

# Occupational Therapy

## Update #13

06 January 2022



**Welcome to the latest copy of the Occupational Therapy Update. The aim of this publication is to bring together a range of recently-published research and guidance that will help you make evidence based decisions.**

### Accessing Articles

The following abstracts are taken from a selection of recently published articles.

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Please contact Holly if you would like more information, or further evidence searches: [holly.cook3@nhs.net](mailto:holly.cook3@nhs.net).

## A selection of papers from CINHAL and EMCARE (June 2021-Dec 2021) most recent first

1. Post-Covid-19 Syndrome: Improvements in Health-Related Quality of Life Following Psychology-Led Interdisciplinary Virtual Rehabilitation.
2. Identifying research priorities for occupational therapy in the UK: A James Lind Alliance Priority Setting Partnership.
3. Malnutrition: A Misunderstood Diagnosis by Primary Care Health Care Professionals and Community-Dwelling Older Adults in Ireland.
4. Occupational therapy intervention for cancer patients following hospital discharge: How and when should we intervene? A systematic review.
5. Occupation-based intervention in therapy for upper limb musculoskeletal conditions: A systematic review.
6. A Systematic Review of Job Loss Prevention Interventions for Persons with Inflammatory Arthritis.
7. Interventions used by allied health professionals in sexual rehabilitation after stroke: A systematic review.
8. Musculoskeletal pain and sedentary behaviour in occupational and non-occupational settings: a systematic review with meta-analysis.
9. Long-Term Nightshift Work and Breast Cancer Risk: An Updated Systematic Review and Meta-Analysis with Special Attention to Menopausal Status and to Recent Nightshift Work.
10. A critical review of the definition of 'wellbeing' for doctors and their patients in a post Covid-19 era.
11. Group-based acceptance and commitment therapy interventions for improving general distress and work-related distress in healthcare professionals: A systematic review and meta-analysis.
12. The Association Between Professional Burnout and Engagement With Patient Safety Culture and Outcomes: A Systematic Review.
13. Workplace musculoskeletal problems in occupational therapy students
14. Virtual Reality for the Treatment of Anxiety Disorders: A Scoping Review.
15. Sarcopenic Dysphagia: A Narrative Review from Diagnosis to Intervention.
16. A systematic review and meta-analysis of the effect of treadmill desks on energy expenditure, sitting time and cardiometabolic health in adults.
17. The prevalence of occupational stress among Iranian midwives: a systematic review and meta-analysis.
18. Healthcare worker resilience during the COVID-19 pandemic: An integrative review.
19. Intensive care nurse staffing and nurse outcomes: A systematic review.
20. Reflections on lymphoedema deployment into community services during the pandemic.



21. Defining the role of occupational therapy with people living with and beyond cancer: Perspectives of British and Irish occupational therapists.
22. Impact of occupational therapy in an integrated adult social care service: Audit of Therapy Outcome Measure Findings.
23. Occupational Therapy and Allied Health Interventions to Promote and Support Client Self-Advocacy: A Systematic Review of the Literature.
24. Evaluating the use of the Model of Human Occupation Screening Tool in mental health services.
25. Occupational Therapy Interventions to Improve Driving Performance in Older People With Mild Cognitive Impairment or Early-Stage Dementia: A Systematic Review.
26. Relative motion flexion splinting for the rehabilitation of flexor tendon repairs: A systematic review.
27. Digitally connected work and its consequences for strain – a systematic review.
28. Economic evaluation of workplace health promotion interventions focused on Lifestyle: Systematic review and meta-analysis.
29. Identifying the evidence base of interventions supporting mental health nurses to cope with stressful working environments: A scoping review.
30. The effectiveness of spiritual interventions in the workplace for work-related health outcomes: A systematic review and meta-analysis.
31. Taking part in the community occupational therapy in dementia UK intervention from the perspective of people with dementia, family carers and occupational therapists: A qualitative study.
32. The meaning of rehabilitation: a qualitative study exploring perspectives of occupational therapists and physiotherapists working with older people in acute care.
33. How do patients spend their time in stroke rehabilitation units in England? The REVIHR study.
34. Occupational therapy interventions in child and adolescent mental health to increase participation: A mixed methods systematic review.
35. Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis.
36. Menopausal symptoms and work: a narrative review of women's experiences in casual, informal, or precarious jobs.
37. Impact of assessment and intervention by a health and social care professional team in the emergency department on the quality, safety, and clinical effectiveness of care for older adults: A randomised controlled trial.
38. 'Hello, my name is ...': an exploratory case study of inter-professional student experiences in practice.
39. The rehabilitation of physical function after severely disabling stroke: a survey of UK therapist practice.
40. Environmental Modifications and Supports for Participation Among Adults Aging With Intellectual and Developmental Disabilities: A Scoping Review.



41. Evidence for Occupational Therapy Interventions Supporting Work and Social Participation for Adults With Multiple Sclerosis: A Systematic Review.
42. Occupational therapy interventions for multiple sclerosis: A scoping review.
43. The effect of leisure time physical activity and sedentary behaviour on the health of workers with different occupational physical activity demands: a systematic review.
44. The influence of using exoskeletons during occupational tasks on acute physical stress and strain compared to no exoskeleton - A systematic review and meta-analysis.
45. The Impact of Physical Therapy Delivered Ergonomics in the Workplace: A Narrative Review.
46. Occupational Therapy Services in School-Based Practice: A Pediatric Occupational Therapy Perspective from Ireland.
47. Current clinical practice in 24-hour postural management and the impact on carers and service users with severe neurodisability.
48. Coaching Parents of Children with Sensory Integration Difficulties: A Scoping Review.
49. Measurement Properties of Outcome Measures Used to Assess Physical Impairments in Patients After Distal Radius Fracture: A Systematic Review.
50. Effects of Workplace-Based Intervention for Shoulder Pain: A Systematic Review and Meta-analysis.
51. Health and work: what physicians need to know.

**1. Post-Covid-19 Syndrome: Improvements in Health-Related Quality of Life Following Psychology-Led Interdisciplinary Virtual Rehabilitation.**

**Author(s):** Harenwall ; Heywood-Everett, Suzanne; Henderson, Rebecca; Godsell, Sherri; Jordan, Sarah; Moore, Angela; Philpot, Ursula; Shepherd, Kirsty; Smith, Joanne; Bland, Amy Rachel

**Source:** Journal of Primary Care & Community Health; Dec 2021 ; p. 1-12

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**Abstract:** Coronavirus disease 2019 (COVID-19) is increasingly recognized as having significant long-term impact on physical and mental health. The Primary Care Wellbeing Service (PCWBS) in Bradford District Care NHS Foundation Trust (BDCFT) is a psychology-led specialist interdisciplinary team of health professionals specializing in persistent physical symptoms (PPS) and Chronic Fatigue Syndrome (CFS)/Myalgic Encephalomyelitis (ME) with an emphasis on holistic integrated care. The PCWBS quickly recognized the risk of the long-term effects of COVID-19, particularly for social, health and care staff, and developed a 7-week virtual rehabilitation course which was piloted in October 2020. The " Recovering from COVID " course takes a whole system, biopsychosocial approach to understanding COVID-19 and post-viral fatigue (PVF) and is delivered by an interdisciplinary team consisting of a clinical psychologist, physiotherapist, occupational therapist, dietitian, speech and language therapist, assistant psychologist, and a personal support navigator with support from a team administrator. The course focuses on understanding PVF, sleep optimization, nutrition, swallowing, activity management, energy conservation, stress management, breathing optimization, managing setbacks, and signposting to appropriate resources and services. Since the pilot, PCWBS has delivered 7 courses to support over 200 people suffering from post-COVID-19 syndrome. One hundred and forty-nine individuals that enrolled on the " Recovering from COVID " course completed the EQ-5D-5L to assess Health-related quality of life (HRQoL) across 5 dimensions, including problems with mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Subsequently, 76 individuals completed these



measures at the end of the rehabilitation course showing that patient ratings were significantly improved. In response to the NIHR recommendation for rapid evaluation of different service models for supporting people with post-COVID-19 syndrome, this data offers hope that rehabilitation is effective in reversing some of the problems faced by people living with the long-term effects of COVID-19.

**Database:** CINAHL

## **2. Identifying research priorities for occupational therapy in the UK: A James Lind Alliance Priority Setting Partnership.**

**Author(s):** Watson ; Cowan, Katherine; Spring, Hannah; Donnell, Jenny Mac; Unstead-Joss, Ruth

**Source:** British Journal of Occupational Therapy; Dec 2021; vol. 84 (no. 12); p. 735-744

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**Abstract:**

Introduction: As the scope and nature of practice evolves in an ever-changing health and social care landscape, it is imperative the profession continues to expand the evidence base underpinning interventions. The Royal College of Occupational Therapists partnered with the James Lind Alliance to bring together people with lived experience, occupational therapists and other people working in the health and care sector to identify contemporary research priorities for the profession in the United Kingdom.

Method: The JLA's well-established methodology was adopted. An opening consultation survey gathered unanswered questions. Analysis of responses and evidence checking preceded an initial prioritisation survey. The final prioritisation workshop drew on nominal group technique.

Findings: 927 respondents submitted 2193 questions. Those within the project's scope were captured in 66 overarching summary questions using thematic analysis. These were initially ranked by 1140 respondents. 18 questions comprising the 10 most highly ranked by people with lived experience and by those with professional experience were considered by 19 participants in the final workshop. Together, they reached consensus on the Top 10 priorities.

Conclusion: These research priorities provide a contemporary framework influencing and guiding future research, ensuring it addresses the issues of greatest importance to people accessing and delivering services.

**Database:** CINAHL

## **3. Malnutrition: A Misunderstood Diagnosis by Primary Care Health Care Professionals and Community-Dwelling Older Adults in Ireland.**

**Author(s):** Geraghty ; Browne, Sarah; Reynolds, Ciara M.E.; Kennelly, Sharon; Kelly, Lucy; McCallum, Kimberley; McBean, Laura; Clyne, Barbara; Bury, Gerard; Bradley, Catriona; McCullagh, Laura; Bardon, Laura A.; Murrin, Celine; Perrotta, Carla; Gibney, Eileen R.; Castro, Patricia Dominguez; Corish, Clare A.

**Source:** Journal of the Academy of Nutrition & Dietetics; Dec 2021; vol. 121 (no. 12); p. 2443-2453

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**Abstract:** Language and communication have an impact on how a clinical condition is treated and experienced, from both the health care professional (HCP) and patient perspective. Malnutrition is prevalent among community-dwelling older adults, yet perceptions of patient understanding of the term malnutrition to date remain underexplored. This qualitative study explored the use and perceptions of the term malnutrition among HCPs and older adults at risk of malnutrition. Semi-structured interviews and focus groups were conducted with HCPs and older adults with a prescription for oral nutritional supplements (ONS) in the community, to explore perspectives. HCPs with experience of working with older adults were recruited in primary care centers, general practitioner practices, community health organizations, and community pharmacies in County Dublin, Ireland, between 2018 and



2019. Older adults, aged ≥60 years, with a current or previous prescription for ONS were recruited from daycare centers. One-to-one interviews were conducted with general practitioners ( $n = 16$ ) and patients ( $n = 13$ ), and focus groups were conducted with other HCPs, including dietitians ( $n = 22$ ), nurses ( $n = 22$ ), pharmacists ( $n = 9$ ), physiotherapists ( $n = 12$ ), occupational therapists ( $n = 6$ ), and speech and language therapists ( $n = 4$ ). Data from interviews and focus groups were transcribed verbatim and analyzed using thematic analysis. There was mutual agreement between HCPs and patients on the main theme, "malnutrition is a term to be avoided." There were three subthemes with varying input from the different HCP groups and patients: "Malnutrition is a term a patient doesn't want to hear"—malnutrition has negative connotations that imply neglect and stigma; "malnutrition is a clinical term which patients don't understand"—with perceptions that it is better to substitute the term with simpler motivating messages; and "lack of confidence identifying malnutrition"—expressed by non-dietetics HCPs who believed they had insufficient expertise on malnutrition to communicate effectively with patients. HCPs and patients perceived negative connotations with the term malnutrition, and HCPs used alternatives in practice. Additional consultation with HCPs and patients is recommended to explore appropriate language for conveying health risks associated with malnutrition. Future research should also address how current communication challenges can be addressed as part of strategic management programs or interventions to prevent and treat malnutrition.

**Database:** CINAHL

#### **4. Occupational therapy intervention for cancer patients following hospital discharge: How and when should we intervene? A systematic review.**

**Author(s):** Taylor ; Keesing, Sharon; Wallis, Amy; Russell, Brooke; Smith, Andrew; Grant, Rebecca

**Source:** Australian Occupational Therapy Journal; Dec 2021; vol. 68 (no. 6); p. 546-562

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

Available at [Australian Occupational Therapy Journal](#) - from Wiley Online Library

##### **Abstract:**

**Introduction:** Advances in cancer treatment over the last decade have led to increased survival rates. As a result, survivors are living longer with and beyond cancer, often with greater levels of morbidity. Occupational therapists, with their focus on remedial and compensatory strategies to improve function and participation, are well suited to assess and intervene with this population. Despite this, little research exists to demonstrate the efficacy of interventions and value of the occupational therapy role. This systematic review aimed to review how and when occupational therapists provide services for adult patients with cancer and identify where they add the most value.

