and older aged people have the desire to maintain their independence and live within their own home (Tanner, Tilse, & de Jonge, 2008). This is usually dependent on an individual's design and environment of the home in relation to their changing care needs (Australian Institute of Health and Welfare, 2018). The desire to remain at home during ageing is much to do with subjective feelings about what homes means to them (Sherman and Dacher, 2005;

Oswald & Wahl, 2005). Many people prefer to remain at home until they die or no longer remain independent in their homes (Tanner et al. 2008). In a large study, Oswald et al. (2007) found older people had a better sense of wellbeing and were more independent if they lived in accessible homes.

Studies on the experiences of home have been explored for a range of population groups; however limited attention has been placed on the perspectives of home for middle and older people as ageing takes place. Research has described the clear relationship between older people and their physical environment and their subjective perspectives, as being a personal place for comfort, enabling of freedom, meaning, anchoring of self, independence and safety net (Aplin, Canagasuriam, Petersen, & Gustafsson, 2020; Coleman & Wiles, 2020; Hatcher et al., 2019; Tanner et al., 2008). For example, Hatcher et al. (2019) reported that living at home gave older people a sense of being “anchored to their living environment” and sense of personality when they could decorate or alter their home. Cherished possessions within an older person’s home also creates opportunities for self-reflection and reconciliation to cope with health-related challenges and increase the quality of life by maintaining access to important objects (Coleman & Wiles, 2020). Likewise, Aplin et al. (2020) suggests, home for people aged between 39-64, was a place they could call their “own”, particularly when being able to change the layout/refurbishment of the home environment. Most importantly, Aplin et al. (2020) found individuals within this age group would prefer functionality and comfort to tailor their home according to personal needs. According to Stones and Gullifer (2014), Kramer and Pfaffenbach (2015) and Hatcher et al. (2019), the importance of living at home for older people positioned close by family, friends, neighbours, social activities and local shops was found to be essential towards a positive ageing process. All of these qualitative studies agreed that living at home to maintain their social identity whilst remaining socially connected was important while ageing (Hatcher et al., 2019; Kramer & Pfaffenbach, 2015; Stones & Gullifer, 2014). Therefore, the need to understand personal meanings and subjective psychological drivers of being assigned to their home will influence their commitment to remaining at home (Stones & Gullifer, 2014).

Research conducted by Hatcher et al. (2019) suggest that there is a link between older people and the effect of disruption to the home on their well-being. For example, for one participant in the study, the maintenance of the garden they created was much more meaningful than the installation of home modifications to enable access to their homes (Hatcher et al., 2019). Participants spoke of this as a way of preserving control over their home environment (Hatcher et al., 2019). Bailey et al. (2019), found that older people may delay installing home modifications or adaptations due to the negative perceptions of stigma associated with functional decline and vulnerability. Participants spoke about how home adaptations were a signal for being old and that it reminded older people of a hospital environment, and not fitting in their existing home décor (Bailey et al., 2019). By understanding what home means to older people and the impact that changes towards their home environment can make, it is important in formulating strategies associated with ageing to ensure older people can remain at home as long as possible.

Why it is important to do this review

The aim of this qualitative systematic review is to explore middle and older adult's perspective of their home environment and concept of home to determine the factors that are important when making decisions about their housing.

Keywords: aged, ageing, aging, older, home, housing, ageing in place, attitudes, beliefs, perspectives, interviews, qualitative, focus groups

Inclusion criteria

Participants

This systematic review will consider qualitative studies that include all middle and older aged adults (aged 65 and over). To be included, the study must indicate the inclusion of middle or older adults living at home within the community setting (either within the metropolitan or rural area) in any country. We will not include studies which focus on a specific diagnostic population (e.g., post hip fracture); instead we will only include studies which are broadly representative of the population.

Phenomena of interest

The review will consider studies that explore the experience of middle and/or older aged adults with outcomes related to their personal experiences/_beliefs/_attitudes/_views/_perspectives/_opinions/ thoughts/_reactions towards ageing and their concept of home and home environment.

These perspectives can include those related to:

- What they are most concerned about when ageing in relation to the home?
- What factors are most important to remain at home?
- What are the important features of their home?
- How changes to the home environment can affect their experience/meaning of home in the community?
- Whether they are open to adapting to changes in their home environment to live at home as long as possible?
- How do they adapt to age-related changes within the home?
- Are there other aspects that make it hard to live at home?

Context

This systematic review will consider studies that explore the perspectives of middle and older aged adults in any community setting and in any country and at any time.

Type of studies

This review will consider qualitative studies including focus groups, interviews (face to face, structured or semi-structured), surveys with open ended responses, phenomenology, grounded theory,

ethnography, action research and qualitative descriptive studies. Only studies published in English will be considered for inclusion in this review, with no publication date restrictions. Mixed method studies will only be considered if data from the qualitative components can be clearly extracted. Authors of included studies will be contacted for clarifying information where necessary to ascertain relevant qualitative findings.

Methods

The proposed systematic review will be conducted in accordance with the Joanna Briggs Institute (JBI) methodology for systematic reviews of qualitative evidence (Drisko, 2020; Lockwood, Munn, & Porritt, 2015).

Search strategy

The search strategy will aim to find both published and unpublished studies. An initial limited search of Medline and Scopus was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy. A full search strategy Medline is detailed in Appendix I. The search strategy, including all identified keywords and index terms, will be adapted for each included information source. The reference list of all eligible studies will be screened for additional studies.

