

# Appendix D: Using qualitative research in systematic reviews: Older people's views of hospital discharge



## Appendix D: Example text search

This is an example of output produced by text searching programme (Text Detective). It shows the output of the search through data extracted from 'strong' rated studies, for all passages coded as reflecting lack of participation ('passive') on the part of older people.

Note: file names are abbreviated. For example, File: BullandK~1.txt means the text came from the data extraction form for Bull and Kane (1996)

TEXT DETECTIVE RESULTS FILE

===CODE: PASSIVE===FILE:  
BULL&K~1.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\BULL&K~1.TXT

Description of the discharge process: "elders stated that doctors and nurses told them what had been arranged and their family members took care of things for them' when they left hospital" p 492

===CODE: PASSIVE===FILE:  
CLARK&~1.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\CLARK&~1.TXT

Older people  
Majority of older people (OP) saw discharge as something professionals control  
They receive treatment, at some point they will be allowed to go home

===CODE: PASSIVE===FILE:  
CONGDON.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\CONGDON.TXT

Neither patients nor family involved in discharge planning. Some OP accepted this 'prepared to accept whatever'. Others less happy about it.

===CODE: PASSIVE===FILE:  
COULTON.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\COULTON.TXT

Had control 50% no influence 10% partial control 40%

The impact (on psychological distress) of whether or not you felt in control depends on how much control you were disposed to expect.

===CODE: PASSIVE===FILE:  
CUNLIFFE.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\CUNLIFFE.TXT

Nearly all expressed apprehension about their discharge. Had little knowledge of or participation in this. Some objected, some were passive and cheerful (quotes on p 4)

===CODE: PASSIVE===FILE:  
ESPEJO.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\ESPEJO.TXT

Although it focuses on discharge to residential care

Developed 6 categories of 'acceptance'.

- \* Positive acceptance – wants to go 4
- \* Pragmatic – rather not but has to 8
- \* Passive – follows suggestion, no views 4
- \* Worried acceptance – fearful, no choice 3
- \* Reluctant – is opposed, but agrees 8
- \* Non-accepting 5

\*notpassive\*28% came to the idea themselves. The rest had it suggested by someone else/not passive/.

===CODE: PASSIVE===FILE:  
HUBYG.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\HUBYG.TXT

Lack of involvement occurred in the majority of cases

===CODE: PASSIVE===FILE:  
JEWELL93.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\JEWELL93.TXT

Patients and families themselves established an admission purpose and discharge goals early on (maybe tentatively)  
But they did not know about hospital treatment and weren't involved in decision making (though staff implied they were members of the team).  
Patients and families felt poorly served by the informal contact approach.

===CODE: PASSIVE===FILE:  
JEWELL96.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\JEWELL96.TXT

Patients going home – participation seemed marginal. Patients changing location: participation depended on the amount of information given to/by? Staff

No conflicts with staff reported about discharge, but patients seemed to accept a subservient role (particularly with doctors), and said they were satisfied with their participation.

===CODE: PASSIVE===FILE:

KREVERS.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\KREVERS.TXT

Tolerant patients: also transferred part of their control to the staff. not only as a matter of necessity due to illness and disability, but also because of the tolerant or restrained personality. These patients participated mainly as directed by the staff and waited to see what was going to happen. They defined themselves as tolerant patient and unquestioning, and now also tired. Post-hospital plans were discussed with relatives. These patients primarily had a reversible trajectory but it might take them some time to recover.

Passive: these patients were rarely active in terms of communication and decision making and transferred control and responsibility to the staff. The reasons were: trust in the staff competence or necessity due to illness and fatigue. These patients believe that they lacked the competence required to make decisions, as well as the ability to act and that they had to rely on fate, God or the staff, they often left relatives take an active part in communicating with the staff and asked few questions about the hospital care. They saw themselves having become more passive, they described themselves as old and tired, resigned, compliant and unquestioning. They had mainly deteriorating or uncertain trajectories. These patients feared that they might not be able to return home and worried about their future life situation.

===CODE: PASSIVE===FILE:

LECLERC.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\LECLERC.TXT

OP views

Not really aware of any discharge planning or plans.

===CODE: PASSIVE===FILE:

LECLERC.TXT=====PASSAGE 2===  
Origin: C:\TEXTDET\TEXTFI~1\LECLERC.TXT

Women often not involved in planning and decision taking

===CODE: PASSIVE===FILE:

MCWILL~1.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\MCWILL~1.TXT

Patient and family involvement participation in discharge planning was limited in both settings. Patients deferred to professionals (and family where involved).

===CODE: PASSIVE===FILE:

POWELL.TXT=====PASSAGE 1===  
Origin: C:\TEXTDET\TEXTFI~1\POWELL.TXT

Discharge home group

Not everyone recalled discussing discharge (1/3 didn't)  
 But of those that did half felt actively consulted, as did 8 carers  
 What was, or would have been, good practice?  
 Asking if a given date of discharge would be all right  
 Taking account of requests for adequate notice (for carer at work)  
 Not clear if patients viewed discharge as a planned process

===CODE: PASSIVE===FILE:  
 REED.TXT=====PASSAGE 1===  
 Origin: C:\TEXTDET\TEXTFI~1\REED.TXT

One constant theme: the passivity of older people in the process of moving  
 Coping strategy: stoicism  
 Did not expect support from staff

===CODE: PASSIVE===FILE:  
 TIERNEY.TXT=====PASSAGE 1===  
 Origin: C:\TEXTDET\TEXTFI~1\TIERNEY.TXT

OP views  
 Different perspectives on involvement (staff believed it happened) and on information exchange  
 Only 21% patients and 18% carers said they'd been consulted re discharge

\*whypassive\*But only 1/3 of those OP not consulted said they would have liked more involvement

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CODE: PASSIVE SUMMARY OF SEARCH

FILE	NUMBER OF PASSAGES
BULL&K~1.TXT	1
CLARK&~1.TXT	1
CONGDON.TXT	1
COULTON.TXT	1
CUNLIFFE.TXT	1
ESPEJO.TXT	1
HUBYG.TXT	1
JEWELL93.TXT	1
JEWELL96.TXT	1
KREVERS.TXT	1
LECLERC.TXT	2
MCWILL~1.TXT	1
POWELL.TXT	1
REED.TXT	1
TIERNEY.TXT	1
Total Passages =	16

(Footnotes)