**Methods:** A systematic search was conducted of six electronic databases. Eligible studies reported on occupational therapy interventions targeting management of cancer symptoms, rehabilitation or environmental modifications for adult cancer patients discharged from acute hospital services. Data extraction and quality assessment were undertaken by two reviewers. Narrative synthesis summarised the attributes and treatment outcomes of each intervention.

**Results:** Nine articles were included from a total of 309 articles retrieved. Eight different interventions were reported for people with cancer ( $n = 531$ ). Small sample sizes and methodological quality precluded any formal analysis; however, intervention components that showed positive results were person-centred, individualised and included regular monitoring and flexibility in care, with input from multidisciplinary health professionals. Therapists also need to reflect upon the optimal duration of interventions and selection of outcome measures that specifically match intervention components.

**Conclusion:** Despite inconclusive support of any particular type of intervention, this systematic review identified several successful intervention components for occupational therapists working with people with or beyond cancer. Overall, findings suggest that monitored tailored programmes compensating for fluctuations in a patient's condition have efficacy to improve patient outcomes and should be considered when delivering intervention with patients post hospital discharge.

**Database:** CINAHL



## **5. Occupation-based intervention in therapy for upper limb musculoskeletal conditions: A systematic review.**

**Author(s):** Visser ; de Clerk, Susan; Jacobs-Nzuzi Khuabi, Lee-Ann; Joubert, Marleen

**Source:** Hand Therapy; Dec 2021; vol. 26 (no. 4); p. 146-158

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**Abstract:**

**Introduction:** Using meaningful activities as a treatment modality is characteristic of occupation-based intervention (OBI). The benefits of OBI have been described, but not the effectiveness thereof. The aim of this review was to assess the effectiveness of OBI in relation to the type, commencement, duration and outcomes as reported in literature.

**Methods:** A comprehensive search of electronic databases was conducted, including EBSCOHost, PubMed, Cochrane Register for Controlled Trials, Web of Science, OTSeeker, PEDro and Google Scholar. Search terms included 'occupation-based', 'occupation-centered', 'intervention', 'upper limb' and 'outcome measures'. Studies including OBI for neurological or paediatric cases were excluded.

**Results:** Twelve studies met the inclusion criteria. Using the PEDro scale, three of the studies, all randomised controlled trials (RCTs), were viewed as high quality, one of fair and one of poor quality. Due to the heterogeneity of the studies, a meta-analysis was not possible, and a narrative synthesis is presented. Five studies used interviewing together with the Canadian Occupational Performance Measure (COPM) to determine the client's occupational profile when choosing meaningful activities. The commencement and duration of OBI varied amongst the studies, and a variety of outcome measures were used to determine the effectiveness of OBI.

**Discussion:** OBI used together with biomechanical approaches shows promising effectiveness. Outcome measures such as the COPM and the Disabilities of the Arm, Shoulder and Hand questionnaire (DASH) that measure activity and participation, should be employed in client-centered practice. More robust scientific evidence regarding the effectiveness of OBI is needed.

**Database:** CINAHL

## **6. A Systematic Review of Job Loss Prevention Interventions for Persons with Inflammatory Arthritis.**

**Author(s):** Madsen ; Bisgaard, Sara Kjær; Primdahl, Jette; Christensen, Jeanette Reffstrup; von Bülow, Cecilie

**Source:** Journal of Occupational Rehabilitation; Dec 2021; vol. 31 (no. 4); p. 866-885

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

Available at [Journal of occupational rehabilitation](#) - from Unpaywall

**Abstract:** Purpose To present an overview of the evidence of the effect of job loss prevention interventions, aiming to improve work ability and decrease absenteeism and/or job loss in persons with inflammatory arthritis (IA).

Method A systematic literature search in the databases PubMed, EMBASE, CINAHL, PsycINFO and the Cochrane Library was conducted. A search strategy used in a review from 2014 was copied and additional keywords were added with no time restriction. The Cochrane Risk of Bias Tool (RoB 1) was used for quality assessment and the overall quality of each study was determined using predetermined cut-off criteria, categorising studies to be of good-, acceptable- or low quality. Results were summarised narratively. Results Six randomised controlled trials (published in seven articles) were included, one of good quality and five of acceptable quality. One study identified significant improvements in work ability, while three found no significant difference between groups. One study identified significant difference in absenteeism, while two studies identified no difference between the intervention and control groups. Two studies identified significant reduction in job loss, while two studies identified no group difference. The inconsistent results may be due to heterogeneity in interventions and outcome measures used, and the results should therefore be interpreted with caution. Conclusion The results indicate that job loss prevention



interventions may have an effect on work ability, absenteeism and in particular job loss among persons with IA. Further good-quality studies regarding job loss prevention interventions for people with IA are still recommended.

**Database:** CINAHL

## **7. Interventions used by allied health professionals in sexual rehabilitation after stroke: A systematic review.**

**Author(s):** Auger ; Grondin, Myrian; Aubertin, Mélanie; Marois, Audrey; Filiatrault, Johanne; Rochette, Annie

**Source:** Topics in Stroke Rehabilitation; Dec 2021; vol. 28 (no. 8); p. 557-572

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**Abstract:**

**Background:** Although sexuality can be affected post-stroke, few individuals receive sexual rehabilitation because of clinicians' lack of knowledge regarding evidence-based interventions.

**Objective:** To document and describe the best available evidence supporting interventions that target post-stroke rehabilitation of sexuality.

**Methods:** This systematic review searched the databases Medline, Embase, Psycinfo, CINAHL, Web of science, PEDRO and OTSeeker up to 29 May 2020. Inclusion criteria were: published studies with a sample composed of  $\geq$  50% stroke clients and describing an intervention that could be applied by an allied health professional. Data was extracted according to the PRISMA guidelines by two independent reviewers. Interventions were described according to the Template for intervention description and replication checklist.

**Results:** Among the 2446 articles reviewed, 8 met the inclusion criteria. Two randomized controlled trials (RCT) and one non-RCT showed improvement in sexual functioning and satisfaction following a 30–45-minute structured rehabilitation program. Two other RCT showed significant improvement in sexual functioning with physical therapy oriented toward 1) structured physical and verbal sexual counseling and 2) pelvic floor muscle training. Three studies showed that interdisciplinary sexual rehabilitation improved satisfaction and sexual functioning; implementation of an interview script for clinicians improved the proportion of clients who addressed sexuality from 0 to 80% in 10 months; and two-day couple retreats improved perceived intimacy between couples.

**Conclusions:** This review highlights promising interventions that could orient future research and improve the access to sexual rehabilitation services for post-stroke, with structured sexual rehabilitation and pelvic floor muscle training being the most strongly supported.

**Database:** CINAHL

## **8. Musculoskeletal pain and sedentary behaviour in occupational and non-occupational settings: a systematic review with meta-analysis.**

**Author(s):** Dzakpasu ; Carver, Alison; Brakenridge, Christian J.; Cicuttini, Flavia; Urquhart, Donna M.; Owen, Neville; Dunstan, David W.

**Source:** International Journal of Behavioral Nutrition & Physical Activity; Dec 2021; vol. 18 (no. 1); p. 1-56

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

Available at [The international journal of behavioral nutrition and physical activity](#) - from BioMed Central

Available at [The international journal of behavioral nutrition and physical activity](#) - from Europe PubMed Central - Open Access

Available at [The international journal of behavioral nutrition and physical activity](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [The international journal of behavioral nutrition and physical activity](#) - from ProQuest (Health Research Premium) - NHS Version



**Abstract:**

**Background:** Sedentary behaviour (SB; time spent sitting) is associated with musculoskeletal pain (MSP) conditions; however, no prior systematic review has examined these associations according to SB domains. We synthesised evidence on occupational and non-occupational SB and MSP conditions.

**Methods:** Guided by a PRISMA protocol, eight databases (MEDLINE, CINAHL, PsycINFO, Web of Science, Scopus, Cochrane Library, SPORTDiscus, and AMED) and three grey literature sources (Google Scholar, WorldChat, and Trove) were searched (January 1, 2000, to March 17, 2021) for original quantitative studies of adults  $\geq$  18 years. Clinical-condition studies were excluded. Studies' risk of bias was assessed using the QualSyst checklist. For meta-analyses, random effect inverse-variance pooled effect size was estimated; otherwise, best-evidence synthesis was used for narrative review.

**Results:** Of 178 potentially-eligible studies, 79 were included [24 general population; 55 occupational (including 15 experimental/intervention)]; 56 studies were of high quality, with scores  $> 0.75$ . Data for 26 were meta-synthesised. For cross-sectional studies of non-occupational SB, meta-analysis showed full-day SB to be associated with low back pain [LBP – OR = 1.19(1.03 – 1.38)]. Narrative synthesis found full-day SB associations with knee pain, arthritis, and general MSP, but the evidence was insufficient on associations with neck/shoulder pain, hip pain, and upper extremities pain. Evidence of prospective associations of full-day SB with MSP conditions was insufficient. Also, there was insufficient evidence on both cross-sectional and prospective associations between leisure-time SB and MSP conditions. For occupational SB, cross-sectional studies meta-analysed indicated associations of self-reported workplace sitting with LBP [OR = 1.47(1.12 – 1.92)] and neck/shoulder pain [OR = 1.73(1.46 – 2.03)], but not with extremities pain [OR = 1.17(0.65 – 2.11)]. Best-evidence synthesis identified inconsistent findings on cross-sectional association and a probable negative prospective association of device-measured workplace sitting with LBP-intensity in tradespeople. There was cross-sectional evidence on the association of computer time with neck/shoulder pain, but insufficient evidence for LBP and general MSP. Experimental/intervention evidence indicated reduced LBP, neck/shoulder pain, and general MSP with reducing workplace sitting.

**Conclusions:** We found cross-sectional associations of occupational and non-occupational SB with MSP conditions, with occupational SB associations being occupation dependent, however, reverse causality bias cannot be ruled out. While prospective evidence was inconclusive, reducing workplace sitting was associated with reduced MSP conditions. Future studies should emphasise prospective analyses and examining potential interactions with chronic diseases. Protocol registration: PROSPERO ID #CRD42020166412 (Amended to limit the scope)

**Database:** CINAHL

## **9. Long-Term Nightshift Work and Breast Cancer Risk: An Updated Systematic Review and Meta-Analysis with Special Attention to Menopausal Status and to Recent Nightshift Work.**

**Author(s):** Schwarz ; Pedraza-Flechas, Ana María; Pastor-Barriuso, Roberto; Lope, Virginia; de Larrea, Nerea Fernández; Jiménez-Moleón, José Juan; Pollán, Marina; Pérez-Gómez, Beatriz

**Source:** Cancers; Dec 2021; vol. 13 (no. 23); p. 5952-5952

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

Available at [Cancers](#) - from Europe PubMed Central - Open Access

**Abstract:** Simple Summary: Night shift work (NSW) may disturb circadian rhythms. This could influence the risk of breast cancer (BC), but research papers have reported conflicting results. We reviewed, summarized, and combined the results of those studies that measured the effect of long-term nightshift work ( $\geq 15$  years of NSW) in BC with special attention to menopausal status and time since retirement age. Women with long-term NSW had 13% more risk of BC than women without NSW. Postmenopausal women showed no increased risk, while premenopausal women had a 27% higher risk. Women with a higher probability of recent long-term NSW (women under retirement age) had a 23% higher risk than women without NSW. We concluded that long-term NSW may increase BC risk, especially in women before menopause or shortly after NSW discontinuation. This systematic review discusses long-term NSW and female BC risk, with special attention to differences between pre- and postmenopausal BC, to test the



association with recent NSW. The review follows PRISMA guidelines (Prospero registry: CRD42018102515). We searched PubMed, Embase, and WOS for case-control, nested case-control, and cohort studies addressing long-term NSW ( $\geq 15$  years) as risk exposure and female BC as outcome until 31 December 2020. Risk of bias was evaluated with the Newcastle-Ottawa scale. Eighteen studies were finally included (eight cohorts; five nested case-control; five case-control). We performed meta-analyses on long-term NSW and BC risk; overall and by menopausal status; a subanalysis on recent long-term NSW, based on studies involving predominantly women below retirement age; and a dose-response meta-analysis on NSW duration. The pooled estimate for long-term NSW and BC was 1.13 (95%CI = 1.01–1.27; 18 studies,  $I^2 = 56.8\%$ ,  $p = 0.002$ ). BC risk increased 4.7% per 10 years of NSW (95%CI = 0.94–1.09; 16 studies,  $I^2 = 33.4\%$ ,  $p = 0.008$ ). The pooled estimate for premenopausal BC was 1.27 (95%CI = 0.96–1.68; six studies,  $I^2 = 32.0\%$ ,  $p = 0.196$ ) and for postmenopausal BC 1.05 (95%CI = 0.90–1.24,  $I^2 = 52.4\%$ ; seven studies,  $p = 0.050$ ). For recent long-term exposure, the pooled estimate was 1.23 (95%CI = 1.06–1.42; 15 studies;  $I^2 = 48.4\%$ ,  $p = 0.018$ ). Our results indicate that long-term NSW increases the risk for BC and that menopausal status and time since exposure might be relevant.