Information sources

The databases to be searched include: Medline, PsycInfo (Ovid), Scopus (Elsevier) and CINAHL (EBSCOhost). Sources of unpublished studies and gray literature to be searched will include: Google Scholar and Council on the Ageing (COTA), ProQuest Dissertations and Theses, Google Scholar and WorldWideScience.org

Study selection

Following the search, all identified citations will be collated and uploaded into Endnote X9.3 and duplicates removed (Clarivate Analytics, 2021). Titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. Relevant studies will be retrieved in full and their citation details imported into Covidence (Covidence, 2021). The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. Included studies will be imported into the Joanna Briggs Institute System for Unified Management, Assessment and Review of Information (JBI SUMARI) for extraction and synthesis. Reasons for exclusion of full text studies that do not meet the inclusion criteria will be recorded and reported in the systematic review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through discussion, or with a third reviewer. The results of the search will be reported in full in the final systematic review and presented in a Preferred

Reporting Items for Systematic Reviews and Meta-analyses (PRISMA 2) flow diagram (Page et al., 2021)

Assessment of methodological quality

Relevant studies will be critically appraised by two independent reviewers for methodological quality using the JBI Critical Appraisal Checklist for Qualitative Research (The Joanna Briggs Institute, 2017). All studies, regardless of their methodological quality will be included and undergo data extraction and data synthesis, where possible, in order to employ an inclusive approach with diverse studies and datasets. The impact of the methodological quality of the studies will be addressed in the discussion and considered in the generation of recommendations. Authors of papers will be contacted to request missing or additional data for clarification, where required. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer. The results of critical appraisal will be reported in narrative form and in a table. All studies, regardless of their methodological quality, will undergo data extraction and synthesis (where possible (Drisko, 2020)).

Data extraction

Qualitative data will be extracted from studies included in the review using the standardized data extraction tool from JBI SUMARI by the primary reviewer (The Joanna Briggs Institute, 2019). The data extracted will include specific details about the populations, context, culture, geographical location, study methods and the phenomena of interest relevant to the review objective. Findings, and their illustrations, will be extracted and assigned a level of credibility (The Joanna Briggs Institute, 2017). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data synthesis

Qualitative research findings will, where possible, be pooled using JBI SUMARI using the meta-aggregative approach (Drisko, 2020; Lockwood et al., 2015; The Joanna Briggs Institute, 2019). This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings and categorising these findings on the basis of similarity in meaning. These categories will then be subjected to a synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form.

Assessing certainty in the findings

The final synthesized findings will be graded according to the ConQual approach for establishing confidence in the output of qualitative research synthesis and presented in a Summary of Findings (Munn, Porritt, Lockwood, Aromataris, & Pearson, 2014). The Summary of Findings includes the major elements of the review and details how the ConQual score is developed. Included in the Summary of Findings will be the title, population, phenomena of interest and context for the specific

review. Each synthesized finding from the review will then be presented, along with the type of research informing it, score for dependability and credibility and the overall ConQual score.

Conflict of interest

The authors have no conflicts of interest to declare.

Search Strategy- please refer to Appendix 1

Type and method of review

Systematic review

Anticipated or actual start date.

30 April 2021

Anticipated completion date.

30 April 2022

Stage of review at time of this submission.

The review has not yet started: Yes

Review stage	Started	Completed
Preliminary searches		Yes
Piloting of the study selection process		Yes
Formal screening of search results against eligibility criteria		No
Data extraction		No
Risk of bias (quality) assessment		No
Data analysis		No

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b. Organisational affiliation of the review.

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This review aligns with the work of A/Prof Kate Laver who was awarded a DECRA on this topic.

c. Conflicts of interest

None

d. Collaborators

None

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Appendix 1: Search Strategy for Medline

Database(s): Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions(R) 1946 to May 07, 2021

#	Searches	Results
1	aged/ or "aged, 80 and over"/ or frail elderly/	3238503
2	(elder* or geriatric* or gerontolog* or old age* or grandparent* or retire* or pensioner* or senior* or later life).tw.	402073
3	((old* or age* or aging) adj1 (person* or people* or adult* or resident* or population* or men* or women* or male* or female*)).tw.	578177
4	(aged adj1 ("65" or "70" or "75" or "80" or "85")).tw.	45241
5	or/1-4	3727292
6	independent living/	7385
7	("aging in place" or "ageing in place" or "aging-in-place" or "ageing-in-place" or "age in place" or "aging at home" or "ageing at home" or "aging-at-home" or "ageing-at-home" or living independently or independent* living or living autonomously or autonomous living or "living at home" or "remaining at home" or "residing at home" or retirement communit* or "communit* for retirement" or "home environment*").tw,kw.	14621
8	((physical or environment*) adj2 (space or limit* or challeng*)).tw,kw.	12249
9	((physical or environment*) adj2 (space or limit* or challeng*)).tw,kw.	12249
10	or/6-9	33053
11	interviews as topic/ or focus groups/ or narration/ or qualitative research/	139055
12	((semi-structured or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide? or group*) adj3 (discussion* or questionnaire*)).tw.	52693
13	(Interview* or focus group* or diary or diaries or transcrib* or verbatim or field not* or memo? or memoing).tw.	487121

14	(audiotap* or audio-tap* or audio record* or audiorecord* or tape record* or taperecord* or video*).tw.	151365
15	((context* or semantic or content) adj2 analys*).tw.	38296
16	(narrat* or qualitative* or ethnograph* or fieldwork or field work or field research* or informant* or phenomenolog* or hermeneutic* or grounded or interpretive* or participant observ* or background observ* or reflective* or reflection* or textual* or open-ended or theme? or thematic* or triangulat*).tw.	577237
17	((personal* or patient* or participant* or lived) adj2 (experience or experiences or perception* or perceptive or perspective*).tw.	99779
18	or/11-17	1170046
19	5 and 10 and 18	3664