Perceptions of hospital care quality according to people living with multiple long-term conditions: a scoping review

Freya Thompson[1], Sue Bellass[2], Thomas Scharf[3], Miles Witham[1,4], Rachel Cooper[1,4]

[1] AGE Research Group, Translational and Clinical Research Institute, Faculty of Medical Sciences, Newcastle University, Newcastle upon Tyne, UK [2] Department of Sport and Exercise Sciences, Manchester Metropolitan University, Manchester, UK [3] Population Health Sciences Institute, Faculty of Medical Sciences, Newcastle University, Newcastle upon Tyne, UK [4] NIHR Newcastle Biomedical Research Centre, Newcastle University, Newcastle upon Tyne NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

Background

- Multiple long-term conditions (MLTC) = co-existence of two or more chronic health conditions, also commonly known as 'multimorbidity'.
- The prevalence of MLTC has been rising rapidly in recent decades and is predicted to rise further.
- MLTC has been associated with premature mortality, poorer quality of life, and higher rates of unplanned hospital admission
- Delivering high quality care for people living with MLTC is a priority but relevant evidence that considers the hospital context and perspectives of people with MLTC has not been synthesised

Objective

To conduct a scoping review of published literature which identifies and synthesises evidence of how people living with MLTC perceive the quality of care that they experience in hospitals, in order to identify key concepts and gaps in the evidence base.

Methods

The approach to the review was guided by Arksey and O'Malley's scoping review framework and reported using PRISMA-ScR guidelines.

Inclusion criteria:

- Qualitative, quantitative, and mixed methods studies.
- Observational and interventional studies that included perceptions of 'usual' care.
- Studies that reported people with MLTC's perceptions
- Studies that focused sufficiently on hospital care, here defined as inpatient or outpatient care from medical specialists that does not take place at home.
- Peer-reviewed studies.
- English language.

Exclusion criteria:

- Study protocols, literature reviews, editorials, and commentaries.
- Studies that focused on other care settings.
- Grey literature.

Information sources

MEDLINE, CINAHL, ProQuest Social Sciences Premium, Scopus, and Embase searches, supplemented by citation tracking.

Search

Search strings were developed with the aid of a university librarian and were adapted from multiple pre-existing search strings from published sources. The search was executed for all databases in February 2023 and citation searching took place in June 2023.

Selection of sources of evidence

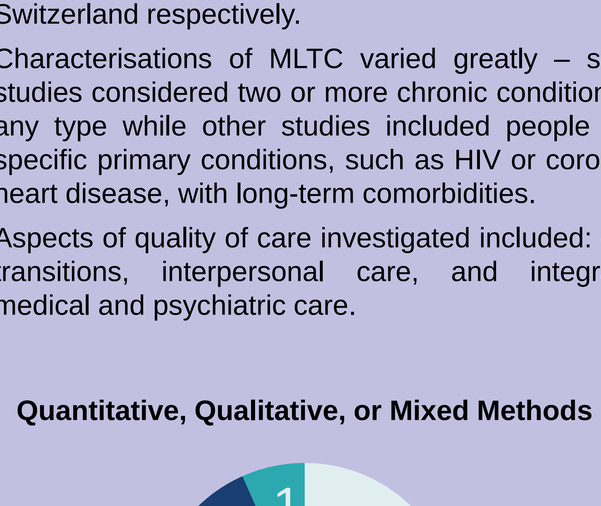
Each title and abstract was screened independently by two reviewers using Rayyan. Papers which passed this stage underwent full text review, again independently by two reviewers. Conflict resolution meetings were held to discuss any disagreements throughout the process.

Data charting process

Data charting was conducted by the PhD student (FT) and quality checked by a supervisor.

Results

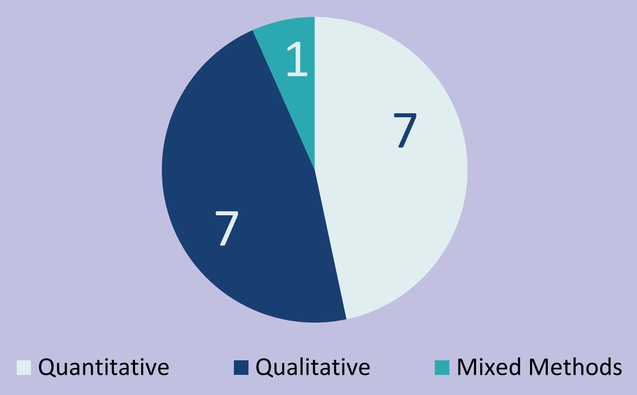
Selection of sources of evidence



Characteristics of sources of evidence (N = 15)

- 7 qualitative, 7 quantitative, and 1 mixed methods papers.
- Year of publication: 2004 to 2023.
- 5 studies were conducted in the USA, 3 in Australia, 3 in Canada, and 1 in China, England, Germany, and Switzerland respectively.
- Characterisations of MLTC varied greatly – some studies considered two or more chronic conditions of any type while other studies included people with specific primary conditions, such as HIV or coronary heart disease, with long-term comorbidities.
- Aspects of quality of care investigated included: care transitions, interpersonal care, and integrated medical and psychiatric care.

Quantitative, Qualitative, or Mixed Methods



Synthesis of results

Results were synthesised into 6 distinct sections:

1) Overall ratings of care:

- People with MLTC quite positive when reporting overall satisfaction with care, primarily in quantitative studies. Specific questions regarding care and qualitative research generated more negative data.
- Little consensus regarding which characteristics are associated with higher and lower overall satisfaction.

2) Care coordination and integration:

- One-disease management model is common, but integration of services is desired.
- Consistency of providers and care units is preferred.

3) Medical management of long-term conditions:

- Acute conditions generally prioritised over long-term conditions, even though the latter were found more troubling for inpatients.
- Long-term conditions and perceived quality of care generally worsened with length of stay.

4) Patient engagement:

- Many participants highly engaged in their care
- Lack of understanding led to not taking medications or not attending appointments.

5) Doctor-patient communication:

- Some overloaded with information, others not given enough.
- Opinion that participant preferences were taken into account was not universal..

6) Discharge:

- Discharge planning often rushed and did not include care for comorbidities.
- Most highly anxious about discharge, particularly premature discharge, and desire continued contact with hospital

Conclusion

- Few published studies that investigate how people living with MLTC perceive the quality of care that they experience in hospitals.
- The studies that exist are quite diverse
- Results point to ways in which people with MLTC feel person-centred care would improve their hospital experiences
- Importance of good informal support was also consistently reported throughout qualitative studies

Gaps in the literature:

- Perceptions of younger people with MLTC
- Studies conducted in the UK
- Qualitative studies with diverse samples
- Studies which focus on specific aspects of care quality including the perceptions of physical hospital environment, safety, and equity

Next steps

Conduct one-to-one interviews with a diverse sample of people aged 18-49 years with MLTC to understand their perceptions of hospital care quality.

For further information, please contact f.thompson2@newcastle.ac.uk. https://research.ncl.ac.uk/ageresearchgroup/

Remarkable research for healthy ageing
THE DUNHILL MEDICAL TRUST

Newcastle University

This PhD project is funded by Newcastle University and the Dunhill Medical Trust. The views expressed are those of the authors and not necessarily those of Newcastle University or the Dunhill Medical Trust.