**Database:** CINAHL

## **10. A critical review of the definition of 'wellbeing' for doctors and their patients in a post Covid-19 era.**

**Author(s):** Simons ; Baldwin, David S

**Source:** International Journal of Social Psychiatry; Dec 2021; vol. 67 (no. 8); p. 984-991

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

Available at [The International journal of social psychiatry](#) - from Unpaywall

**Abstract:**

**Background:** There is no international consensus definition of 'wellbeing'. This has led to wellbeing being captured in many different ways.

**Aims:** To construct an inclusive, global operational definition of wellbeing.

**Methods:** The differences between wellbeing components and determinants and the terms used interchangeably with wellbeing, such as health, are considered from the perspective of a doctor. The philosophies underpinning wellbeing and modern wellbeing research theories are discussed in terms of their appropriateness in an inclusive definition.

**Results:** An operational definition is proposed that is not limited to doctors, but universal, and inclusive: 'Wellbeing is a state of positive feelings and meeting full potential in the world. It can be measured subjectively and objectively, using a salutogenic approach'.

**Conclusions:** This operational definition allows the differentiation of wellbeing from terms such as quality of life and emphasises that in the face of global challenges people should still consider wellbeing as more than the absence of pathology.

**Database:** CINAHL

## **11. Group-based acceptance and commitment therapy interventions for improving general distress and work-related distress in healthcare professionals: A systematic review and meta-analysis.**

**Author(s):** Prudenzi ; Graham, Christopher D.; Clancy, Faye; Hill, Deborah; O'Driscoll, Ruairi; Day, Fiona; O'Connor, Daryl B.

**Source:** Journal of Affective Disorders; Dec 2021; vol. 295 ; p. 192-202

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM34479127



**Abstract:**

**Background:** A large proportion of the healthcare workforce reports significant distress and burnout, which can lead to poor patient care. Several psychological interventions, such as Acceptance and Commitment Therapy (ACT), have been applied to improve general distress and work-related distress in healthcare professionals (HCPs). However, the overall efficacy of ACT in this context is unknown. This review and meta-analysis aimed to: 1) test the pooled efficacy of ACT trials for improving general distress and reducing work-related distress in HCPs; 2) evaluate the overall study quality and risk of bias; and 3) investigate potential moderators of intervention effectiveness.

**Method:** Four databases (Ovid MEDLINE, EMBASE, PsycINFO, CINHAL) were searched, with 22 pre-post design and randomised controlled trial (RCTs) studies meeting the inclusion criteria. 10 RCTs studies were included in the meta-analysis.

**Results:** Two random effects meta-analyses on general distress and work-related distress found that ACT outperformed pooled control conditions with a small effect size for general distress at post-intervention ( $g = 0.394$ , CIs [.040; .748]) and for work-related distress ( $g = 0.301$ , CIs [.122; .480]) at follow-up. However, ACT was more effective than controls. The number of treatment sessions was a moderator of intervention efficacy for general distress. ACT process measures (psychological flexibility) did not show significantly greater improvements in those who received the intervention.

**Limitations:** The methodological quality of studies was poor and needs to be improved. **Conclusions:** Overall, ACT interventions are effective in improving general distress and work-related distress in HCPs. These findings have implications for policymakers, healthcare organisations and clinicians.

**Database:** CINAHL

## **12. The Association Between Professional Burnout and Engagement With Patient Safety Culture and Outcomes: A Systematic Review.**

**Author(s):** Mossburg ; Dennison Himmelfarb, Cheryl

**Source:** Journal of Patient Safety; Dec 2021; vol. 17 (no. 8)

**Publication Date:** Dec 2021

**Publication Type(s):** Academic Journal

**Abstract:**

**Objectives:** In the last 20 years, there have been numerous successful efforts to improve patient safety, although recent research still shows a significant gap. Researchers have begun exploring the impact of individual level factors on patient safety culture and safety outcomes. This review examines the state of the science exploring the impact of professional burnout and engagement on patient safety culture and safety outcomes.

**Methods:** A systematic search was conducted in CINAHL, PubMed, and Embase. Studies included reported on the relationships among burnout or engagement and safety culture or safety outcomes.

**Results:** Twenty-two studies met inclusion criteria. Ten studies showed a relationship between both safety culture and clinical errors with burnout. Two of 3 studies reported an association between burnout and patient outcomes. Fewer studies focused on engagement. Most studies exploring engagement and safety culture found a moderately strong positive association. The limited evidence on the relationship between engagement and errors depicts inconsistent findings. Only one study explored engagement and patient outcomes, which failed to find a relationship.

**Conclusions:** The burnout/safety literature should be expanded to a multidisciplinary focus. Mixed results of the relationship between burnout and errors could be due to a disparate relationship with perceived versus observed errors. The engagement/safety literature is immature, although high engagement seems to be associated with high safety culture. Extending this science into safety outcomes would be meaningful, especially in light of the recent focus on an abundance-based approach to safety.

**Database:** CINAHL



### **13. Workplace musculoskeletal problems in occupational therapy students**

**Author(s):** Morabito J.; Penkala S.; Coxon K.

**Source:** BMC Public Health; Dec 2021; vol. 21 (no. 1)

**Publication Date:** Dec 2021

**Publication Type(s):** Article

Available at [BMC Public Health](#) - from BioMed Central

Available at [BMC Public Health](#) - from Europe PubMed Central - Open Access

**Abstract:**

**Background:** Workplace musculoskeletal disorders are the leading cause of morbidity and disability in the Australian workforce. Over one in five occupational therapists report workplace musculoskeletal disorders, with almost half reporting workplace musculoskeletal symptoms. In other health professions, students and novice clinicians (<=5 years practice) experience greater risk but little is known about occupational therapy students.

**Method(s):** In this cross-sectional study, a survey including the self-reported Standardised Nordic Musculoskeletal Questionnaire was administered to occupational therapy students post work-based training. Musculoskeletal problems were defined as aches, pains, numbness or discomfort. Questions explored body sites affected, prevalence, impact on activity, need for medical assistance, demographic and workplace information. Prevalence was reported using descriptive statistics. Factors associated with workplace musculoskeletal problems over the previous 12 months and last 7 days were examined using logistic regression modelling.

**Result(s):** Response rate was 53% (n = 211/397). One-third of respondents (33.6%, n = 71/211) reported a workplace musculoskeletal problem over 12 months. Nearly half (47.9%, n = 34/71) of these students reported a problem over the last 7 days. Neck was the most commonly affected area reported for musculoskeletal problems over the past 12 months (24.2%, n = 51/211) and shoulder areas affected over the past 7 days (10.9%, n = 23/211). Musculoskeletal problems preventing daily activities were reported most commonly from lower back problems over 12 months (23.9%, n = 17/71) and for shoulder problems over the last 7 days (21.9%, n = 7/32). Shoulders and knees were the most common body areas requiring medical attention. Previous musculoskeletal problems and female gender were associated with reported problems over 12 months and last 7 days ( $p < 0.05$ ). Non-standard joint mobility (OR = 3.82,  $p = 0.002$ ) and working in psychosocially focused caseloads (including mental health or case management) (OR = 3.04,  $p = 0.044$ ) were also associated with reporting musculoskeletal problems over the last 7 days.

**Conclusion(s):** One in three occupational therapy students already experience workplace musculoskeletal problems impacting daily activities and requiring medical assistance prior to graduation. High prevalence of musculoskeletal problems in this study calls for educators and researchers to find sustainable strategies to address these problems, with particular consideration to the impact of previous disorders and working in psychosocially focused caseloads on musculoskeletal health. Copyright © 2021, The Author(s).

**Database:** EMCARE

### **14. Virtual Reality for the Treatment of Anxiety Disorders: A Scoping Review.**

**Author(s):** Donnelly ; Reinberg, Renee; Ito, Kaori L.; Saldana, David; Neureither, Meghan; Schmiesing, Allie; Jahng, Esther; Liew, Sook-Lei

**Source:** American Journal of Occupational Therapy; Nov 2021; vol. 75 (no. 6); p. 1-20

**Publication Date:** Nov 2021

**Publication Type(s):** Academic Journal

**Abstract:**

**Importance:** Virtual reality in head-mounted displays (HMD-VR) may be a valuable tool in occupational therapy to address anxiety. Findings from the virtual reality exposure therapy (VRET) literature may facilitate translation of HMD-VR to occupational therapy psychosocial practice.



**Objective:** To explore how HMD-VR has been used to treat anxiety through VRET and could be translated to occupational therapy.

**Data Sources:** We searched seven electronic databases for articles published between 2000 and 2020: CINAHL, Cochrane Library, Embase, ERIC, Ovid MEDLINE, PsycINFO, and Web of Science. Search terms included HMD-VR constructs, products, and therapy concepts.

**Study Selection and Data Collection:** We used Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines to report studies implementing VRET to treat anxiety. At least two reviewers assessed each citation, and a third resolved disagreements. Articles were included if they were in English, reported experimental data, and used HMD-VR. Letters, commentaries, book chapters, technical descriptions, theoretical papers, conference proceedings ( $\leq 4$  pages), and reviews were excluded.

**Findings:** Twenty-eight studies used HMD-VR to treat posttraumatic stress disorder ( $n = 3$ ), specific phobias ( $n = 19$ ), and performance-based social anxiety ( $n = 6$ ); protocols and levels of evidence varied (randomized controlled trials,  $n = 11$ ; controlled trials without randomization,  $n = 6$ ; case-control or cohort studies,  $n = 11$ ). Qualitative examination indicates HMD-VR is an effective treatment tool.

**Conclusions and Relevance:** HMD-VR can be a valuable tool for occupational therapy to simulate environments where clients with anxiety disorders participate. Eliciting presence through multisensory features and body representation may enhance outcomes.

**What This Article Adds:** Drawing from the VRET literature, this scoping review suggests that HMD-VR can be used by occupational therapy practitioners to simulate ecologically valid environments, evaluate client responses to fearful stimuli, and remediate anxiety through immersion in virtual tasks when participation in natural contexts is unfeasible. Having ecologically valid environments is particularly important for people with anxiety disorders because they need support to cope when they encounter triggers in everyday life environments. This scoping review suggests that HMD-VR can be used by occupational therapy practitioners to simulate ecologically valid environments, evaluate client responses to fearful stimuli, and remediate anxiety through immersion in virtual tasks when participation in natural contexts is unfeasible.

**Database:** CINAHL

## **15. Sarcopenic Dysphagia: A Narrative Review from Diagnosis to Intervention.**

**Author(s):** Chen ; Jeng, Ying; Wu, Wei-Ting; Wang, Tyng-Guey; Han, Der-Sheng; Özçakar, Levent; Chang, Ke-Vin

**Source:** Nutrients; Nov 2021; vol. 13 (no. 11); p. 4043-4043

**Publication Date:** Nov 2021

**Publication Type(s):** Academic Journal

Available at [Nutrients](#) - from Europe PubMed Central - Open Access

Available at [Nutrients](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [Nutrients](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** Sarcopenia, defined as a decline in muscle mass and function related to aging, affects both limb and swallowing-related muscles. Sarcopenic dysphagia is characterized by decreased swallowing function; therefore, early detection of subclinical dysphagia and subsequent intervention appear to be crucial in the elderly. Numerous tools have been employed to measure the function, strength, and mass of swallowing-related muscles in sarcopenic elderly. The swallowing function can be evaluated by questionnaires like Eating Assessment Tool, Functional Oral Intake Scale, and Food Intake Level Scale, and tests such as the modified water swallowing test and videofluoroscopic swallowing study. Surface electromyography and high-resolution manometry can be applied for quantifying swallowing-related muscle strength. Modalities such as ultrasonography and magnetic resonance imaging are capable of estimating the swallowing muscle mass. In patients with sarcopenic dysphagia, a thorough assessment should be given followed by an integrated intervention combining swallowing muscle strengthening, nutrition support, food texture modification, physical, and occupational therapies. This article aimed to comprehensively summarize the diagnostic criteria/tools as well as their associations/performance in sarcopenic dysphagia. The intervention strategy will also be narrated in this review.



**Database:** CINAHL

**16. A systematic review and meta-analysis of the effect of treadmill desks on energy expenditure, sitting time and cardiometabolic health in adults.**

**Author(s):** Oye-Somefun ; Azizi, Zahra; Ardern, Chris I.; Rotondi, Michael A.

**Source:** BMC Public Health; Nov 2021; vol. 21 (no. 1); p. 1-8

**Publication Date:** Nov 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM34774020

Available at [BMC public health](#) - from BioMed Central

Available at [BMC public health](#) - from Europe PubMed Central - Open Access

Available at [BMC public health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC public health](#) - from EBSCO (MEDLINE Complete)

**Abstract:**

**Background:** As the health risks of sedentary working environments become more clear, greater emphasis on the implementation of walking interventions to reduce sitting time is needed. In this systematic review and meta-analysis, we investigate the role of treadmill-desk interventions on energy expenditure, sitting time, and cardiometabolic health in adults with sedentary occupations.

**Methods:** Relevant studies published in English were identified using CINAHL, EMBASE, MEDLINE, Web of Science, Scopus, and PubMed databases up to December 2020. Random effects meta-analysis models were used to pool study results.

**Results:** Thirteen relevant studies (six workplaces and seven laboratories) were found with a total of 351 participants. Pooled analysis of laboratory studies showed a significant increase in energy expenditure (105.23 kcal per hour, 95% confidence interval [CI]: 90.41 to 120.4), as well as metabolic rate (5.0 mL/kg/min, 95% CI: 3.35 to 6.64), among treadmill desk users compared to sitting conditions. No evidence of significant differences in blood pressure were found. In workplace studies, we observed a significant reduction in sitting time over a 24-h period (-1.73 min per hour, 95% CI: -3.3 to -0.17) among users of treadmill desks, compared to a conventional desk. However, there were no evidence of statistically significant changes in other metabolic outcomes.

**Conclusions:** Treadmill desks offer a feasible and effective intervention to increase energy expenditure and metabolic rate and reduce sitting time while performing work-related tasks. Future studies are needed to increase generalizability to different workplace settings and further evaluate their impact on cardiometabolic health.

**Database:** CINAHL

**17. The prevalence of occupational stress among Iranian midwives: a systematic review and meta-analysis.**

**Author(s):** Ghanei Gheshlagh ; Rezaei, Hayedeh; Parizad, Naser

**Source:** British Journal of Midwifery; Nov 2021; vol. 29 (no. 11); p. 634-640

**Publication Date:** Nov 2021

**Publication Type(s):** Academic Journal

Available at [British Journal of Midwifery](#) - from EBSCO (CINAHL with Full Text)

**Abstract:**

**Background:** Occupational stress is one of the undesirable risk factors found in the midwifery profession. It can lead to job burnout, job loss and negatively affect the quality of patient care. This study aimed to estimate the prevalence of occupational stress among Iranian midwives.



**Methods:** Through searching national and international databases, a total of 11 observational studies with full texts were extracted. Observational studies in Persian or English that reported the prevalence or frequency of job stress among Iranian midwives were included in the analysis. Irrelevant studies, those conducted on midwifery students and gray literature were excluded. The metaanalysis was conducted using the random-effects model.

**Results:** 11 articles reviewed occupational stress in 1196 midwives (an average of 108 midwives per study). Analysis of the articles showed that the pooled prevalence of occupational stress was 70.82% in Iranian midwives. Meta-regression analysis showed that the prevalence of occupational stress was not related to mean age, work experience, articles' publication year or sample size.

**Conclusions:** The prevalence of occupational stress is high among Iranian midwives and it can have harmful consequences for them and their patients. Therefore, the training of stress coping strategies seems to be appropriate for this group.

**Database:** CINAHL

## **18. Healthcare worker resilience during the COVID-19 pandemic: An integrative review.**

**Author(s):** Baskin ; Bartlett, Robin

**Source:** Journal of Nursing Management (John Wiley & Sons, Inc.); Nov 2021; vol. 29 (no. 8); p. 2329-2342

**Publication Date:** Nov 2021

**Publication Type(s):** Academic Journal

Available at [Journal of nursing management](#) - from Wiley Online Library

Available at [Journal of nursing management](#) - from Unpaywall

**Abstract:**

**Aim:** The purpose of this review was to examine resilience among healthcare workers during the coronavirus-disease-2019 (COVID-19) pandemic.

**Background:** The COVID-19 pandemic has caused an unprecedented strain on healthcare workers internationally. Rising infection rates, inadequate personal protective equipment, and the lack of availability of hospital beds has resulted in further deterioration of the already-fragile mental health of healthcare workers. Resilient workers have lower rates of burnout and improved patient outcomes. **Evaluation:** PubMed and the Cumulative Index to Nursing and Allied Health Literature databases were searched using the terms resilience, nurse and COVID-19 to identify studies on resilience during the COVID-19 pandemic. Results were organized by outcome measures for comparison.

**Key Issues:** Resilience scores among frontline healthcare workers worldwide during the COVID-19 pandemic in the studies reviewed were overall found to be in the moderate range. Data from the United States showed a decrease in nurse resilience, whereas participants from China had increased resilience compared with pre-pandemic levels.

**Conclusions:** Building resilience in nurses and other healthcare workers can serve as a protective factor against negative outcomes related to the job, including burnout, anxiety and depression, and can improve patient outcomes.

**Implications for Nursing Management:** Strategies for building resilience in healthcare workers are discussed.

**Database:** CINAHL

## **19. Intensive care nurse staffing and nurse outcomes: A systematic review.**

**Author(s):**

**Source:** Nursing in Critical Care; Nov 2021; vol. 26 (no. 6); p. 457-466

**Publication Date:** Nov 2021

**Publication Type(s):** Academic Journal

Available at [Nursing in Critical Care](#) - from Wiley Online Library

**Abstract:**



**Background:** Intensive care units (ICU) are associated with significant work stress and exert continuous physical and emotional demand upon health care providers. The health and well-being of care providers, including ICU nurses, is a matter of great concern. However, to the researcher's knowledge, there have been no reviews synthesizing the evidence about the relationship between nurse staffing and nurse outcomes in the ICU.

**Purpose:** The purpose of this systematic review was to examine nurse staffing in the ICU and synthesize literature to examine the relationship with nurse outcomes such as job satisfaction, burnout, fatigue, and intent to leave.

**Methods:** This review was reported based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Peer-reviewed articles published between January 2000 and September 2019 were identified via eight electronic bibliographic databases. Articles were included and reviewed if they were correlational studies examining the relationships between nurse staffing and nurse outcomes in the ICU, and were published in peer-reviewed journals written in either English or Korean. The Quality Assessment and Validity Tool for Correlation Studies was used for quality appraisal.

**Results:** From 5086 articles, eight published between 2006 and 2019 were included in this review. Three studies found expected relationships between worse nurse staffing and adverse nurse outcomes (high burnout, fatigue state, emotional exhaustion, depersonalization, and stress). However, the relationships between nurse staffing and other adverse nurse outcomes were not significant. Perceived adequate staffing was negatively related to adverse nurse outcomes. However, a non-significant relationship also was found.

**Conclusion:** This study found limited evidence on relationships between nurse staffing and nurse outcomes in the ICU. More studies are needed to conduct to find a conclusive relationship. Relevance to clinical practice: Given high demands and workload in the ICU, nurse staffing levels should be closely monitored to prevent adverse nurse outcomes.

**Database:** CINAHL

## **20. Reflections on lymphoedema deployment into community services during the pandemic.**

**Author(s):** Allen ; Morgan, Karen

**Source:** British Journal of Community Nursing; Oct 2021; vol. 26 (no. Sup10)

**Publication Date:** Oct 2021

**Publication Type(s):** Academic Journal

Available at [British Journal of Community Nursing](#) - from EBSCO (CINAHL with Full Text)

**Abstract:** During the second wave of the COVID-19 pandemic, district nursing teams were overwhelmed with their caseload due to the palliative care needs of their patients. This led to patients with wet legs and chronic wounds deteriorating due to staffing levels. Therefore, the Swansea Bay University Health Board and Lymphoedema Network Wales teams redeployed two working time equivalents (WTE) into the community to take over the management of these patients with chronic wounds for 4 months. The clinicians came from a variety of different backgrounds, including nursing, physiotherapy, emergency medicine and occupational therapy. Between the teams, 866 visits were carried out over the 4-month period, where patients' compression therapy was altered to promote healing and reduce oedema. At the end of the 4-month period, 21% of the patients were discharged off the district nursing caseload completely, while of the 60% who were still active caseload patients, 35% were in increased compression and 20% had reduced need for visits.

**Database:** CINAHL

## **21. Defining the role of occupational therapy with people living with and beyond cancer: Perspectives of British and Irish occupational therapists.**

**Author(s):** Mackenzie

**Source:** British Journal of Occupational Therapy; Oct 2021; vol. 84 (no. 10); p. 647-657

**Publication Date:** Oct 2021



**Publication Type(s): Academic Journal**

**Abstract:**

**Introduction:** More people are surviving cancer treatment and face challenges in everyday life. Occupational therapists may often interact with people living with and beyond cancer. This study aimed to identify the perspectives of United Kingdom and Irish occupational therapists about their views on the role of occupational therapy with people living with and beyond cancer.

**Method:** A cross-sectional online survey was distributed via the United Kingdom and Irish occupational therapy professional associations, social media invitations and snowball sampling. Data were analysed using descriptive statistics.

**Results:** A total of 141 occupational therapists (56.6% from Ireland and 43.4% from the United Kingdom) responded; however, some did not answer every question. The largest group were those who worked in publicly funded community service settings: National Health Service, Health Service Executive in Ireland and social care ( $n = 49$ , 33.8%), or publicly funded hospitals ( $n = 45$ , 31.0%), and 40% ( $n = 54$ ) frequently worked with people living with and beyond cancer. Participants rated the most common interventions used, therapeutic gaps, barriers to best practice in survivorship care and opinions about further education needed.

**Conclusion:** Participants agreed that the occupational therapy role with people living with and beyond cancer was under-developed. The study identified gaps in best practice that need to be addressed to accommodate the predicted growth in numbers of people living with and beyond cancer.

**Database:** CINAHL

## **22. Impact of occupational therapy in an integrated adult social care service: Audit of Therapy Outcome Measure Findings.**

**Author(s):** Davenport

**Source:** Journal of Integrated Care; Oct 2021; vol. 29 (no. 4); p. 439-451

**Publication Date:** Oct 2021

**Publication Type(s): Academic Journal**

**Abstract:**

**Purpose:** Health and social care services should demonstrate the quality of their interventions for commissioners, patients and carers, plus it is a requirement for occupational therapists to measure and record outcomes. Use of the "Therapy Outcome Measure" (TOMs) standardised tool was implemented by an occupational therapy adult social care service to demonstrate outcomes from April 2020, following integration to a community NHS Trust.

**Design/methodology/approach:** The aim was to demonstrate occupational therapy outcomes in adult social care through a local audit of the TOMs. The objective was to determine if clients improved following occupational therapy intervention in the four domains of impairment, activity, participation and wellbeing/carer wellbeing. 70 cases were purposively sampled over a 2-month timeframe, extracting data from the local electronic recording system.

**Findings:** Occupational therapy in adult social care clearly makes an impact with their client group and carers. Evidence from the dataset demonstrates clinically significant change, as 93% of clients seen by adult social care occupational therapy staff showed an improvement in at least one TOMs domain during their whole episode of care. 79% of activity scores, 20% of participation scores and 50% of wellbeing scores improved following intervention. 79% of carer wellbeing scores improved following occupational therapy. **Research limitations/implications:** The audit did not collect data on uptake from the separate teams (equipment, housing, STAR and adult social care work) in occupational therapy adult social care. Potential sampling bias occurred as cases with completed scores only were purposively sampled. Sampling was not random which prevented data gathering on uptake of TOMs across the separate teams. Additionally, the audit results can only be applied to the setting from which the data was collected, so has limited external validity.



**Originality/value:** These novel findings illustrate the valuable and unique impact of occupational therapy in this adult social care setting. The integration of adult social care into an NHS Community Trust has supported the service to measure outcomes, by utilising the same standardised tool in use by allied health professions across the Trust.

**Database:** CINAHL

### **23. Occupational Therapy and Allied Health Interventions to Promote and Support Client Self-Advocacy: A Systematic Review of the Literature.**

**Author(s):** Guzaldo ; Kim, Abraham; Lieberman, Kimberly; Thrasher, Erin; VanPuymbrouck, Laura H.

**Source:** Open Journal of Occupational Therapy (OJOT); Oct 2021; vol. 9 (no. 4); p. 1-13

**Publication Date:** Oct 2021

**Publication Type(s):** Academic Journal

Available at [The Open Journal of Occupational Therapy](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [The Open Journal of Occupational Therapy](#) - from EBSCO (CINAHL with Full Text)

#### **Abstract:**

**Background:** Despite occupational therapy's focus on optimizing participation in society for individuals with disability, self-advocacy has only recently (2008) become an official client factor in the Occupational Therapy Practice Framework (OTPF).

**Method:** This study examined the current evidence in allied health professions addressing self-advocacy skills through exploring the quality, characteristics, and effectiveness of interventions designed to promote client self-advocacy. Multiple electronic databases were used for the literature search, including: PubMed, Ebscohost, PsycINFO, Google Scholar, and Sagepub. Select professional journals were also searched. Key words used in literature review were: self-advocacy, self-determination, occupational therapy, advocacy, empowerment, interventions, allied health, and people with disabilities. The Feasibility, Appropriateness, Meaningfulness, and Effectiveness (FAME) scale (Pearson et al., 2007) was used to determine the quality of current self-advocacy interventions.

**Results:** The studies included in this systematic review showed successful self-advocacy interventions conducted in group and community-based settings that allowed for peer support. Self-advocacy skills have been shown to positively affect clients' quality of life, participation, well-being, and occupational justice.

**Conclusion:** Our study indicates that although literature on self-advocacy interventions has been published in the last 15 years, research on self-advocacy interventions in occupational therapy and other allied health disciplines is still lacking.

**Database:** CINAHL

### **24. Evaluating the use of the Model of Human Occupation Screening Tool in mental health services.**

**Author(s):** Bugajska ; Brooks, Rob

**Source:** British Journal of Occupational Therapy; Sep 2021; vol. 84 (no. 9); p. 591-600

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

Available at [British Journal of Occupational Therapy](#) - from Unpaywall

#### **Abstract:**

**Introduction:** While the Model of Human Occupation Screening Tool has undergone psychometric development and testing and is widely used in mental health practice, only a few small-scale studies to date have examined its use in clinical practice.



**Method:** A national survey was conducted with United Kingdom occupational therapists working in mental health settings to evaluate the use of the Model of Human Occupation Screening Tool. The survey included the modified version of the Usefulness, Satisfaction, and Ease of Use (USE) questionnaire and two open-ended questions. The latter were coded through inductive content analysis and all responses were analysed using Statistical Package for the Social Sciences software.

**Results:** n =105 questionnaires were analysed. The Model of Human Occupation Screening Tool was found to be a useful tool, with most therapists scoring it favourably on the usefulness (74.7%), ease of use (76.1%), ease of learning (81.2%) and satisfaction (80.6%) subscales. It was praised as a valuable outcome measure, guiding interventions and providing a comprehensive overview of assessed individuals. Time consumption, inaccessible terminology and lack of sensitivity to change were indicated as possible downfalls.

**Conclusion:** Therapists valued the Model of Human Occupation Screening Tool as an assessment tool, but more importance should be placed on training to overcome some of the limitations identified here. Also, its suitability to the setting in which it is used should be considered before implementation in practice.

**Database:** CINAHL

## **25. Occupational Therapy Interventions to Improve Driving Performance in Older People With Mild Cognitive Impairment or Early-Stage Dementia: A Systematic Review.**

**Author(s):** Spargo ; Laver, Kate; Berndt, Angela; Adey-Wakeling, Zoe; George, Stacey

**Source:** American Journal of Occupational Therapy; Sep 2021; vol. 75 (no. 5); p. 1-14

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

### **Abstract:**

**Importance:** For a person with mild cognitive impairment (MCI) or early-stage dementia, driving is important for independence. However, driving presents safety concerns for both the person and family members. It is important to determine whether occupational therapy interventions can prolong safe driving for this population.

**Objective:** To determine the effectiveness of occupational therapy interventions to improve driving performance in older people with MCI or early-stage dementia.

**Data Sources:** We conducted a search of MEDLINE, PsycINFO, CINAHL, and gray literature using Google Scholar.

**Study Selection and Data Collection:** Studies were included if they evaluated interventions that (1) aimed to improve the driving performance of older people (M age  $\geq 60$  yr) with MCI or early-stage dementia and (2) could be designed or delivered by an occupational therapy practitioner who specializes in driving. Citations were reviewed independently by two authors, and quality appraisal was conducted using the Cochrane risk-of-bias guidelines.

**Findings:** One Level I randomized controlled trial (RCT) and 4 Level III quasi-experimental studies were included; these studies had 231 participants in total with reported M ages of 65.6–72.5 yr. One study evaluated a compensatory approach, whereas the others evaluated a remedial approach. The studies used different measures to assess outcomes and reported mixed effects.

**Conclusions and Relevance:** Low strength of evidence suggests that occupational therapy interventions may improve the driving performance of older people with MCI or early-stage dementia. More RCTs are needed that include long-term follow-up measures and address clinically important outcomes.

**What This Article Adds:** In the absence of conclusive evidence from research studies and best practice guidelines, occupational therapy practitioners must rely on their clinical experience and their clients' abilities. Development of evidence and guidelines in this area is critical. It is also important for practitioners to work closely with clients, families, and interdisciplinary team members to carefully monitor fitness to drive. Low strength of evidence was found for the use of occupational therapy interventions to improve the driving performance of older people with MCI or early-stage dementia; development of evidence and guidelines in this area is critical.

**Database:** CINAHL



## **26. Relative motion flexion splinting for the rehabilitation of flexor tendon repairs: A systematic review.**

**Author(s):** Newington ; Ross, Rachel; Howell, Julianne W

**Source:** Hand Therapy; Sep 2021; vol. 26 (no. 3); p. 102-112

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

Available at [Hand Therapy](#) - from Unpaywall

**Abstract:**

**Introduction:** Relative motion splinting has been used successfully in the treatment of extensor tendon repairs and has recently been applied in flexor tendon rehabilitation. The purpose of this systematic review was to identify articles reporting use of relative motion flexion (RMF) splinting following flexor tendon repair and to examine indications for use and clinical outcomes.

**Methods:** Seven medical databases, four trials registries and three grey literature sources were systematically searched and screened against pre-specified eligibility criteria. Screening, data extraction and quality appraisal were independently performed by two reviewers.

**Results:** A total of 12 studies were identified, of which three met the review eligibility criteria: one retrospective case series; one cadaveric proof of concept study; and one ongoing prospective case series. The type of splint (including metacarpophalangeal joint position and available movement), exercise programme, and zone of tendon injury varied between studies. Both case series presented acceptable range of movement and grip strength outcomes. The prospective series reported one tendon rupture and two tenolysis procedures; the retrospective series reported no tendon ruptures or secondary surgeries.

**Discussion:** We found limited evidence supporting the use of RMF splinting in the rehabilitation of zones I-III flexor tendon repairs. Further prospective research with larger patient cohorts is required to assess the clinical outcomes, patient reported outcomes and safety of RMF splinting in comparison to other regimes. Application of the relative motion principles to flexor tendon splinting varied across the included studies, and we suggest an operational definition of relative motion in this context.

**Database:** CINAHL

## **27. Digitally connected work and its consequences for strain – a systematic review.**

**Author(s):** Zolg ; Heiden, Barbara; Herbig, Britta

**Source:** Journal of Occupational Medicine & Toxicology; Sep 2021; vol. 16 (no. 1); p. 1-23

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

Available at [Journal of occupational medicine and toxicology \(London, England\)](#) - from BioMed Central

Available at [Journal of occupational medicine and toxicology \(London, England\)](#) - from Europe PubMed Central - Open Access

Available at [Journal of occupational medicine and toxicology \(London, England\)](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**

**Background:** Evolving digitization has an impact not only on the organization of work, but also on the health of employees. Dealing with new technologies, integrating new processes and requirements into work, and restructuring tasks among others are demands that can be stressful and impair health.

**Objectives:** Our aim was to identify (clusters of) working conditions associated with digitally connected work and to analyze their relations with strain, that is, health and well-being outcomes.



**Methods:** Between May and October 2019, a search string was used to systematically search six databases (EMBASE, Medline, PSYNDEX, PsycInfo, SocIndex, WISO) for German and English texts according to the PEO scheme. The methodological quality was assessed using the Quality Assessment Tool for Studies with Diverse Design.

**Results:** 14 studies were identified. Despite the search string containing latest technologies, we identified mostly studies from the 1980s/90s. To aggregate findings, a categorization of work factors (cognitive demands, social factors, organizational factors, environmental factors) and health factors (motivation/satisfaction, reduced well-being/affective symptoms, physiological parameters/somatic complaints) is introduced. The most frequently identified work factors belong to the category of cognitive demands. For health factors, motivation/satisfaction was identified most often. 475 associations were found in total.

**Conclusions:** This systematic review provides an overview of work and health factors that have been studied between 1981 and 2019. Recent texts frequently study individualized health factors (e.g., life satisfaction) whereas objective physiological measurement data and objective survey methods such as workplace analysis are not used. This latter approach was predominantly found in the older studies. In order to obtain a comprehensive picture, however, it is worthwhile to use a combination of these subjective and objective approaches for future studies in this field.

**Database:** CINAHL

## **28. Economic evaluation of workplace health promotion interventions focused on Lifestyle: Systematic review and meta-analysis.**

**Author(s):** Vargas-Martínez ; Romero-Saldaña, Manuel; De Diego-Cordero, Rocío

**Source:** Journal of Advanced Nursing (John Wiley & Sons, Inc.); Sep 2021; vol. 77 (no. 9); p. 3657-3691

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

Available at [Journal of Advanced Nursing](#) - from Wiley Online Library

### **Abstract:**

**Aim:** To identify and evaluate randomized clinical trials focusing on economic evaluation of workplace health promotion (WHP) interventions based on healthy lifestyles, physical activity and nutrition.

**Design:** A systematic review and meta-analysis was carried out between March and May 2019, following the PRISMA statement.

**Data Sources:** The literature search was conducted on Cochrane Library, Scopus, WOS and Medline databases.

**Review Methods:** The quality appraisal included the overall risk of bias (Cochrane Collaboration tool), the quality of the evidence (GRADEpro) and the quality of the health economic analysis (QHES instrument). **Results:** Of the 15 studies selected, 3 were interventions based on nutrition, 11 were focused on lifestyle and only one on physical activity. Given the heterogeneity of included studies, it was decided to do a subgroup analysis. For the weight loss (n = 5 studies), a general increase of 0.56 Kg (95% CI = 0.76, 0.84) I<sup>2</sup> = 99.41%, and for the Quality-adjusted Life Years achieved (n = 5 studies) a very small increase of 0.003 (95% CI = 0.002, 0.004) I<sup>2</sup> = 99.25%, were observed.

**Conclusions:** The implementation of lifestyle interventions in the workplace has proven to be cost-effective for both employers and society.

**Impact:** What problem did the study address? There are few studies aimed at evaluating the efficiency of WHP interventions. However, those that identify and assessing interventions related to lifestyle are particularly scarce, despite the evidence showing that these researchers improve the quality of care of occupational health. What were the main findings? This systematic review demonstrates the effectiveness of the WHP interventions, and in some cases, the efficiency of these interventions for both employers and society. Additional research in this area is necessary as well as the assessment of the cost-effectiveness of such interventions. Where and on whom will the research have an impact? To know the cost-benefit of different WHP interventions allows more efficient management of resources, which helps to make political and business decisions, becoming healthier and safer workplaces.



**Database:** CINAHL

**29. Identifying the evidence base of interventions supporting mental health nurses to cope with stressful working environments: A scoping review.**

**Author(s):** Foster ; Wood, Emily; Clowes, Mark

**Source:** Journal of Nursing Management (John Wiley & Sons, Inc.); Sep 2021; vol. 29 (no. 6); p. 1639-1652

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

Available at [Journal of nursing management](#) - from Wiley Online Library

Available at [Journal of nursing management](#) - from Unpaywall

**Abstract:**

Aim: To scope the evidence on interventions used to help mental health nurses cope with stressful working environments.

Background: Nursing managers may implement interventions to support mental health nurses cope in their role. However, the evidence supporting these interventions has not been recently reviewed.

Methods: A scoping review was conducted which entailed searching and selecting potential studies, undertaking data extraction and synthesis.

Results: Eighteen studies published since 2000 were identified. They employed different designs, ten used quasi-experimental methods. Interventions involving active learning appeared beneficial, for example stress reduction courses and mindfulness. However, small sample sizes, short follow-up periods and variation in outcome measures make it difficult to identify the optimum interventions. No studies have considered cost-effectiveness.

Conclusion: There is some evidence that mental health nurses benefit from interventions to help them cope with stressful working environments. However, higher quality research is needed to establish the effectiveness and cost-effectiveness of different interventions.

Implications for Nursing Management: Managers should provide opportunities and encourage mental health nurses to engage in active learning interventions, for example mindfulness to help them cope with stressful working environments. Nurses also want managers to address organisational issues; however, no research on these types of interventions was identified.

**Database:** CINAHL

**30. The effectiveness of spiritual interventions in the workplace for work-related health outcomes: A systematic review and meta-analysis.**

**Author(s):** de Diego-Cordero ; Zurrón Pérez, Mª Paz; Vargas-Martínez, Ana Magdalena; Lucchetti, Giancarlo; Vega-Escáño, Juan

**Source:** Journal of Nursing Management (John Wiley & Sons, Inc.); Sep 2021; vol. 29 (no. 6); p. 1703-1712

**Publication Date:** Sep 2021

**Publication Type(s):** Academic Journal

Available at [Journal of nursing management](#) - from Wiley Online Library

**Abstract:**

Aim: To investigate the effectiveness of spiritual interventions in the workplace for different health outcomes through the use of a meta-analysis of randomized controlled trials.

Background: Most studies including spirituality in the workplace investigated it at the organisational/business level, while giving a secondary value to the well-being and quality of life of the workers.



**Methods:** Systematic review and meta-analysis carried out on the following databases: SCOPUS, PubMed and Web of Science. Spiritual interventions investigating work-related health outcomes were included. Then, meta-analyses were conducted.

**Results:** From a total of 2,832 studies, 7 articles were included in the systematic review and 6 in the meta-analysis. Spiritual interventions, as compared to controls, improved the health outcomes of the workers (standard mean difference (SMD), -1.42; 95% CI, -1.98, -0.86;  $p < .001$ ;  $I^2 = 96\%$ ). Subanalyses revealed that yoga was an effective intervention and that stress was reduced by these interventions.

**Conclusion:** Spiritual interventions in the workplace seem to be effective in improving workers' health. Nevertheless, the high heterogeneity and limited number of studies may hinder more robust conclusions at the moment.

**Implications for nursing management:** The use of spiritual interventions should be considered in workplaces in order to reduce the stress and other negative outcomes.

**Database:** CINAHL

### **31. Taking part in the community occupational therapy in dementia UK intervention from the perspective of people with dementia, family carers and occupational therapists: A qualitative study.**

**Author(s):** Burgess ; Wenborn, Jennifer; Di Bona, Laura; Orrell, Martin; Poland, Fiona

**Source:** Dementia (14713012); Aug 2021; vol. 20 (no. 6); p. 2057-2076

**Publication Date:** Aug 2021

**Publication Type(s):** Academic Journal

Available at [Dementia](#) - from Unpaywall

**Abstract:** Aim: Community Occupational Therapy in Dementia (COTiD-UK) is a manualised intervention delivered to the person with dementia and their identified family carer primarily in their own home. The focus is on enabling both the person with dementia and their family carer to engage in personally meaningful activities. This qualitative study examines the experiences of people with mild to moderate dementia, their family carers and occupational therapists, of taking part in the COTiD-UK intervention. Method: A purposive sample of 22 pairs of people with dementia and a family carer and seven occupational therapists took part in semi-structured interviews that were audio recorded, transcribed and inductively analysed using thematic analysis. Findings: Themes from the occupational therapist interviews relate to the COTiD-UK intervention philosophy and content, aspects of delivering it in practice and thinking ahead to it becoming usual practice. Themes from the pair interviews relate to the focus of COTiD-UK sessions on meaningful occupation and working together and a sense of being able to plan to live well with dementia in the short- and longer-term as a result of the intervention. Conclusion: This person-centred occupation-focussed intervention was highly valued by people with dementia and their family carers and the occupational therapists delivering it.

**Database:** CINAHL

### **32. The meaning of rehabilitation: a qualitative study exploring perspectives of occupational therapists and physiotherapists working with older people in acute care.**

**Author(s):** Bradley ; Baker, Katherine; Bailey, Catherine

**Source:** Disability & Rehabilitation; Aug 2021; vol. 43 (no. 16); p. 2295-2303

**Publication Date:** Aug 2021

**Publication Type(s):** Academic Journal

Available at [Disability and rehabilitation](#) - from Unpaywall

**Abstract:** To explore how occupational therapists and physiotherapists constructed and interpreted the meaning of rehabilitation in relation to older people in acute care. A focussed ethnographic study was undertaken, primarily using observation, interviewing and review of clinical records within one acute medical ward in a general hospital in the UK. Five patient participants gave consent for their episode of care to be studied, with observations and



interviews primarily involving the identified patients and five occupational therapy and physiotherapy professionals. Four themes were identified: rehabilitation as a process to facilitate physical improvement; rehabilitation as physiotherapy-led; rehabilitation as a place...but not here; and rehabilitation as a process which prioritises safety over function. Such conceptualisations of rehabilitation were recognised as rooted in social and historical perceptions and challenged the ideals of rehabilitation professionals. The meaning of rehabilitation in acute care is shaped by a range of cultural, contextual and systemic influences. Recognising these influences, and subsequent challenges to rehabilitation ideals, can encourage professionals to work towards meaningful change. A reductionist version of rehabilitation was evident within this context which placed value on physical improvement, achieving optimum safety and led by physiotherapy. This version of rehabilitation was unsatisfactory to occupational therapists and physiotherapists in this setting and different to their ideals. Where rehabilitation may be associated with another place, practitioners should reflect on whether this is influencing patients becoming a lower priority for interventions whilst waiting and address this, if required, within their own reasoning, prioritisation and delegation. Those who recognise similarities with their own practice context could individually, and within teams, revisit definitions of rehabilitation to notice, document and have conversations about the ideals of their professions versus the reality of practice. Occupational therapists and physiotherapists can be champions for organisational and cultural change to promote rehabilitation as a multi-disciplinary phase of care working towards optimising improvements in wellbeing, function and safety, irrespective of location.

**Database:** CINAHL

### **33. How do patients spend their time in stroke rehabilitation units in England? The REVIHR study.**

**Author(s):** Chouliara ; Fisher, Rebecca; Crosbie, Brian; Guo, Boliang; Sprigg, Nikola; Walker, Marion

**Source:** Disability & Rehabilitation; Aug 2021; vol. 43 (no. 16); p. 2312-2319

**Publication Date:** Aug 2021

**Publication Type(s):** Academic Journal

Available at [Disability and rehabilitation](#) - from Unpaywall

**Abstract:** To examine how patients spend their time in stroke rehabilitation units in England. We recruited 144 patients within a month after stroke from four stroke rehabilitation units and observed their activity type, interactions and location. Each participant was observed for 1 min every 10-minutes, for a total of 20 h, over three consecutive days. Multilevel modelling was performed to assess differences across sites. Across the four sites a total of 12,248 observations were performed. Patients spent on average 37% of the observed time inactive and 60% alone. A health care professional was present for 18% of the observations and patients' most frequent contact was with family members (19%). Patients were mainly physically active in the presence of therapists, but they practiced self-care activities of daily living most frequently in the presence of nursing staff. There were limited opportunities for activity away from the bedside. Significant differences were found between the units, including patients' level of contact with rehabilitation assistants and nursing staff, but not in their time with occupational therapists and physiotherapists. Stroke patients in England spend a large proportion of their day inactive and alone. Opportunities to promote a rehabilitation focused environment may include: a) enhancing the role of rehabilitation assistants, b) supporting nursing staff in maximising opportunities for the practice of activities of daily living and c) involving family members in the rehabilitation process. Clinicians need to consider stroke patients' activity levels and rehabilitation experience outside formal therapy. The role of rehabilitation assistants and nursing staff can be key in promoting patient activity and practice of self-care ADL tasks. Pragmatic strategies to encourage family involvement in the rehabilitation process need to be developed.

**Database:** CINAHL

### **34. Occupational therapy interventions in child and adolescent mental health to increase participation: A mixed methods systematic review.**

**Author(s):** Brooks ; Bannigan, Katrina

**Source:** British Journal of Occupational Therapy; Aug 2021; vol. 84 (no. 8); p. 474-487



**Publication Date:** Aug 2021

**Publication Type(s):** Academic Journal

Available at [British Journal of Occupational Therapy](#) - from Unpaywall

**Abstract:**

**Introduction:** Mental health disorders and low levels of mental well-being can have a lasting effect on life satisfaction and contribution to society for children and adolescents, yet the effectiveness of occupational therapy interventions is unknown.

**Methods:** A mixed methods systematic review was conducted including studies with children and adolescents aged 5–16 years, who had mental health difficulties, that evaluated occupational therapy interventions and focused on participation in everyday occupations as an outcome.

**Results:** The nine included studies were generally very low quality. The results could not be pooled due to heterogeneity. For children with Asperger's syndrome, the Cognitive Orientation to Daily Occupational Performance intervention had clinically significant improvements on occupational performance and social skills. For children with attention deficit hyperactivity disorder, the Ultimate Guide to Play, Language and Friendship intervention improved playfulness and the Cognitive–Functional intervention had a statistically significant improvement on occupational performance and behaviour.

**Conclusion:** One intervention used by occupational therapists with children with Asperger's syndrome and two interventions used with children with attention deficit hyperactivity disorder had some evidence of effect. No evidence was identified for the effectiveness of occupational therapy interventions for children and adolescents with other common mental health conditions.

**Database:** CINAHL

### **35. Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis.**

**Author(s):** Galanis ; Vraka, Irene; Fragkou, Despoina; Bilali, Angeliki; Kaitelidou, Daphne

**Source:** Journal of Advanced Nursing (John Wiley & Sons, Inc.); Aug 2021; vol. 77 (no. 8); p. 3286-3302

**Publication Date:** Aug 2021

**Publication Type(s):** Academic Journal

Available at [Journal of advanced nursing](#) - from Wiley Online Library

Available at [Journal of advanced nursing](#) - from Unpaywall

**Abstract:**

**Aims:** To examine the nurses' burnout and associated risk factors during the COVID-19 pandemic.

**Design:** We followed the Cochrane criteria and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines for this systematic review and meta-analysis.

**Data Sources:** PubMed, Scopus, ProQuest, Cochrane COVID-19 registry, CINAHL and pre-print services (medRxiv and PsyArXiv) were searched from January 1 to November 15, 2020 and we removed duplicates.

**Review Methods:** We applied a random effect model to estimate pooled effects since the heterogeneity between results was very high.

**Results:** Sixteen studies, including 18,935 nurses met the inclusion criteria. The overall prevalence of emotional exhaustion was 34.1%, of depersonalization was 12.6% and of lack of personal accomplishment was 15.2%. The main risk factors that increased nurses' burnout were the following: younger age, decreased social support, low family and colleagues readiness to cope with COVID-19 outbreak, increased perceived threat of Covid-19, longer working time in quarantine areas, working in a high-risk environment, working in hospitals with inadequate and insufficient material and human resources, increased workload and lower level of specialized training regarding COVID-19.



**Conclusion:** Nurses experience high levels of burnout during the COVID-19 pandemic, while several sociodemographic, social and occupational factors affect this burnout. **Impact:** We found that burnout among nurses is a crucial issue during the COVID-19 pandemic. There is an urgent need to prepare nurses to cope better with COVID-19 pandemic. Identification of risk factors for burnout could be a significant weapon giving nurses and health care systems the ability to respond in a better way against the following COVID-19 waves in the near future.

**Database:** CINAHL

**36. Menopausal symptoms and work: a narrative review of women's experiences in casual, informal, or precarious jobs.**

**Author(s):** Yoeli ; Macnaughton, Jane; McLusky, Sarah

**Source:** Maturitas; Aug 2021; vol. 150 ; p. 14-21

**Publication Date:** Aug 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM34219903

Available at [Maturitas](#) - from Unpaywall

**Abstract:** Governments, employers, and trade unions are increasingly developing "menopause at work" policies for female staff. Many of the world's most marginalised women work, however, in more informal or insecure jobs, beyond the scope of such employment protections. This narrative review focuses upon the health impact of such casual work upon menopausal women, and specifically upon the menopausal symptoms they experience. Casual work, even in less-than-ideal conditions, is not inherently detrimental to the wellbeing of menopausal women; for many, work helps manage the social and emotional challenges of the menopause transition. Whereas women in higher status work tend to regard vasomotor symptoms as their main physical symptom, women in casual work report musculoskeletal pain as more problematic. Menopausal women in casual work describe high levels of anxiety, though tend to attribute this not to their work as much as their broader life stresses of lifelong poverty and ill-health, increasing caring responsibilities, and the intersectionally gendered ageism of the social gaze. Health and wellbeing at menopause is determined less by current working conditions than by the early life experiences (adverse childhood experiences, poor educational opportunities) predisposing women to poverty and casual work in adulthood.

Approaches to supporting menopausal women in casual work must therefore also address the lifelong structural and systemic inequalities such women will have faced. In the era of COVID-19, with its devastating economic, social and health effects upon women and vulnerable groups, menopausal women in casual work are likely to face increased marginalisation and stress. Further research is need.

**Database:** CINAHL

**37. Impact of assessment and intervention by a health and social care professional team in the emergency department on the quality, safety, and clinical effectiveness of care for older adults: A randomised controlled trial.**

**Author(s):** Cassarino ; Robinson, Katie; Trépel, Dominic; O'Shaughnessy, Íde; Smalle, Eimear; White, Stephen; Devlin, Collette; Quinn, Rosie; Boland, Fiona; Ward, Marie E.; McNamara, Rosa; Steed, Fiona; O'Connor, Margaret; O'Regan, Andrew; McCarthy, Gerard; Ryan, Damien; Galvin, Rose

**Source:** PLoS Medicine; Jul 2021; vol. 18 (no. 7); p. 1-17

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM34319971

Available at [PLoS medicine](#) - from Europe PubMed Central - Open Access

Available at [PLoS medicine](#) - from Public Library of Science (PLoS)

Available at [PLoS medicine](#) - from EBSCO (MEDLINE Complete)



Available at [PLOS medicine](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [PLOS medicine](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [PLOS medicine](#) - from Unpaywall

**Abstract:**

**Background:** Older adults frequently attend the emergency department (ED) and experience high rates of adverse events following ED presentation. This randomised controlled trial evaluated the impact of early assessment and intervention by a dedicated team of health and social care professionals (HSCPs) in the ED on the quality, safety, and clinical effectiveness of care of older adults in the ED.

**Methods and Findings:** This single-site randomised controlled trial included a sample of 353 patients aged ≥65 years (mean age = 79.6, SD = 7.01; 59.2% female) who presented with lower urgency complaints to the ED a university hospital in the Mid-West region of Ireland, during HSCP operational hours. The intervention consisted of early assessment and intervention carried out by a HSCP team comprising a senior medical social worker, senior occupational therapist, and senior physiotherapist. The primary outcome was ED length of stay. Secondary outcomes included rates of hospital admissions from the ED; hospital length of stay for admitted patients; patient satisfaction with index visit; ED revisits, mortality, nursing home admission, and unscheduled hospital admission at 30-day and 6-month follow-up; and patient functional status and quality of life (at index visit and follow-up). Demographic information included the patient's gender, age, marital status, residential status, mode of arrival to the ED, source of referral, index complaint, triage category, falls, and hospitalisation history. Participants in the intervention group (n = 176) experienced a significantly shorter ED stay than the control group (n = 177) (6.4 versus 12.1 median hours, p < 0.001). Other significant differences (intervention versus control) included lower rates of hospital admissions from the ED (19.3% versus 55.9%, p < 0.001), higher levels of satisfaction with the ED visit (p = 0.008), better function at 30-day (p = 0.01) and 6-month follow-up (p = 0.03), better mobility (p = 0.02 at 30 days), and better self-care (p = 0.03 at 30 days; p = 0.009 at 6 months). No differences at follow-up were observed in terms of ED re-presentation or hospital admission. Study limitations include the inability to blind patients or ED staff to allocation due to the nature of the intervention, and a focus on early assessment and intervention in the ED rather than care integration following discharge.

**Conclusions:** Early assessment and intervention by a dedicated ED-based HSCP team reduced ED length of stay and the risk of hospital admissions among older adults, as well as improving patient satisfaction. Our findings support the effectiveness of an interdisciplinary model of care for key ED outcomes. Trial Registration: ClinicalTrials.gov NCT03739515; registered on 12 November 2018.

**Database:** CINAHL

**38. 'Hello, my name is ...': an exploratory case study of inter-professional student experiences in practice.**

**Author(s):** Ban ; Baker, Katherine; Bradley, Gemma; Derbyshire, Julie; Elliott, Cheryl; Haskin, Marion; MacKnight, Janice; Rosengarten, Leah

**Source:** British Journal of Nursing; Jul 2021; vol. 30 (no. 13); p. 802-810

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at [British Journal of Nursing](#) - from EBSCO (CINAHL Plus with Full Text)

Available at [British Journal of Nursing](#) - from EBSCO (CINAHL with Full Text)

Available at [British Journal of Nursing](#) - from Unpaywall

**Abstract:**

**Background:** The 'Hello my name is ...' campaign emphasises the importance of compassionate care and focuses on health professionals introducing themselves to patients. Research has found that using names is key to providing individuals with a sense of belonging and can be vital in ensuring patient safety.

**Objective:** To investigate the student experience of having 'Hello my name is ...' printed on student uniforms and implement this campaign in practice.



**Design:** A case study was used to capture the experiences of 40 multiprofessional healthcare students in practice. Participants were asked to complete a reflective diary during their first week in practice and attend a focus group with 4–8 other students.

**Setting:** A higher education institution in the north east of England with students from adult, child and learning disability nursing, occupational therapy, physiotherapy and midwifery programmes, in a variety of clinical placements throughout the region. **Findings:** The implementation of the campaign and logo branding on the uniforms of students resulted in an increase in the number of times students were addressed by their name in practice. Participants reported that the study helped them to quickly develop a sense of belonging when on placement, and aided them in delivering compassionate care. Occasions when patient safety was improved were also reported. **Conclusion:** The use of names is a key feature in human relationships and the delivery of compassionate care, and the authors advocate use of the 'Hello my name is ...' campaign for all health professionals.

**Database:** CINAHL

### **39. The rehabilitation of physical function after severely disabling stroke: a survey of UK therapist practice.**

**Author(s):** McGlinchey ; McEvitt, Christopher; Faulkner-Gurstein, Rachel; Sackley, Catherine M.

**Source:** International Journal of Therapy & Rehabilitation; Jul 2021; vol. 28 (no. 7); p. 1-25

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at [International Journal of Therapy and Rehabilitation](#) - from Unpaywall

#### **Abstract:**

**Background/aims:** Individuals who are severely disabled from stroke (survivors of severely disabling stroke) experience poorer outcomes compared to those who are less disabled from stroke. However, there is a paucity of evidence describing current therapy practice in the management of severely disabling stroke. The aim of the study was to describe intervention and outcome measure use by physiotherapists and occupational therapists in the rehabilitation of physical function of survivors of severely disabling stroke.

**Methods:** A mixed-methods survey was conducted, involving an online questionnaire and follow-up interviews. Survey participants were UK-based physiotherapists and occupational therapists with experience treating stroke. Questionnaire data were analysed with descriptive and inferential statistics. Interview data were analysed using content analysis.

**Results:** A total of 452 therapists (59% physiotherapists) responded to the questionnaire. Out of the respondents, 18 self-selected therapists participated in follow-up interviews to explain questionnaire data. Whole body positioning, training of upper limb handling and positioning, and sitting balance practice were the most frequently used interventions. Inpatient-based therapists performed more active rehabilitation interventions, whereas community-based therapists performed more training and education. The Barthel Index, Modified Rankin Scale and National Institutes for Health Stroke Scale were the most frequently used outcome measures. Outcome measure use was generally low and was more likely to be completed when it was part of a national audit. Reasons for low outcome measure use were perceived lack of time and insensitivity to detect clinical change.

**Conclusions:** A variety of interventions and outcome measures are used in the rehabilitation of survivors of severely disabling stroke. There is a need to evaluate the effectiveness of frequently used interventions and identify outcome measures that are sensitive to the needs of survivors of severely disabling stroke.

**Database:** CINAHL

### **40. Environmental Modifications and Supports for Participation Among Adults Aging With Intellectual and Developmental Disabilities: A Scoping Review.**

**Author(s):** Washington ; Johnson, Khalilah R.; Hollenbeck, Jesse M.

**Source:** American Journal of Occupational Therapy; Jul 2021; vol. 75 (no. 4); p. 1-13



**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at [The American journal of occupational therapy : official publication of the American Occupational Therapy Association - from Unpaywall](#)

**Abstract:**

**Importance:** Adults aging with intellectual and developmental disabilities (IDD) continue to face barriers to participation in meaningful occupation; moreover, the increased life expectancy of adults with IDD intensifies the need for age- and environment-specific support.

**Objective:** To map and categorize transdisciplinary literature on environmental modifications and supports for adults aging with IDD.

**Data Sources:** Studies published between January 1, 2000, and January 1, 2019, identified through PubMed and Scopus.

**Study Selection and Data Collection:** Eleven articles met the inclusion criteria and contained information specific to occupational participation based on environmental modification (e.g., physical space, technology, universal design, type of living setting), social supports (e.g., family members, caretakers, peer groups, health care professionals, policies, organizational infrastructure), or both and adults age  $\geq 35$  yr with IDD.

**Findings:** Eleven studies met the criteria for this scoping review. Thematic coding was used to examine the articles within one or more themes: definition of need, environmental risk and assessment, environmental setting, intervention and program planning, use of technology, and bureaucracy.

**Conclusions and Relevance:** This review highlights collective and individual outcomes in the areas of assessment, intervention, and advocacy. Further research is needed within the scope of occupational therapy and disability studies that examines environmental factors and participation outcomes in this population.

**What This Article Adds:** The authors define the interconnectedness of adults aging with IDD and environmental factors, identify barriers to participation, and guide occupational therapy practitioners' logic on how to positively affect environmental change and supports through intervention.

**Database:** CINAHL

#### **41. Evidence for Occupational Therapy Interventions Supporting Work and Social Participation for Adults With Multiple Sclerosis: A Systematic Review.**

**Author(s):** Nastasi ; Harris, Linda

**Source:** American Journal of Occupational Therapy; Jul 2021; vol. 75 (no. 4); p. 1-13

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

**Abstract:**

**Importance:** Evidence supports interventions for work and social participation for adults with multiple sclerosis (MS).

**Objective:** To systematically collect and evaluate the evidence for the effectiveness of interventions within the scope of occupational therapy practice to improve or maintain the performance of and participation in education, work, volunteering, leisure, and social participation among adults with MS. Data Sources: MEDLINE, PsycINFO, CINAHL, OTSeeker, and Cochrane Database of Systematic Reviews searches for articles published from January 2011 to December 2018.

**Study Selection and Data Collection:** Two independent reviewers analyzed articles using Cochrane methodology. Articles were assessed in terms of inclusion and exclusion criteria, quality, and risk of bias.

**Findings:** Although the review was developed to address education, work, volunteering, leisure, and social participation, only work and social participation outcomes were found in the literature. Six hundred eighteen articles were reviewed, and 4 articles met the inclusion criteria. One Level 1b study and 1 Level 3b study provided moderate strength of evidence with moderate risk of bias for an online work intervention to improve self-esteem and better



understand career goals. One Level 3b study provided low strength of evidence for interdisciplinary rehabilitation to address work. Finally, 1 Level 1b study with a yoga group intervention provided moderate strength of evidence with low risk of bias to improve social participation.

**Conclusions and Relevance:** This review highlights the lack of evidence related to various types of participation for adults with MS. The evidence focused on work and social participation was limited.

**What This Article Adds:** This review highlights the need for interventions within the scope of occupational therapy for increased participation for adults with MS.

**Database:** CINAHL

## **42. Occupational therapy interventions for multiple sclerosis: A scoping review.**

**Author(s):** Quinn ; Hynes, Sinéad M.

**Source:** Scandinavian Journal of Occupational Therapy; Jul 2021; vol. 28 (no. 5); p. 399-414

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at [Scandinavian Journal of Occupational Therapy](#) - from Unpaywall

**Abstract:** Evidence for the effectiveness of occupational therapy for people with multiple sclerosis (MS) is yet to be established. To review the evidence regarding the effectiveness of occupational therapy interventions in improving outcomes for adults with MS. We completed a scoping review of occupational therapy and multiple sclerosis following a scoping review methodological framework. Search included articles published up until June 2019. Studies were included if they were original research that included adults with MS published in English and assessed interventions delivered by occupational therapists. The search yielded 1646 results. Following screening and review of articles, thirty papers met the inclusion criteria and were included in the review. Studies were charted and discussed in the areas of: (1) fatigue management or energy conservation; (2) upper-limb rehabilitation; (3) occupation-focussed cognitive rehabilitation; and (4) other types of interventions. The quality of evidence that exists for occupational therapy with people with MS is mixed but there are studies that show that occupational therapy can improve occupational and other outcomes in this population. Significance: Patients have reported many benefits of occupational therapy but the evidence-base to support this needs to be developed. Occupational therapists are well-placed to intervene with multiple sclerosis symptoms. Evidence for the effectiveness of occupational therapy for people with multiple sclerosis is yet to be established. Fatigue management programmes delivered by occupational therapists are effective in reducing symptoms. Additional training in client-centred practice is no more effective than usual occupational therapy.

**Database:** CINAHL

## **43. The effect of leisure time physical activity and sedentary behaviour on the health of workers with different occupational physical activity demands: a systematic review.**

**Author(s):** Prince ; Rasmussen, Charlotte Lund; Biswas, Aviroop; Holtermann, Andreas; Aulakh, Tarnbir; Merucci, Katherine; Coenen, Pieter

**Source:** International Journal of Behavioral Nutrition & Physical Activity; Jul 2021; vol. 18 (no. 1); p. 1-17

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at [International Journal of Behavioral Nutrition and Physical Activity](#) - from BioMed Central

Available at [International Journal of Behavioral Nutrition and Physical Activity](#) - from Europe PubMed Central - Open Access

Available at [International Journal of Behavioral Nutrition and Physical Activity](#) - from ProQuest (MEDLINE with Full Text) - NHS Version



Available at [International Journal of Behavioral Nutrition and Physical Activity](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [International Journal of Behavioral Nutrition and Physical Activity](#) - from Unpaywall

**Abstract:**

**Background:** Although it is generally accepted that physical activity reduces the risk for chronic non-communicable disease and mortality, accumulating evidence suggests that occupational physical activity (OPA) may not confer the same health benefits as leisure time physical activity (LTPA). It is also unclear if workers in high OPA jobs benefit from LTPA the same way as those in sedentary jobs. Our objective was to determine whether LTPA and leisure time sedentary behaviour (LTSB) confer the same health effects across occupations with different levels of OPA.

**Methods:** Searches were run in Medline, Embase, PsycINFO, ProQuest Public Health and Scopus from inception to June 9, 2020. Prospective or experimental studies which examined the effects of LTPA or LTSB on all-cause and cardiovascular mortality and cardiovascular disease, musculoskeletal pain, diabetes, metabolic syndrome, arrhythmias and depression among adult workers grouped by OPA (low OPA/sitters, standers, moderate OPA/intermittent movers, high OPA/heavy labourers) were eligible. Results were synthesized using narrative syntheses and harvest plots, and certainty of evidence assessed with GRADE.

**Results:** The review includes 38 papers. Across all outcomes, except cardiovascular mortality, metabolic syndrome and atrial fibrillation, greater LTPA was consistently protective among low OPA, but conferred less protection among moderate and high OPA. For cardiovascular mortality and metabolic syndrome, higher levels of LTPA were generally associated with similar risk reductions among all OPA groups. Few studies examined effects in standers and none examined effects of LTSB across OPA groups.

**Conclusions:** Evidence suggests that LTPA is beneficial for all workers, but with larger risk reductions among those with low compared to high OPA jobs. This suggests that, in our attempts to improve the health of workers through LTPA, tailored interventions for different occupational groups may be required. More high-quality studies are needed to establish recommended levels of LTPA/LTSB for different OPA groups. Protocol registration: PROSPERO #CRD42020191708.

**Database:** CINAHL

**44. The influence of using exoskeletons during occupational tasks on acute physical stress and strain compared to no exoskeleton - A systematic review and meta-analysis.**

**Author(s):** Bär ; Steinhilber, Benjamin; Rieger, Monika A.; Luger, Tessy

**Source:** Applied Ergonomics; Jul 2021; vol. 94

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33676059

**Abstract:**

**Objectives:** This systematic review and meta-analysis determined the effects of using an exoskeleton during occupational tasks on physical stress and strain compared to not using an exoskeleton.

**Methods:** Systematic electronic database searches were performed and the review was prepared according to the PRISMA guidelines. Treatment effects on the predefined outcomes were calculated using standardized mean differences for continuous outcomes in several meta-analyses using Review Manager 5.3. Registration: PROSPERO (CRD42020168701).

**Results:** 63 articles were included in qualitative syntheses and 52 in quantitative, but most of them did not extensively evaluate musculoskeletal stress and strain and the risk of bias was rated high for all included studies. Statistically significant effects of using back, upper-limb, or lower-limb exoskeletons have been observed in the supported body areas (e.g. reduced muscle activity, joint moments and perceived strain). Studies which did not exclusively focus on the supported body area also showed statistically significant effects in the non-supported areas (e.g. changed muscle activity and perceived strain) and in physiological outcomes (e.g. reduced energy expenditure).



**Conclusions:** Using an exoskeleton during occupational tasks seems to reduce user's acute physical stress and strain in the exoskeleton's target area. However, impact on workers' health is still unknown, primarily because of missing long-term evaluations under real working conditions. Furthermore, this systematic review highlights a lack of studies (1) following high quality methodological criteria, (2) evaluating various inter-related stress and strain parameters instead of only focusing on one specific, and (3) evaluating non-target body areas instead of only the directly supported body area.

**Database:** CINAHL

#### **45. The Impact of Physical Therapy Delivered Ergonomics in the Workplace: A Narrative Review.**

**Author(s):** Prall ; Ross, Michael

**Source:** Indian Journal of Physiotherapy & Occupational Therapy; Jul 2021; vol. 15 (no. 3); p. 27-36

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at [Indian Journal of Physiotherapy and Occupational Therapy - An International Journal](#) - from EBSCO (CINAHL with Full Text)

Available at [Indian Journal of Physiotherapy and Occupational Therapy - An International Journal](#) - from Unpaywall

**Abstract:** With the emergence of work-related musculoskeletal injuries and the associated high cost of injured workers, physical therapists are in a unique position to help employers manage these concerns through injury prevention programs, education, ergonomics, on-site treatment to include exercise instruction and manual intervention, and return to work programs. The purpose of this literature review is to highlight the effectiveness a physical therapist can have on employee health and the prevention of work-related musculoskeletal disorders. In terms of results, when ergonomic interventions were applied, employers saw decreased injuries, increased productivity, decreased costs associated with direct and in-direct costs of work-related injuries, improvements in return-to-work performance, and decrease absenteeism in employees. However, as the interventions described in this report were generally found to be quite heterogeneous, it should also be recognized that general conclusions about the effectiveness of these interventions should be done with care. It is important to ensure that payers, employers and employees are aware of the crucial role physical therapists can play in occupational health. Physical therapists also need to advocate for their role in occupational health and offer expert care to workers in a non-traditional manner.

**Database:** CINAHL

#### **46. Occupational Therapy Services in School-Based Practice: A Pediatric Occupational Therapy Perspective from Ireland.**

**Author(s):** O'Donoghue ; O'Leary, Jennifer; Lynch, Helen

**Source:** Occupational Therapy International; Jun 2021 ; p. 1-11

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Occupational therapy international](#) - from Hindawi Open Access Journals

Available at [Occupational therapy international](#) - from Unpaywall

**Abstract:**

Purpose. School is a primary setting for pediatric occupational therapy practice, yet little is known about the provision of school-based occupational therapy in many countries internationally. The purpose of this study was to explore current school-based occupational therapy practice for the first time in Ireland to gain insight into current and potential service provision and to identify new directions and potential pathways for development.



**Methods.** This descriptive quantitative study utilized a cross-sectional online survey to gain the perspectives of the population of pediatric occupational therapists working regularly in schools across Ireland. Respondents were recruited through convenience and snowball sampling. Data were analysed through qualitative content analysis and descriptive statistics.

**Results.** The survey elicited 35 responses, yielding a 21.2% estimated response rate. Findings demonstrated that respondents provided therapy services in schools most commonly on a weekly (28.6%) or monthly (34.3%) basis, with only 5.0% working in the same school on a weekly or fortnightly basis. The majority of respondents (54.3%) used a direct therapy approach with a child, rather than coaching or modelling, to primarily address sensory, hand function, or daily living needs. None used a whole class or whole school (universal or tiered) approach. While respondents (54.3%) generally viewed collaborative practice as a strength of school-based practice, they also identified barriers to collaboration in schools. A core barrier is related to how services are constructed across health and education, with differing philosophies of service provision. The majority of respondents (75.0%) reported that they had not received any training to deliver evidence-based practice in therapy provision specific to school-based practice.

**Implications for Practice.** This study indicates that therapists require continual education on evidence-based school practice as it applies in an Irish context. Furthermore, clarification of school therapy roles and service delivery models are required in order to determine how they contrast with traditional clinic roles. This will enable therapists to strengthen the coordination of service delivery between health and educational services to maximize the outcomes of school-based practice.

**Database:** CINAHL

#### **47. Current clinical practice in 24-hour postural management and the impact on carers and service users with severe neurodisability.**

**Author(s):** Stinson ; Crawford, Shelley; Madden, Emma

**Source:** British Journal of Occupational Therapy; Jun 2021; vol. 84 (no. 6); p. 355-365

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [British Journal of Occupational Therapy](#) - from Unpaywall

**Abstract:**

**Introduction:** The clinical benefits of 24-hour postural management are widely recognised by occupational therapists, but little is known about its impact on service users and carers or whether clinical practice is consistent across regions. The aim of this research was to investigate the use of 24-hour postural management by occupational therapists and to explore its impact on service users with neurodisability and their carers.

**Methods:** Quantitative and qualitative methods were employed in two phases: (a) online survey with 96 occupational therapists across one UK region, with data analysed by descriptive statistics and correlations; (b) focus groups with service users and/or carers ( $n = 9$ ), with data analysed by thematic analysis.

**Results:** Findings showed moderate positive correlation between frequency of use and (a) all key intervention skills and (b) knowledge of night-time positioning ( $p < 0.001$ ). Moderate positive correlations were found between level of training and (a) assessment skills and (b) knowledge of night-time positioning ( $p < 0.001$ ). The overarching theme from focus groups was 'reliance on individualised equipment', with overwhelming frustration from lack of support, loss of identity, equipment cost, insufficient focus on preventative strategies and accessibility issues.

**Conclusion:** A clinical practice guideline, including training, is crucial to direct practice. Providers must engage with service users and carers to address their frustrations.

**Database:** CINAHL

#### **48. Coaching Parents of Children with Sensory Integration Difficulties: A Scoping Review.**



**Author(s):** Allen ; Knott, Fiona J.; Branson, Amanda; Lane, Shelly J.

**Source:** Occupational Therapy International; Jun 2021 ; p. 1-11

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Occupational Therapy International](#) - from Hindawi Open Access Journals

**Abstract:**

Aim. To review current evidence regarding the effectiveness of occupational therapy coaching interventions for parents of children with sensory integration difficulties, delivered to individuals or groups of parents.

Method. A historical scoping review was completed of empirical research records to summarize what is known and how this information can guide future research. The process was guided by PRISMA guidelines. Inclusion criteria were English language and peer-reviewed empirical studies of parent coaching intervention for children with sensory processing or sensory integration difficulties. Five databases were searched. Papers were critically reviewed using McMaster's guidelines.

Results. Four studies met the search criteria. Three studies took a direct coaching approach with individual parents or families. The fourth study took a mixed educational/coaching approach with groups of parents and teachers.

Conclusion. There is some evidence to conclude that occupational therapists can deliver individual parent-focused coaching interventions which impact positively on individual child goals, parental stress, and sense of competence. Group intervention can lead to caregivers' improved perceived and actual knowledge of sensory integration, as well as a sense of self-efficacy in dealing with sensory-related child behaviors. Current evidence is limited. Suggestions for future research are offered.

**Database:** CINAHL

**49. Measurement Properties of Outcome Measures Used to Assess Physical Impairments in Patients After Distal**

**Radius Fracture: A Systematic Review.**

**Author(s):** Ziebart ; Mehta, Saurabh P; MacDermid, Joy

**Source:** Physical Therapy; Jun 2021; vol. 101 (no. 6); p. 1-11

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Physical therapy](#) - from HighWire - Free Full Text

**Abstract:**

Objectives: Individuals with distal radius fractures (DRF) may experience difficulty with gripping an object, painful wrist movements, sensorimotor difficulties, and swelling around the wrist and hand. A comprehensive review of the existing evidence concerning the measurement properties of common physical impairment measures can provide a valuable resource to guide hand therapy practice while managing DRF. The primary objective was to locate and assess the quality of literature on the measurement properties for the measures of physical impairment used in individuals with DRF.

Methods: Two reviewers searched PubMed, CINAHL, and EMBASE. A combination of DRF, measurement properties, and physical impairments were used as keywords, and articles were independently assessed using the Consensus-Based Standards for the Selection of Health Measurement Instruments critical appraisal tool. Primary studies were included if they examined at least 1 of the following: reliability, validity, responsiveness, or indices of true and meaningful changes for measures of physical impairment in the DRF sample. A total of 19 articles were included in this review. The quality of the studies ranged from 46% to 92%. This review suggests that measures such as assessment of grip strength and supination and pronation range of motion (ROM), using various goniometric devices, showed good intrarater and interrater reliability, construct validity, and responsiveness in individuals with DRF.



**Conclusion:** Acceptable reliability and responsiveness were reported in grip and wrist ROM assessments for measuring changes in wrist and hand function after DRF; however, wrist ROM assessed using traditional goniometric techniques were less reliable in individuals with DRF. Impact This study provides insight into which objective tools might be better suited for measuring outcomes related to DRF.

**Database:** CINAHL

## **50. Effects of Workplace-Based Intervention for Shoulder Pain: A Systematic Review and Meta-analysis.**

**Author(s):** Picón ; Batista, Gabriel de Amorim; Pitangui, Ana Carolina Rodarti; de Araújo, Rodrigo Cappato

**Source:** Journal of Occupational Rehabilitation; Jun 2021; vol. 31 (no. 2); p. 243-262

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

**Abstract:** The main objective of this study is to update the evidence related to the effectiveness of exercise and ergonomic interventions in the perception of shoulder pain intensity in workers considering the shoulder pain intensity and the minimum clinically important change in the analysis. The bibliographic search was conducted in seven databases (Cochrane, EMBASE, SciELO, PubMed, PEDro, Web of Science and Scopus) from March to April 2019. The study selection included randomized controlled trials (RCTs) involving workers with shoulder pain who underwent physical exercises, ergonomics, and combined interventions. To analyze the RCTs, the intensity of pain was divided into two subgroups. 3 presented a minimally clinically important difference (MCID), but with no difference in workers with pain < 3. The interventions with exercise in workers with pain ≥ 3 at baseline reported a beneficial effect in reducing shoulder pain intensity, and a MCID. However, there was no significant difference for workers with pain < 3 and the effects of ergonomic interventions are still uncertain to reduce shoulder pain in workers.

**Database:** CINAHL

## **51. Health and work: what physicians need to know.**

**Author(s):** Walker-Bone ; Hollick, Rosemary

**Source:** Clinical Medicine; May 2021; vol. 21 (no. 3); p. 195-200

**Publication Date:** May 2021

**Publication Type(s):** Academic Journal

Available at [Clinical medicine \(London, England\)](#) - from EBSCO (MEDLINE Complete)

Available at [Clinical medicine \(London, England\)](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Clinical medicine \(London, England\)](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [Clinical medicine \(London, England\)](#) - from Unpaywall

**Abstract:** Employment, along with education, is central to the promotion of social mobility and the reduction of health inequalities. For the most part, however, physicians have limited exposure to occupational medicine during their training and rarely receive much in the way of formal training about occupational issues except those that fall commonly within their area of specialisation. Here, we illustrate why work and good employment can be so important for health and, therefore, why it should matter to all physicians. Given that under half of the UK population have access to occupational health services through their employer, physicians should be able to recognise any harm to health caused by work, so we describe the principles of eliciting a good occupational history. There is an important relationship between unemployment and poor health which will be discussed, illustrating the importance of being able to support people with long-term conditions and disabilities to remain in work for as long as they wish to do so. Patients expect to be able to seek advice from their physician about taking time off work because of ill health, planning a return to work after sickness absence and whether or not they need to change their work status because of their health condition. Therefore, we describe the fitnote: what it is for, how to complete one well and what core principles are needed in order to give patients good advice about working.



**Database:** CINAHL



